

Arizona Administrative Register
Notices of Exempt Rulemaking

| | |
|-----------|-------------|
| R9-20-215 | New Section |
| Article 3 | Repeal |
| Article 3 | New Article |
| R9-20-301 | Repeal |
| R9-20-301 | New Section |
| R9-20-302 | Repeal |
| R9-20-302 | New Section |
| R9-20-303 | Repeal |
| R9-20-303 | New Section |
| R9-20-304 | Repeal |
| R9-20-305 | Repeal |
| R9-20-306 | Repeal |
| R9-20-307 | Repeal |
| R9-20-308 | Repeal |
| R9-20-309 | Repeal |
| R9-20-310 | Repeal |
| R9-20-311 | Repeal |
| Article 4 | Repeal |
| Article 4 | New Article |
| R9-20-401 | Repeal |
| R9-20-401 | New Section |
| R9-20-402 | Repeal |
| R9-20-402 | New Section |
| R9-20-403 | Repeal |
| R9-20-403 | New Section |
| R9-20-404 | Repeal |
| R9-20-404 | New Section |
| R9-20-405 | Repeal |
| R9-20-405 | New Section |
| R9-20-406 | Repeal |
| R9-20-406 | New Section |
| R9-20-407 | Repeal |
| R9-20-407 | New Section |
| R9-20-408 | Repeal |
| R9-20-408 | New Section |
| R9-20-409 | Repeal |
| R9-20-409 | New Section |
| R9-20-410 | Repeal |
| R9-20-410 | New Section |
| R9-20-411 | Repeal |
| R9-20-412 | Repeal |
| R9-20-413 | Repeal |
| Article 5 | Repeal |
| Article 5 | New Article |
| R9-20-501 | Repeal |
| R9-20-501 | New Section |
| R9-20-502 | Repeal |
| R9-20-502 | New Section |
| R9-20-503 | Repeal |
| R9-20-503 | New Section |
| R9-20-504 | Repeal |
| R9-20-504 | New Section |
| R9-20-505 | Repeal |
| R9-20-505 | New Section |
| R9-20-506 | Repeal |
| R9-20-506 | New Section |
| Article 6 | Repeal |
| Article 6 | New Article |
| R9-20-601 | Repeal |

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| R9-20-601 | New Section |
| R9-20-602 | Repeal |
| R9-20-602 | New Section |
| R9-20-603 | Repeal |
| R9-20-604 | Repeal |
| R9-20-605 | Repeal |
| Article 7 | Repeal |
| Article 7 | New Article |
| R9-20-701 | Repeal |
| R9-20-701 | New Section |
| R9-20-702 | Repeal |
| Article 8 | Repeal |
| Article 8 | New Article |
| R9-20-801 | Repeal |
| R9-20-801 | New Section |
| R9-20-802 | Repeal |
| R9-20-802 | New Section |
| R9-20-803 | New Section |
| Article 9 | Repeal |
| Article 9 | New Article |
| R9-20-901 | Repeal |
| R9-20-901 | New Section |
| R9-20-902 | Repeal |
| R9-20-902 | New Section |
| R9-20-903 | Repeal |
| R9-20-903 | New Section |
| R9-20-904 | New Section |
| Article 10 | Repeal |
| Article 10 | New Article |
| R9-20-1001 | Repeal |
| R9-20-1001 | New Section |
| R9-20-1002 | Repeal |
| R9-20-1002 | New Section |
| R9-20-1003 | Repeal |
| R9-20-1003 | New Section |
| R9-20-1004 | New Section |
| R9-20-1005 | New Section |
| R9-20-1006 | New Section |
| R9-20-1007 | New Section |
| R9-20-1008 | New Section |
| R9-20-1009 | New Section |
| R9-20-1010 | New Section |
| R9-20-1011 | New Section |
| R9-20-1012 | New Section |
| R9-20-1013 | New Section |
| R9-20-1014 | New Section |
| Article 11 | Repeal |
| Article 11 | New Article |
| R9-20-1101 | Repeal |
| R9-20-1101 | New Section |
| R9-20-1102 | Repeal |
| Article 12 | Repeal |
| Article 12 | New Article |
| R9-20-1201 | Repeal |
| R9-20-1201 | New Section |
| R9-20-1202 | New Section |
| Article 13 | Repeal |
| Article 13 | New Article |
| R9-20-1301 | Repeal |

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| R9-20-1301 | New Section |
| R9-20-1302 | Repeal |
| R9-20-1303 | Repeal |
| R9-20-1304 | Repeal |
| R9-20-1305 | Repeal |
| R9-20-1306 | Repeal |
| R9-20-1307 | Repeal |
| R9-20-1308 | Repeal |
| R9-20-1309 | Repeal |
| R9-20-1310 | Repeal |
| R9-20-1311 | Repeal |
| R9-20-1312 | Repeal |
| R9-20-1313 | Repeal |
| R9-20-1314 | Repeal |
| Article 14 | Repeal |
| Article 14 | New Article |
| R9-20-1401 | Repeal |
| R9-20-1401 | New Section |
| R9-20-1402 | Repeal |
| R9-20-1403 | Repeal |
| Article 15 | New Article |
| R9-20-1501 | New Section |
| R9-20-1502 | New Section |
| R9-20-1503 | New Section |
| R9-20-1504 | New Section |
| R9-20-1505 | New Section |
| R9-20-1506 | New Section |
| R9-20-1507 | New Section |
| R9-20-1508 | New Section |
| Article 16 | Repeal |
| R9-20-1601 | Repeal |
| R9-20-1602 | Repeal |
| R9-20-1603 | Repeal |
| Article 17 | Repeal |
| R9-20-1701 | Repeal |
| R9-20-1702 | Repeal |
| R9-20-1703 | Repeal |
| R9-20-1704 | Repeal |
| R9-20-1705 | Repeal |
| R9-20-1706 | Repeal |
| R9-20-1707 | Repeal |
| R9-20-1708 | Repeal |
| R9-20-1709 | Repeal |
| R9-20-1710 | Repeal |
| R9-20-1711 | Repeal |
| R9-20-1712 | Repeal |
| R9-20-1713 | Repeal |
| Article 18 | Repeal |
| R9-20-1801 | Repeal |
| R9-20-1802 | Repeal |
| R9-20-1803 | Repeal |
| R9-20-1804 | Repeal |
| R9-20-1805 | Repeal |
| R9-20-1806 | Repeal |
| R9-20-1807 | Repeal |
| R9-20-1808 | Repeal |
| R9-20-1809 | Repeal |
| R9-20-1810 | Repeal |
| R9-20-1811 | Repeal |

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| R9-20-1812 | Repeal |
| R9-20-1813 | Repeal |
| R9-20-1814 | Repeal |
| R9-20-1815 | Repeal |
| R9-20-1816 | Repeal |
| R9-20-1817 | Repeal |
| Exhibit A | Repeal |
| Article 19 | Repeal |
| R9-20-A1901 | Repeal |
| R9-20-A1902 | Repeal |
| R9-20-B1901 | Repeal |
| R9-20-B1902 | Repeal |
| R9-20-B1903 | Repeal |
| R9-20-B1904 | Repeal |
| R9-20-B1905 | Repeal |
| R9-20-B1906 | Repeal |
| R9-20-B1907 | Repeal |
| R9-20-B1908 | Repeal |
| R9-20-B1909 | Repeal |

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

General Authority:

A.R.S. § 36-132(A)(17)

A.R.S. § 36-405(A) and (B)(1)

Specific Authority:

A.R.S. § 36-204(1) and (4) through (5)

A.R.S. § 36-502(A) through (B)

A.R.S. § 36-2003(A)(6)

A.R.S. § 36-2003(B)(1) and (3)

A.R.S. § 36-2052

A.R.S. § 36-3005(4)

A.R.S. § 36-3707(B)(1)

A.R.S. § 13-3601.01(A)

3. The proposed effective date of the rule:

October 3, 2001

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

Notice of Rulemaking Docket Opening: 6 A.A.R. 962, March 10, 2000

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

Name: Johnie Golden, Program Manager

Address: Office of Behavioral Health Licensure
Arizona Department of Health Services
1647 East Morten Avenue, Suite 240
Phoenix, AZ 85020

Telephone: (602) 674-4300

Fax: (602) 861-0643

or

Name: Kathleen Phillips, Rules Administrator

Address: Arizona Department of Health Services

1740 W. Adams, Suite 102
Phoenix, AZ 85007

Telephone: (602) 542-1264

Fax: (602) 364-1150

6. An explanation of the rule, including the agency's reason for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:

The proposed exempt rules will replace the existing rules for licensure of behavioral health service agencies in their entirety. The proposed exempt rules clarify and streamline the standards for behavioral health service agencies and address changes in the delivery of behavioral health services that have occurred in Arizona and across the nation. The proposed exempt rules add specific requirements for new types of behavioral health service agencies, including agencies that treat sexually violent persons, shelters for victims of domestic violence, and adult therapeutic foster homes, and also add requirements for new types of behavioral health services, including misdemeanor domestic violence offender treatment. The proposed exempt rules conform to recent federal standards for opioid treatment and the use of restraint or seclusion in psychiatric hospitals and residential treatment centers. The proposed exempt rules also add time-frames as required by A.R.S. § 41-1073 and conform to current rulemaking format and style requirements.

Laws 2001, Chapter 367 exempts the Department from the regular rulemaking procedures in A.R.S. Title 41, Chapter 6, but requires the Department to publish proposed rules and to hold at least one hearing to give the public an opportunity to comment on the proposed rules.

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:

Pursuant to Laws 2001, Chapter 367, the Department is exempt from the requirement to complete an economic, small business, and consumer impact statement.

9. The time during which the agency will accept written comments and the time and place where oral comments may be made:

Date: Tuesday, September 4, 2001

Time: 1:00 p.m.

Location: 400 West Congress, North Building, Room 158
Tucson, AZ 85701

or

Date: Wednesday, September 5, 2001

Time: 9:00 a.m.

Location: Arizona Department of Health Services
1647 E. Morten Avenue, Training Room
Phoenix, AZ 85020

or

Date: Thursday, September 6, 2001

Time: 1:00 p.m.

Location: Flagstaff Public Library
300 West Aspen, Meeting Room
Flagstaff, AZ 86001

Written comments may be submitted until 5:00 p.m. on Thursday, September 6, 2001, to either individual listed in question 5.

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

Not applicable

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

- R9-20-101(46)(a): American Psychiatric Association, DSM-IV: Diagnostic and Statistical Manual of Mental Disorders (4th ed. 1994)
- R9-20-101(46)(b): National Center for Health Statistics, U.S. Department of Health and Human Services, ICD-9-CM: International Classification of Diseases, 9th Revision, Clinical Modification (5th ed. 2000)
- R9-20-211(A)(3)(b)(v): 42 U.S.C. § 290dd-2 (1994 & Supplement V 1999)
- R9-20-301(C)(1): "The Food Guide Pyramid" in Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, Home and Garden Bulletin No. 252, The Food Guide Pyramid (rev. 1996)
- R9-20-502(A)(2): 42 CFR 482.13(f) (2000)
- R9-20-502(A)(3): 42 CFR 482.61 and 482.62 (2000)
- R9-20-502(A)(4)(a): 42 CFR 441.150 and 441.152 through 441.156 (2000)
- R9-20-502(A)(4)(b): 42 CFR 441.151, as published in 66 FR 7148 (2001) and amended in 66 FR 15800 (2001)
- R9-20-505(A)(3): 42 CFR Part 483, Subpart G, as published in 66 FR 7148 (2001) and amended in 66 FR 15800 (2001) and 66 FR 28110 (2001)
- R9-20-1003(C)(1)(a): U.S. Food and Drug Administration, U.S. Department of Health and Human Services, Form FDA 2635, Consent to Treatment With an Approved Narcotic Drug (July 1993)
- R9-20-1003(C)(1)(b): U.S. Food and Drug Administration, U.S. Department of Health and Human Services, Form FDA 2635a, Consentimiento Para El Tratamiento Con Un Narcotico Aprobado (May 1996)
- R9-20-1003(C)(3)(f): 42 CFR Part 2 (2000)

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

No

13. The full text of the rule follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 20. DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH SERVICE AGENCIES: LICENSURE**

ARTICLE 1. GENERAL

Section

- R9-20-101. Definitions
- R9-20-102. ~~Licensure Requirements; Exceptions~~ Agency Subclasses and Required and Authorized Services
- R9-20-103. ~~Licensure Procedure~~ Initial License Application
- R9-20-104. ~~Initial License~~ License Renewal
- R9-20-105. ~~Renewal License~~ Time-frames
Table 1. Time-frames (in days)
- R9-20-106. ~~Provisional License~~ Changes Affecting a License
- R9-20-107. ~~Inspections~~ Enforcement Actions
- R9-20-108. ~~Complaint Investigations~~ Denial, Revocation, or Suspension of a License
- R9-20-109. ~~Plan of Correction~~ Repealed
- R9-20-110. ~~Department Reports and Records~~ Repealed
- R9-20-111. ~~Required Reports~~ Repealed
- R9-20-112. ~~Client Fees and Charges~~ Repealed
- R9-20-113. ~~Research~~ Repealed
- R9-20-114. ~~Grievance Procedure~~ Repealed

ARTICLE 2. ~~CLIENT RIGHTS~~ UNIVERSAL RULES

Section

- R9-20-201. ~~Client Rights~~ Administration
- R9-20-202. Required Reports
- R9-20-203. Client Rights

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- R9-20-204. Staff Member and Employee Qualifications and Records
- R9-20-205. Clinical Supervision
- R9-20-206. Orientation and Training
- R9-20-207. Staffing Requirements
- R9-20-208. Admission Requirements
- R9-20-209. Assessment and Treatment Plan
- R9-20-210. Discharge
- R9-20-211. Client Records
- R9-20-212. Transportation
- R9-20-213. Outings
- R9-20-214. Environmental Standards
- R9-20-215. Time Out

ARTICLE 3. AGENCY ADMINISTRATION OUTPATIENT CLINIC REQUIREMENTS

Section

- R9-20-301. General Agency Administration Universal Outpatient Clinic Requirements
- R9-20-302. Administrator Supplemental Requirements for Counseling
- R9-20-303. Clinical or Program Director Supplemental Requirements for Medication Services
- R9-20-304. General Personnel Requirements Repealed
- R9-20-305. Notice of Conviction; Fingerprinting of Staff Members Providing Behavioral Health Services Directly to Children or to Clients in Domestic Violence Shelters Repealed
- R9-20-306. Personnel Qualifications Repealed
- R9-20-307. Clinical Supervision Repealed
- R9-20-308. Staff Development and Training Requirements Repealed
- R9-20-309. Personnel Files Repealed
- R9-20-310. Staffing Requirements Repealed
- R9-20-311. Health and Safety Repealed

ARTICLE 4. CLIENT SERVICE REQUIREMENTS RESIDENTIAL AGENCY REQUIREMENTS

Section

- R9-20-401. Admission and Discharge Criteria Supplemental Admission Requirements for a Residential Agency
- R9-20-402. Client Assessment Supplemental Requirements for Social, Recreational, or Rehabilitative Activities at a Residential Agency
- R9-20-403. Staffing Requirements for Assessment Services Supplemental Requirements for Client Funds at a Residential Agency
- R9-20-404. Treatment of Services Planning Supplemental Requirements for a Residential Agency that Provides Behavioral Health Services to Children
- R9-20-405. Requirements for Client Recordkeeping Environmental Standards for a Residential Agency
- R9-20-406. Client Records for Non-emergency Services Fire Safety Standards for a Residential Agency
- R9-20-407. Client Record Requirements for Emergency Services Food Service Requirements for a Residential Agency
- R9-20-408. Medication Control Assistance in the Self-Administration of Medication in a Residential Agency
- R9-20-409. Initial Emergency Care Supplemental Requirements for a Level 2 Behavioral Health Residential Agency
- R9-20-410. Supplemental Requirements for Agencies Providing Services to Children Supplemental Requirements for a Level 3 Behavioral Health Residential Agency
- R9-20-411. Food Services Repealed
- R9-20-412. Pets and Domestic Animals Repealed
- R9-20-413. Outings and Transportation Repealed

ARTICLE 5. ENVIRONMENT, PHYSICAL PLANT, SWIMMING POOLS INPATIENT TREATMENT PROGRAM REQUIREMENTS

Section

- R9-20-501. Agency Environment Universal Inpatient Treatment Program Requirements
- R9-20-502. Indoor Environmental Requirements for Level I, II, and III Behavioral Health Facilities Supplemental Requirements for a Level 1 Psychiatric Acute Hospital
- R9-20-503. Environmental Cleanliness and Sanitation for Level I, II, and III Behavioral Health Facilities Supplemental Requirements for Crisis Services
- R9-20-504. Supplemental Requirements for Outdoor Areas of Level I, II, and III Behavioral Health Facilities Supplemental Requirements for Detoxification Services
- R9-20-505. Physical Plant Standards Supplemental Requirements for a Level 1 RTC

R9-20-506. ~~Swimming Pools in Ground or Permanently Installed Supplemental Requirements for a Level 1 Sub-Acute Agency~~

ARTICLE 6. ~~LEVEL I BEHAVIORAL HEALTH SERVICE AGENCIES USE OF RESTRAINT OR SECLUSION~~

Section

R9-20-601. ~~Level I General Licensure Requirements Definitions~~

R9-20-602. ~~Level I Behavioral Health Facilities Providing Detoxification Services Requirements for Use of Restraint or Seclusion~~

R9-20-603. ~~Level I Behavioral Health Facilities Providing Restrictive Behavior Management Repealed~~

R9-20-604. ~~Level I Behavioral Health Facilities Providing Psychiatric Acute Care Repealed~~

R9-20-605. ~~Level I Behavioral Health Facilities Providing Intensive Treatment Services Repealed~~

ARTICLE 7. ~~LEVEL II BEHAVIORAL HEALTH SERVICE AGENCIES LEVEL 1 SPECIALIZED TRANSITIONAL AGENCY~~

Section

R9-20-701. ~~Level II General Licensure Requirements Supplemental Requirements for a Level 1 Specialized Transitional Agency~~

R9-20-702. ~~Level II Behavioral Health Facilities Providing Structured Services Repealed~~

ARTICLE 8. ~~LEVEL III BEHAVIORAL HEALTH SERVICE AGENCIES COURT-ORDERED SERVICES~~

Section

R9-20-801. ~~Level III General Licensure Requirements Supplemental Requirements for Pre-Petition Screening~~

R9-20-802. ~~Level III Behavioral Health Facilities Providing Supervised Services Supplemental Requirements for Court-Ordered Evaluation~~

~~R9-20-803. Supplemental Requirements for Court-Ordered Treatment~~

ARTICLE 9. ~~EMERGENCY/CRISIS BEHAVIORAL HEALTH SERVICES DUI~~

Section

R9-20-901. ~~General Licensure Requirements for Emergency/Crisis Behavioral Health Services Exceptions for a Licensee of an Agency That Only Provides DUI Screening or DUI Education or Both~~

R9-20-902. ~~Emergency/Crisis Behavioral Health Services Supplemental Requirements for DUI Screening~~

R9-20-903. ~~Mobile Crisis Services Supplemental Requirements for DUI Education~~

~~R9-20-904. Supplemental Requirements for DUI Treatment~~

ARTICLE 10. ~~OUTPATIENT SERVICES OPIOID TREATMENT~~

Section

R9-20-1001. ~~Outpatient Clinic Definitions~~

R9-20-1002. ~~Outpatient Rehabilitation Administration~~

R9-20-1003. ~~Outpatient Detoxification Services Admission~~

R9-20-1004. ~~Assessment and Treatment Plan~~

~~R9-20-1005. Dosage~~

~~R9-20-1006. Drug Screening~~

~~R9-20-1007. Take-Home Medication~~

~~R9-20-1008. Detoxification Treatment~~

~~R9-20-1009. Counseling and Medical Services~~

~~R9-20-1010. Diverse Populations~~

~~R9-20-1011. Preparedness Planning~~

~~R9-20-1012. Client Records~~

~~R9-20-1013. Community Relations~~

~~R9-20-1014. Diversion Control~~

ARTICLE 11. ~~BEHAVIORAL HEALTH CASE MANAGEMENT AGENCY MISDEMEANOR DOMESTIC VIOLENCE OFFENDER TREATMENT~~

Section

R9-20-1101. ~~Behavioral Health Case Management Agency Misdemeanor Domestic Violence Offender Treatment Standards~~

R9-20-1102. ~~Service Requirements Repealed~~

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**ARTICLE 12. ~~ASSESSMENT, EVALUATION, AND DIAGNOSIS SERVICE AGENCIES LEVEL 4~~
TRANSITIONAL AGENCY**

Section

- R9-20-1201. ~~Assessment, Evaluation and Diagnosis Service Agency~~ Definitions
- R9-20-1202. ~~Standards for a Level 4 Transitional Agency~~

ARTICLE 13. ~~SHELTERS; HALFWAY HOUSES~~ SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE

Section

- R9-20-1301. ~~Shelters; Shelter Services~~ Standards for a Shelter for Victims of Domestic Violence
- R9-20-1302. ~~Manager Qualifications and Responsibilities~~ Repealed
- R9-20-1303. ~~Staffing Requirements~~ Repealed
- R9-20-1304. ~~Residency Requirements~~ Repealed
- R9-20-1305. ~~Environmental Standards~~ Repealed
- R9-20-1306. ~~Required Record Keeping~~ Repealed
- R9-20-1307. ~~Fire and Safety~~ Repealed
- R9-20-1308. ~~Halfway Houses; Halfway House Services~~ Repealed
- R9-20-1309. ~~Manager Qualifications and Responsibilities~~ Repealed
- R9-20-1310. ~~Staffing Requirements~~ Repealed
- R9-20-1311. ~~Residency Requirements~~ Repealed
- R9-20-1312. ~~Environmental Standards~~ Repealed
- R9-20-1313. ~~Required Record Keeping~~ Repealed
- R9-20-1314. ~~Fire and Safety~~ Repealed

**ARTICLE 14. ~~PRE PETITION SCREENING; COURT ORDERED SERVICES~~ RURAL SUBSTANCE ABUSE
TRANSITIONAL AGENCY**

Section

- R9-20-1401. ~~Pre-petition Screening~~ Standards for a Rural Substance Abuse Transitional Agency
- R9-20-1402. ~~Mental Health Evaluation and Treatment~~ Repealed
- R9-20-1403. ~~Court Ordered Alcoholism Treatment Services~~ Repealed

ARTICLE 15. ~~REPEALED~~ ADULT THERAPEUTIC FOSTER HOME

Section

- R9-20-1501. ~~Repealed~~ Management
- R9-20-1502. Licensee Qualifications and Requirements
- R9-20-1503. Supervision
- R9-20-1504. Admission
- R9-20-1505. Assessment and Treatment Plan
- R9-20-1506. Client Records
- R9-20-1507. Environmental Standards
- R9-20-1508. Food Services

ARTICLE 16. ~~PARTIAL CARE SERVICES~~ REPEALED

Section

- R9-20-1601. ~~Partial Care Licensure Requirements~~ Repealed
- R9-20-1602. ~~Basic Partial Care Services~~ Repealed
- R9-20-1603. ~~Intensive Partial Care Services~~ Repealed

ARTICLE 17. ~~DUI SERVICE AGENCIES~~ REPEALED

Section

- R9-20-1701. ~~Definitions~~ Repealed
- R9-20-1702. ~~DUI Service Agency Requirements~~ Repealed
- R9-20-1703. ~~Administration~~ Repealed
- R9-20-1704. ~~Personnel~~ Repealed
- R9-20-1705. ~~Staff Supervision~~ Repealed
- R9-20-1706. ~~Staff Development and Training~~ Repealed
- R9-20-1707. ~~DUI Screening Services~~ Repealed
- R9-20-1708. ~~DUI Client Screening Records~~ Repealed
- R9-20-1709. ~~DUI Education Services~~ Repealed
- R9-20-1710. ~~DUI Client Education Records~~ Repealed

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R9-20-1711. ~~DUI Treatment Agency~~ Repealed
R9-20-1712. ~~DUI Client Treatment Records~~ Repealed
R9-20-1713. ~~Physical Plant Requirements~~ Repealed

ARTICLE 18. METHADONE OR METHADONE-LIKE TREATMENT AGENCIES REPEALED

Section

R9-20-1801. ~~Definitions~~ Repealed
R9-20-1802. ~~Methadone or Methadone-Like Treatment Service Agency Requirements~~ Repealed
R9-20-1803. ~~Administration~~ Repealed
R9-20-1804. ~~Client Records~~ Repealed
Exhibit A. ~~“Consent to Methadone Treatment” Form FDA-2635~~ Repealed
R9-20-1805. ~~Program Approval~~ Repealed
R9-20-1806. ~~Admission and Discharge Criteria~~ Repealed
R9-20-1807. ~~Treatment Planning~~ Repealed
R9-20-1808. ~~Drug Testing~~ Repealed
R9-20-1809. ~~Medical Services~~ Repealed
R9-20-1810. ~~Health Care Professionals~~ Repealed
R9-20-1811. ~~Staff Authorized to Dispense Narcotic Drugs~~ Repealed
R9-20-1812. ~~Administration of Methadone~~ Repealed
R9-20-1813. ~~Take-Home Medication~~ Repealed
R9-20-1814. ~~Take-Home Requirements~~ Repealed
R9-20-1815. ~~Short-Term Detoxification Treatment Requirements~~ Repealed
R9-20-1816. ~~Long-Term Detoxification Treatment Requirements~~ Repealed
R9-20-1817. ~~Hospital Use of Methadone for Detoxification Treatment~~ Repealed

ARTICLE 19. LEVEL II RURAL COUNTY DETOXIFICATION SERVICES PILOT PROGRAM REPEALED

Part A. Pilot Program Requirements Repealed

Section

R9-20-A1901. ~~Definitions~~ Repealed
R9-20-A1902. ~~Level II Rural County Detoxification Services Pilot Program~~ Repealed

Part B. Rural County Program Approval Repealed

R9-20-B1901. ~~Approval Requirements~~ Repealed
R9-20-B1902. ~~Management~~ Repealed
R9-20-B1903. ~~Detoxification Services~~ Repealed
R9-20-B1904. ~~Staffing Requirements~~ Repealed
R9-20-B1905. ~~Program Description~~ Repealed
R9-20-B1906. ~~Facility Physical Plant Standards~~ Repealed
R9-20-B1907. ~~Recordkeeping~~ Repealed
R9-20-B1908. ~~Fire and Safety~~ Repealed
R9-20-B1909. ~~Transfer to Another Classification~~ Repealed

ARTICLE 1. GENERAL

R9-20-101. Definitions

- A.** ~~Words and phrases defined in A.R.S. §§ 36-401, 36-501, 36-2021, and 36-3001 have the same meaning when used in this Article. In this Article, unless the context otherwise requires:~~
- ~~1. “Abuse” means, with respect to a client, the infliction of, or allowing another person to inflict or cause, physical pain or injury, wrongful confinement, impairment of bodily function, disfigurement or serious emotional damage as evidenced by severe anxiety, depression, withdrawal or aggressive behavior. Emotional damage must be diagnosed by a medical doctor or psychologist. Such abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a client receiving behavioral health services under this Chapter. Abuse shall also include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a client under the care of personnel of a licensed behavioral health service agency or a mental health agency.~~
 - ~~2. “Accreditation” means formal recognition issued by a nationally recognized organization to indicate that an agency or provider is providing behavior health services in accordance with the national standards of the accreditation agency.~~
 - ~~3. “Administrator” means a licensee or staff member who is authorized in writing by the governing authority of a licensed behavioral health service agency to conduct the agency’s business and daily operation and carry out administrative functions specified by the agency’s governing authority pursuant to this Article.~~

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4. "Architectural review" means the examination by the Department of any specifications submitted by an applicant.
5. "Assessment" means the analysis of a person's medical, psychological, psychiatric, or social conditions to determine if an agency's direction of care is suitable to the person's problematic behavioral health issue(s). An assessment is an integral part of the agency's admission process and may be conducted on an inpatient basis, an outpatient basis, or a combination of both. Assessment may include screening, evaluation, and diagnosis.
6. "Basic partial care services" means treatment services provided in a structured, coordinated program or by goal-oriented services designed to provide therapeutic activities. Services may include those which promote coping, problem-solving and socialization skills and provide regular activities for clients requiring supportive counseling such as psychosocial rehabilitation, life skills training, independent living skills, and medication training.
7. "Begin construction" means to initiate action at the project site, implement the construction documents, or to initiate work orders.
8. "Behavioral health issue" means a mental health disorder, personality disorder, emotional condition or alcohol, drug or other substance abuse problem that may be improved or eliminated through behavioral health services provided to the affected client by personnel of a licensed behavioral health service agency.
9. "Behavioral health paraprofessional" means a staff member of a licensed behavioral health service agency who meets qualification requirements specified in R9-20-306(D).
10. "Behavioral health professional" means a psychiatrist, psychologist, social worker, counselor, nurse practitioner, physician assistant, or registered nurse who meets the qualification specified in R9-20-306(B).
11. "Behavioral health residential services" means a 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 clients suffering from mental disorders, personality disorders, emotional conditions or the effects of substance abuse.
12. "Behavioral health service" means assessment, screening, evaluation, diagnosis, care or treatment to maintain progress toward normal functioning, reduce or eliminate mental health or personality disorders, emotional conditions and/or substance abuse.
13. "Behavioral health service agency" or "agency" means a class of health care institution that provides one or more behavioral health services on a voluntary or court-ordered basis.
14. "Behavioral health technician" means a staff member of a licensed behavioral health service agency who meets qualifications specified in R9-20-306(C).
15. "Behavior management services" means services that primarily involve direct patient behavior management but may also include services related to activities of daily living and household activities incidental to, and consistent with, the mental health rehabilitative needs of the client.
16. "Case management team" means a team of professionals who are responsible for providing continuous treatment and support to adults and children with serious mental illnesses and for locating, accessing, and monitoring the provision of behavioral health services.
17. "Case manager" means an individual meeting the requirements of R9-20-306(F), who participates in the development of client specific behavioral health treatment services; is responsible for developing the most cost effective, medically appropriate, individual service plan; and who arranges for and monitors service provision for clients.
18. "Child" means a person who is under the age of 18 years.
19. "Client" means an individual receiving direct behavioral health services from the staff of a licensed behavioral health service agency. A client may be termed a patient, resident or ward.
20. "Client record" means the written compilation of information that describes and documents the evaluation, diagnosis or treatment of a client.
21. "Community services" means community behavioral health services required to be provided under A.R.S. § 36-550 et seq. and includes, but is not limited to, clinical case management, outreach, housing and residential services, crisis intervention and resolution services, mobile crisis teams, day treatment, intensive in-home counseling, behavior management, basic partial care, vocational training and opportunities, habilitation or rehabilitation services, psychosocial rehabilitation, peer support, social support, recreation services, advocacy, family support services, outpatient counseling and treatment, transportation, and medication evaluation and maintenance.
22. "Counseling" means a method of treatment provided by staff who meet the requirements pursuant to R9-20-306 of a licensed behavioral health service agency that utilizes the interaction between the staff member and a client, or clients, to improve or alleviate one or more behavioral health issues.
23. "Counselor" means a marriage and family counselor, behavioral health counselor, or substance abuse counselor who meets the requirements as a behavioral health professional pursuant to R9-20-306(B).
24. "Court ordered alcoholism treatment services" means involuntary detoxification or residential services that are provided, in a behavioral health service agency licensed for such services, to clients designated as chronic alcoholics pursuant to A.R.S. Title 36, Chapter 18.
25. "Court ordered mental health evaluation" means the assessment of a person's medical, psychological, psychiatric, or social condition to determine whether the person has a mental or personality disorder and is a danger to self or others, is acutely and persistently disabled, or is gravely disabled as defined in A.R.S. Title 36, Chapter 5.

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26. ~~“Court-ordered mental health evaluation agency” means facility licensed by the Department to provide court-ordered mental health evaluations in accordance with A.R.S. Title 36, Chapter 5.~~
27. ~~“Court-ordered mental health evaluation and diagnosis” means assessment of a person’s medical, psychiatric, psychological, or social conditions to determine if a mental disorder exists and, if so, to provide diagnosis for direction of care.~~
28. ~~“Court-ordered mental health treatment services” means treatment services provided pursuant to A.R.S. Title 36, Chapter 5, as determined necessary by the court-ordered mental health evaluation and required by the Superior Court.~~
29. ~~“Crisis services” or “emergency services” means the same as emergency/crisis behavioral health services.~~
30. ~~“Crisis stabilization facility” means a facility which provides 24-hour supervision of clients who require a protected supervised environment to reduce or eliminate an emergency situation, and licensed pursuant to Articles 6 or 7.~~
31. ~~“Deemed status” means the acceptance by the Department of a copy of the institution’s current accreditation report from a nationally recognized accreditation organization in accordance with A.R.S. § 36-401(A)(1) and in lieu of licensing inspections required by this Chapter.~~
32. ~~“Department” means the Arizona state Department of Health Services.~~
33. ~~“Designated representative” means the person or persons designated by a client or guardian to assist the client in protecting the client’s rights.~~
34. ~~“Detoxification” means the treatment services provided to systematically reduce physical dependence upon alcohol, drugs or other substances by use of therapeutic procedures, e.g., medications, rest, diet, counseling or medical supervision.~~
35. ~~“Diagnostic and Statistical Manual of Mental Disorders” or “DSM” means the latest edition of the manual that is edited by the American Psychiatric Association.~~
36. ~~“Director” means the Director of the Department of Health Services.~~
37. ~~“Discharge” means the termination of the client’s affiliation with a licensed behavioral health service agency and the cessation of behavioral health services provided to that client.~~
38. ~~“Emergency/crisis behavioral health services” means immediate and intensive, time-limited, community-based, face-to-face crisis intervention and resolution services which are available on a 24-hour-a-day basis. Services may include evaluation and counseling to stabilize the situation, mobile crisis services, emergency crisis shelter services, and crisis management counseling, psychotropic medication stabilization, and/or other therapeutic activities to reduce or eliminate the emergency situation.~~
39. ~~“Goal” means an expected result or outcome to improve or eliminate a problematic condition, which takes time to achieve, is specified in a statement of relatively broad scope in a treatment plan, and provides guidance in establishing intermediate objectives directed toward its attainment.~~
40. ~~“Grievance” means a complaint regarding an act, omission, condition, or decision.~~
41. ~~“Group therapy” means a method of treatment that uses the interaction between a psychiatrist, psychologist, behavioral health professional, or behavioral health technician and two or more clients to promote improvement or change of behavioral health issues.~~
42. ~~“Guardian” means an individual appointed by court order pursuant to A.R.S. Title 14, Chapter 5 or Title 36, Chapter 5, or similar proceedings in another state or jurisdiction properly domesticated under Arizona law. Guardian may also refer to an agency, designated by state law, which is responsible for some degree of care or management.~~
43. ~~“Halfway house” means a behavioral health service agency that provides a residential setting that aids a client in the transition from a more restrictive setting to independent living.~~
44. ~~“Halfway house services” means services provided in a halfway house that provide clients the opportunity to function as part of a household, develop independence in daily living and be involved in activities during the day, including vocational and educational opportunities and community activities.~~
45. ~~“Human subject” means any individual living or dead about whom an investigator (whether professional or student) conducting research obtains data through intervention or interaction with the individual, or obtains identifiable private information.~~
46. ~~“Individualized treatment plan” or “ITP” means a written plan for client care to meet the client’s needs identified through the assessment, evaluation, and diagnosis processes.~~
47. ~~“Intensive partial care services” means treatment services provided that are planned, structured, and coordinated therapeutic activities including a program of services which address the client’s therapeutic goals as outlined in the client’s individual treatment plan. These services provide a structured, coordinated program of intensive care which is scheduled on a regular basis, providing active treatment intended to lead to full or partial resolution of the client’s acute or episodic problems. Services may include a variety of treatment modalities such as individual, group and family therapy, cognitive and psychodynamic approaches to the client’s problems, and treatment related activities intended to reduce the need for more intensive services.~~

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48. "Level I behavioral health facility" means a behavioral health service agency that provides a structured treatment setting with daily 24-hour supervision and an intensive treatment program.
49. "Level II behavioral health facility" means a behavioral health service agency that provides a structured residential treatment setting with 24-hour supervision and counseling or other therapeutic activities for clients who do not require on-site medical services.
50. "Level III behavioral health facility" means a behavioral health service agency that provides a residential setting with 24-hour supervision for clients who are determined to be capable of independent functioning but still require protective oversight to insure they receive needed medications and transportation and are provided with needed therapeutic services outside the facility.
51. "License" means a certificate issued by the Department that indicates that the behavioral health service agency has been determined to be in substantial compliance with applicable state requirements and is authorized by the Department to provide one or more specified behavioral health services.
52. "Likelihood of serious physical harm" means:
 - a. A substantial and imminent risk that serious physical harm will be inflicted by an individual upon himself, as evidenced by threats or attempts to commit suicide or to inflict physical harm on himself; or
 - b. A substantial and imminent risk that serious physical harm will be inflicted by an individual upon another as evidenced by previous behavior that has caused such harm or that places another person or persons in fear of sustaining such harm. Substantial and imminent risk shall be interpreted to include only those instances where there is the present ability to enact serious physical harm or where there is a realistic perception of such ability.
53. "Manufactured housing" means a structure built in accordance with the National Manufactured Home Construction and Safety Act of 1974 and Title 6 of the Housing and Community Development Act of 1974, Public Law 93-383, as amended by Public Laws 95-128, 95-557, 96-153, and 96-339.
54. "Mechanical restraint" means the use of any article, device, or garment that restricts a client's freedom of movement or a portion of a client's body and cannot be removed by the client, and that is used for the purpose of confining the client's mobility, but does not include such a device used for orthopedic, surgical or other medical device necessary to allow a client to heal from a medical condition or to participate in a treatment program.
55. "Medical emergency" means a situation that involves a threat of death or serious physical harm to a behavioral health client and requires immediate medical intervention.
56. "Medication" means any prescription drug as ordered by the client's physician of record and provided for use by a client.
57. "Medication monitoring administration and adjustment" means review of laboratory test results, observation of client behaviors, recording client reaction to medications, and adjustment of medications to alter negative reactions or to obtain desired therapeutic levels.
58. "Menu" means a written description of foods to be served at each meal and all snacks catered for, or prepared at, a licensed behavioral health service agency.
59. "Mobile crisis unit" means one or more individuals who provide emergency/crisis behavioral health services under the authority of a licensed behavioral health service agency. At least one member of the unit shall be a behavioral health professional pursuant to R9-20-306(B).
60. "Nurse" means a person who is licensed under A.R.S. Title 32, Chapter 15.
61. "Nurse practitioner" means a person who is licensed under A.R.S. Title 32, Chapter 15 and certified by a national nursing credentialing agency that is recognized by the Arizona Board of Nursing.
62. "OBHL" means the Office of Behavioral Health Licensure.
63. "Objective" means an expected result or outcome which is stated in measurable terms, has a specified time for achievement, and is related to attainment of a goal.
64. "Outpatient rehabilitation services" means a therapeutic regimen of services, provided by a licensed behavioral health service agency in an ambulatory setting during specified hours of operation, including case management, screening, assessment, evaluation, treatment planning, treatment, counseling and/or other therapeutic activities for clients with behavioral health issues.
65. "Personnel" means all staff including full- or part-time employees and volunteers, who perform services for clients of a licensed behavioral health service agency.
66. "Physical restraint" means the use of bodily force to restrict the person's freedom of movement but does not include the firm but gentle holding of a person with no more force than necessary to protect the person or others from harm. SMI clients must not be held for more than five minutes.
67. "Physician assistant" means a person who is licensed under A.R.S. Title 32, Chapter 25.
68. "Policy" means a statement of the principles that guide and govern the activities, procedures and operations of a licensed behavioral health service agency.
69. "Pre petition mental health screening" means, upon receiving an application for court ordered evaluation, the screening agency shall determine whether:
 - a. Reasonable cause exists regarding applicant allegations for the court ordered evaluation.

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- b. The person will voluntarily receive evaluation at a scheduled time and place.
 - e. The person is gravely disabled or likely to present a danger to self or others until the voluntary evaluation, or
 - d. The person is persistently or acutely disabled.
- 70. "Pre-petition mental health screening agency" means a facility licensed by the Department to provide pre-petition screening pursuant to A.R.S. Title 36, Chapter 5.
 - 71. "PRN order" or "Pro re nata medication" means medication given as needed.
 - 72. "Procedures" means the designated methods by which policies are put into effect and agency operations are to be carried out.
 - 73. "Program" means an organized system of services designed to address the treatment needs of clients.
 - 74. "Program director" means the person with the day-to-day responsibility for the operation of a programmatic component of a service provider, such as a specific residential, vocational, or case management program.
 - 75. "Psychiatric acute care" means emergency/crisis behavioral health services, psychiatric and psychological evaluation, short-term intensive behavioral health counseling and treatment for acute episodes of mental disorders, medication stabilization and 24-hour nursing care for clients with acute psychiatric or mental disorders, or who need to stabilize chronic mental illness.
 - 76. "Psychiatrist" means a physician licensed in Arizona under A.R.S. Title 32, Chapter 13 or 17 and Board certified or Board eligible under the standards of the American Board of Psychiatry and Neurology or the Osteopathic Board of Neurology and Psychiatry.
 - 77. "Psychologist" means a professional who is licensed under A.R.S. Title 32, Chapter 19.1 and is experienced in the practice of psychology.
 - 78. "Psychosocial rehabilitation" services means a comprehensive program of active treatment which may include activities of community and daily living, training in communication, and medication.
 - 79. "Psychotherapy" means a method of treatment for mental disorders and substance abuse which uses the interaction between a therapist and a client to promote emotional or psychological change or to alleviate a mental disorder or substance abuse. Psychotherapy must be rendered by a psychiatrist, psychologist, or behavioral health professional.
 - 80. "Qualified clinician" means a behavioral health professional licensed or certified under A.R.S. Title 32, or a behavioral health technician or case manager supervised by a behavioral health professional licensed or certified under A.R.S. Title 32 or credentialed by the Arizona Board for the Certification of Addiction Counselors or credentialed by a national organization recognized by the Department as having standards equal to or exceeding those specified for certification under A.R.S. Title 32.
 - 81. "Referral" means assistance or direction to a person or the person's family, guardian or designated representative to obtain information and locate medical, legal, psychological, social, educational, vocational or other services needed for the reduction or management of behavioral health issues.
 - 82. "Restraint" means any restraining device that is designed and applied for the purposes of preventing the individual from engaging in assaultive or self-abusive behavior or to prevent serious disruption of the therapeutic environment. Restraint includes physical activities, mechanical devices and pharmacological use.
 - 83. "Restrictive behavior management" means the use of medication, mechanical restraints, or seclusion for a client suffering a behavioral health emergency when less restrictive measures to assist the client in regaining control have failed.
 - 84. "Satellite office" means an off-site office used periodically but less than 20 hours per week by an outpatient clinic, outpatient rehabilitation agency or an outpatient program offered by a hospital licensed pursuant to A.A.C. Title 9, Chapter 10, Articles 2, 3, or 4.
 - 85. "Seclusion" means placing a client alone in a room with closed, locked doors that cannot be opened from the inside, for the purposes of preventing the client from engaging in assaultive or self-abusive behavior or to prevent serious disruption of the therapeutic environment for SMI clients as defined in R9-21-101.
 - 86. "Secured residential facility" means a Level I facility providing restrictive behavioral health management services.
 - 87. "Seriously mentally ill" or "SMI" means a person 18 years of age or older who is chronically mentally ill as defined in A.R.S. § 36-550.
 - 88. "Shelter resident" means a person who is receiving shelter services from a licensed behavioral health service agency authorized to provide shelter services.
 - 89. "Shelter Services" means shelter care, crisis intervention, the arrangement of short-term counseling, and planning for aftercare and other services to resolve the emergency and protect or prevent harm to a shelter resident or an individual seeking shelter services.
 - 90. "SMI clinical case management services" means the screening, evaluation, diagnosis, crisis management, therapy, and medication adjustment and monitoring.
 - 91. "SMI clinical case management team" consists of a psychiatrist, case manager, and other behavioral health professionals responsible for case management, individual service plan development and treatment, identification of service providers, and authorization of services.

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92. “Social worker” means a person who has received a degree in social work from an accredited school of social work and has clinical experience in the needs of clients admitted to licensed behavioral health service agencies or who has been certified as a social worker by the Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33.
93. “Special hospital” or “Special hospital, psychiatric” means a subclass of hospital that specializes in providing, by or under the supervision of a psychiatrist or other physician, psychiatric or behavioral health services for the diagnosis and treatment of persons with behavioral health issues and which is licensed by the Department to provide behavioral health services.
94. “Special unit” means a unit or ward within a general hospital that is primarily engaged in providing, by or under the supervision of a psychiatrist or other physician, psychiatric or behavioral health services for the diagnosis and treatment of persons with behavioral health issues and which is licensed by the Department to provide behavioral health services.
95. “Specifications” means a detailed and exact statement of particulars describing materials, dimensions, and workmanship of something to be built, installed, or manufactured.
96. “Staff” means full- or part-time employees who are paid by a licensed behavioral health service agency to perform assigned job functions for that agency.
97. “Substance abuse” means the chronic, habitual or compulsive use of any chemical matter that, 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 impairment and reduction or destruction of social and/or economic functioning.
98. “Substantial modification” means:
- a. Increased bed capacity or the change in the use of one or more existing beds; or
 - b. A change in the address or location at which a service is provided; or
 - c. A change in the physical plant of the institution that affects compliance with any applicable code or standard as referenced in A.A.C. R9-1-412, or in the physical plant standards in A.A.C. Title 9, Chapter 10; or
 - d. A change from one licensed behavioral health service category to another, e.g., Level II residential facility changed to Level I residential facility.
99. “Therapeutic activity” means a planned activity or service that is specified in a client’s treatment plan as a component of a client’s treatment.
100. “Treatment” means the range of planned behavioral health services received by a client, which is consistent with the assessment of the client, the client’s evaluation and diagnosis and individual treatment plan goals and objectives, in order to manage, improve or eliminate behavioral health issues. Such services may include psychiatric or psychological testing, counseling, medical care, training, psychosocial rehabilitation, habilitation, recreation, rehabilitation and social services.
101. “Volunteer” means a person who, without direct financial remuneration, provides services to a licensed behavioral health agency.
102. “Working days” means Monday, Tuesday, Wednesday, Thursday and Friday, excluding holidays.

B. In the event the definitions in A.A.C. Title 9, Chapter 21 differ from the definitions in this Chapter, the more restrictive definition applies.

The following definitions apply in this Chapter unless otherwise specified:

1. “Abuse” means:
 - a. For an adult:
 - i. The intentional infliction of physical harm;
 - ii. Causing injury by negligent acts or omissions;
 - iii. Unreasonable or unlawful confinement;
 - iv. Sexual abuse or sexual assault;
 - v. A pattern of ridiculing or demeaning, making derogatory remarks to, verbally harassing, or threatening to inflict physical harm on a client; or
 - vi. Pharmacological abuse; or
 - b. For a child:
 - i. The infliction of, or allowing another individual to inflict, physical harm;
 - ii. Causing injury or impairment of bodily functions by negligent acts or omissions;
 - iii. A pattern of ridiculing or demeaning, making derogatory remarks to, verbally harassing, or threatening to inflict physical harm on a client;
 - iv. Inflicting or allowing another to inflict sexual conduct, sexual assault, molestation of a child, commercial sexual exploitation of a minor, incest, or child prostitution; or
 - v. Pharmacological abuse.
2. “Administrative office” means a designated area in a building used for operating an agency that is at a separate location from the agency’s premises.

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3. “Administrator” means an individual designated according to R9-20-201(A)(5).
4. “Admission” means the written acceptance by an agency to provide behavioral health services to an individual.
5. “Adult” means an individual 18 years of age or older.
6. “Adult therapeutic foster home” means an agency that provides behavioral health services and ancillary services to at least one and no more than three adults and where the licensee lives in the home with the clients and integrates the clients into the licensee’s family.
7. “Agency” means a behavioral health service agency, a classification of a health care institution, including a mental health treatment agency defined in A.R.S. § 36-501, that is licensed to provide behavioral health services according to A.R.S. Title 36, Chapter 4.
8. “Agent” means an adult who has been designated to act for a client who is an adult in a mental health care power of attorney completed by the client according to A.R.S. Title 36, Chapter 32, Article 6.
9. “Ancillary services” means items or activities that are not behavioral health services but are necessary to ensure a client’s health, safety, and welfare, such as food, housing, laundry, or transportation.
10. “Assessment” means the collection and analysis of an individual’s information required in R9-20-209 to determine the individual’s treatment needs.
11. “Assistance in the self-administration of medication” means aid provided to a client in:
 - a. Storing the client’s medication;
 - b. Reminding the client to take a medication;
 - c. Verifying that the medication is taken as directed by the client’s medical practitioner by:
 - i. Confirming that a medication is being taken by the client for whom it is prescribed,
 - ii. Checking the dosage against the label on the container, and
 - iii. Confirming that the client is taking the medication as directed;
 - d. Opening a medication container; or
 - e. Observing the client while the client removes the medication from the container or takes the medication.
12. “Behavioral health issue” means an individual’s condition related to a mental disorder, personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
13. “Behavioral health medical practitioner” means a medical practitioner with at least one year of full-time behavioral health work experience.
14. “Behavioral health paraprofessional” means an individual who meets the applicable requirements in R9-20-204 and has:
 - a. An associate’s degree.
 - b. A high school diploma, or
 - c. A high school equivalency diploma.
15. “Behavioral health professional” means an individual who meets the applicable requirements in R9-20-204 and is
 - a:
 - a. Psychiatrist,
 - b. Behavioral health medical practitioner,
 - c. Psychologist,
 - d. Social worker,
 - e. Counselor,
 - f. Marriage and family therapist,
 - g. Substance abuse counselor, or
 - h. Registered nurse with at least one year of full-time behavioral health work experience.
16. “Behavioral health service” means the assessment, diagnosis, or treatment of an individual’s behavioral health issue.
17. “Behavioral health technician” means an individual who meets the applicable requirements in R9-20-204 and:
 - a. Has a master’s degree or bachelor’s degree in a field related to behavioral health;
 - b. Is a registered nurse or physician assistant;
 - c. Has a bachelor’s degree and at least one year of full-time behavioral health work experience;
 - d. Has an associate’s degree and at least two years of full-time behavioral health work experience;
 - e. Is licensed as a practical nurse, according to A.R.S. Title 32, Chapter 15, with at least three years of full-time behavioral health work experience; or
 - f. Has a high school diploma or high school equivalency diploma and at least four years of full-time behavioral health work experience.
18. “Behavioral health work experience” means providing behavioral health services:
 - a. In an agency;
 - b. To an individual; or
 - c. In a field related to behavioral health.
19. “Branch office” means an agency’s secondary facility that is open and functioning 20 or fewer hours each week.

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20. “Child” means an individual younger than 18 years of age.
21. “Client” means an individual who is accepted by the agency for the provision of behavioral health services.
22. “Client record” means the collected documentation of the behavioral health services provided to and the information gathered regarding a client, maintained as required in R9-20-211 or as otherwise provided in this Chapter.
23. “Clinical director” means an individual designated by the licensee according to R9-20-201(A)(6).
24. “Clinical supervision” means review of skills and knowledge and guidance in improving or developing skills and knowledge.
25. “Communicable disease” has the same meaning as in A.A.C. R9-6-101.
26. “Conspicuously posted” means displayed in a facility at a location that is accessible and visible to a client and the public.
27. “Contiguous grounds” means real property that can be enclosed by a single unbroken boundary line that does not enclose property owned or leased by another.
28. “Co-occurring disorder” means a combination of a mental disorder or a personality disorder and one or more of the following:
 - a. Substance abuse; or
 - b. A developmental disability.
29. “Counseling” means the therapeutic interaction between a client, clients, or a client’s family and a behavior health professional or behavioral health technician intended to improve, eliminate, or manage one or more of a client’s behavioral health issues and includes:
 - a. Individual counseling provided to a client;
 - b. Group counseling provided to more than one client; or
 - c. Family counseling provided to a client or the client’s family.
30. “Counselor” means:
 - a. An individual who is certified as an associate counselor or a professional counselor according to A.R.S. Title 32, Chapter 33, Article 6; or
 - b. Until October 3, 2002, an individual who is certified by the National Board of Certified Counselors.
31. “Court-ordered alcohol treatment” means detoxification services or treatment provided according to A.R.S. Title 36, Chapter 18, Article 2.
32. “Court-ordered alcohol treatment evaluation” has the same meaning as “evaluation” in A.R.S. § 36-2021.
33. “Court-ordered evaluation” or “evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.
34. “Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.
35. “CPR” means cardiopulmonary resuscitation.
36. “Crisis services” means immediate and unscheduled behavioral health services provided:
 - a. In response to an individual’s behavioral health issue to prevent imminent harm; and
 - b. At a level 1 psychiatric acute hospital or a level 1 sub-acute agency.
37. “Cultural competency” means a staff member’s ability to recognize and address the needs, thoughts, communications, actions, customs, and beliefs related to an individual’s race, ethnicity, religious preference, or sexual orientation.
38. “Current” means up-to-date, extending to the present time.
39. “Custodian” means a person, other than a parent or legal guardian, who stands in loco parentis to the child or a person to whom legal custody of the child has been given by order of the juvenile court.
40. “Danger to others” means that the judgement of a person who has a mental disorder is so impaired that he is unable to understand his need for treatment and as a result of his mental disorder his continued behavior can reasonably be expected, on the basis of a competent medical opinion, to result in serious physical harm.
41. “Danger to self” means:
 - a. Behavior which, as a result of a mental disorder, constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual’s previous acts, it is substantially supportive of an expectation that the threat will be carried out.
 - b. Behavior which, as a result of a mental disorder, will, without hospitalization, result in serious physical harm or serious illness to the person, except that this definition shall not include behavior which establishes only the condition of gravely disabled.
42. “Day” means calendar day.
43. “Department” means the department of health services.
44. “Designated representative” means an individual identified in writing by a client or the client’s parent, guardian, or custodian to assist the client in protecting the client’s rights.
45. “Detoxification services” means behavioral health services and medical services provided:
 - a. To reduce or eliminate a client’s dependence on, or to provide treatment for a client’s signs and symptoms of withdrawal from, alcohol or other drugs; and

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- b. At a level 1 psychiatric acute hospital or a level 1 sub-acute agency.
46. "Diagnosis" means a determination and labeling of a client's behavioral health issue according to the:
- a. American Psychiatric Association, DSM-IV: Diagnostic and Statistical Manual of Mental Disorders (4th ed. 1994), incorporated by reference and on file with the Department and the Office of the Secretary of State and including no future editions or amendments, available from American Psychiatric Press, Inc., Order Department, 1400 K Street, N.W., Suite 1101, Washington, DC 20005; or
- b. National Center for Health Statistics, U.S. Department of Health and Human Services, ICD-9-CM: International Classification of Diseases, 9th Revision, Clinical Modification (5th ed. 2000), incorporated by reference and on file with the Department and the Office of the Secretary of State and including no future editions or amendments, available from Practice Management Information Corporation, 4727 Wilshire Boulevard, Suite 300, Los Angeles, CA 90010 and from the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.
47. "Discharge" means the termination of a client's affiliation with an agency.
48. "Discharge summary" means an analysis of the treatment provided to a client and the client's progress in treatment.
49. "Documentation" means written or electronic supportive evidence.
50. "Drug used as a restraint" means a medication that:
- a. Is administered to manage a client's behavior in a way that reduces the safety risk to the client or others,
- b. Has the temporary effect of restricting the client's freedom of movement, and
- c. Is not a standard treatment for the client's medical condition or behavioral health issue.
51. "DSM-IV" means DSM-IV: Diagnostic and Statistical Manual of Mental Disorders (4th ed. 1994), incorporated by reference in subsection (46)(a).
52. "DUI client" means an individual who is ordered by the court to receive DUI screening, DUI education, or DUI treatment as a result of an arrest or conviction for a violation of A.R.S. §§ 28-1381, 28-1382, or 28-1383.
53. "DUI education" means a program in which a DUI client participates in at least 16 hours of classroom instruction relating to alcohol or other drugs.
54. "DUI screening" means a preliminary interview and assessment of a DUI client to determine if the DUI client requires alcohol or other drug education or treatment.
55. "DUI treatment" means a program in which a DUI client participates in at least 20 hours of group treatment dealing with alcohol or other drugs and does not include DUI education.
56. "Employee" means an individual who receives compensation from an agency for work performed, but who does not provide behavioral health services.
57. "Exploitation" means the illegal use of a client's resources for another individual's profit or advantage according to A.R.S. Title 46, Chapter 4 or Title 13, Chapter 18, 19, 20, or 21.
58. "Facilities" means buildings used by a health care institution for providing any of the types of services as defined in this Chapter.
59. "Family member" means:
- a. A client's parent, spouse, sibling, child, grandparent, grandchild, aunt, uncle, niece, nephew, or significant other; or
- b. For prepetition screening, court-ordered evaluation, or court-ordered treatment, the same as defined in A.R.S. § 36-501.
60. "Field related to behavioral health" means an academic discipline or area of study that explores human development, responses, or interactions, such as psychology or sociology.
61. "Full time" means 40 hours a week.
62. "General client supervision" means guidance of a client by a staff member and includes:
- a. Being aware of a client's general whereabouts;
- b. Monitoring a client's activities on the premises or on an agency-sponsored activity off the premises to ensure the health, safety, and welfare of the client; or
- c. Interacting with a client to assist the client in achieving a treatment goal.
63. "Governing authority" means the individual, agency, group or corporation, appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the health care institution are vested.
64. "Gravely disabled" means a condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he is unable to provide for his basic physical needs.
65. "Grievance" means a client's expression of dissatisfaction to a licensee about an act, omission, or condition of the licensee's agency.
66. "Guardian" means an individual or entity appointed to be responsible for the treatment or care of an individual according to A.R.S. Title 14, Chapter 5 or a similar provision in another state or jurisdiction.
67. "Hazard" means a condition or situation from which a client may suffer physical injury or illness.
68. "High school equivalency diploma" means:

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- a. The document issued by the Arizona Department of Education under A.R.S. § 15-702 to an individual who passes a general educational development test or meets the requirements of A.R.S. § 15-702(B);
 - b. The document issued by another state to an individual who passes a general educational development test or meets the requirements of a state statute equivalent to A.R.S. § 15-702(B); or
 - c. The document issued by another country to an individual who has completed that country's equivalent to a 12th grade education, as determined by the Department.
69. "Immediate" means without delay.
70. "Incident" means an occurrence or event that has the potential to cause harm to a client.
71. "Inpatient treatment program" means a behavioral health service agency that:
- a. Provides medical services and continuous onsite or on-call availability of a behavioral health medical practitioner.
 - b. Provides accommodations for a client to stay overnight at the agency, and
 - c. May provide restraint or seclusion.
72. "Intern" means an individual who is enrolled in an academic program of a college or university and who provides behavioral health services at an agency as part of the academic program's requirements.
73. "Level 1 psychiatric acute hospital" means an inpatient treatment program that:
- a. Is located in a general hospital, rural hospital, or special hospital licensed according to 9 A.A.C. 10;
 - b. Has continuous onsite or on-call availability of a psychiatrist; and
 - c. Provides continuous treatment to an individual who is experiencing a behavioral health issue that causes the individual:
 - i. To be a danger to self, a danger to others, or gravely disabled; or
 - ii. To suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or the capacity to recognize reality.
74. "Level 1 residential treatment center" means an inpatient treatment program that provides treatment to an individual under the age of 21 who needs inpatient psychiatric services.
75. "Level 1 RTC" means a level 1 residential treatment center.
76. "Level 1 specialized transitional agency" means an agency that provides treatment to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.
77. "Level 1 sub-acute agency" means an inpatient treatment program that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual:
- a. To have a limited or reduced ability to meet the individual's basic physical and age-appropriate needs; or
 - b. To suffer severe and abnormal mental, emotional, or physical harm that impairs judgment, reason, behavior, or the capacity to recognize reality.
78. "Level 2 behavioral health residential agency" means a residential agency that provides:
- a. Counseling;
 - b. Observation, assistance, or supervision in activities to maintain health, safety, personal care or hygiene, or independence in home making activities;
 - c. Age-appropriate training or skill building in communication, the development and maintenance of productive interpersonal relationships, and occupational or recreational activities intended to prepare a client to live independently or to enhance a client's independence;
 - d. Continuous onsite or on-call availability of a behavioral health professional; and
 - e. Continuous treatment to an individual who is experiencing a behavioral health issue that limits the individual's independence but who is able to participate in all aspects of treatment and to meet the individual's basic physical and age-appropriate needs.
79. "Level 3 behavioral health residential agency" means a residential agency that provides:
- a. Observation, assistance, or supervision in activities to maintain health, safety, personal care or hygiene, or independence in home making activities;
 - b. Age-appropriate training or skill building in communication, the development and maintenance of productive interpersonal relationships, and occupational or recreational activities intended to prepare a client to live independently or to enhance a client's independence; and
 - c. Continuous protective oversight and treatment to an individual who is able to participate in all aspects of treatment and to meet the individual's basic physical and age-appropriate needs but who needs treatment to maintain or enhance independence.
80. "Level 4 transitional agency" means an agency that provides accommodations where a client receives:
- a. Support to assist the client in managing a crisis situation, or
 - b. An opportunity to enhance the client's independent living skills.
81. "Level 4 transitional staff member" means an individual who meets the requirements in R9-20-1202(C) and who provides supportive intervention and general client supervision at a level 4 transitional agency.

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82. “Licensed capacity” means the total number of persons for whom the health care institution is authorized by the Department to provide services as required pursuant to this Chapter if the person is expected to stay in the health care institution for more than twenty-four hours. For a hospital, licensed capacity means only those beds specified on the hospital license.
83. “Licensee” means a person authorized by the Department to operate an agency.
84. “Marriage and family therapist” means:
 - a. An individual who is certified as a marriage and family therapist according to A.R.S. Title 32, Chapter 33, Article 7; or
 - b. Until October 3, 2002, an individual who is a clinical member of the American Association of Marriage and Family Therapy.
85. “Mechanical restraint” means any device attached or adjacent to a client’s body that the client cannot easily remove and that restricts the client’s freedom of movement or normal access to the client’s body.
86. “Medical emergency” means a situation that requires immediate medical intervention to prevent death, hospitalization, or serious physical harm.
87. “Medical practitioner” means a:
 - a. Physician;
 - b. Physician assistant;
 - c. Nurse practitioner; or
 - d. Other individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901.
88. “Medical services” means the services pertaining to medical care that are performed at the direction of a physician on behalf of patients by physicians, dentists, nurses and other professional and technical personnel.
89. “Medication” means a prescription medication as defined in A.R.S. § 32-1901 or nonprescription drug, as defined in A.R.S. § 32-1901.
90. “Medication administration” means the provision or application of a medication to the body of a client by a medical practitioner or nurse or as otherwise provided by law.
91. “Medication adjustment” means a change made by a medical practitioner in the medication used to treat a client’s behavioral health issue.
92. “Medication monitoring” means the determination, made by a medical practitioner or registered nurse, of whether a client’s medication is achieving the desired effect.
93. “Medication organizer” means a container divided according to date or time increments and designated to hold medication.
94. “Medication services” means one or more of the following:
 - a. Medication administration,
 - b. Medication monitoring, or
 - c. Medication adjustment.
95. “Mental disorder” has the same meaning as in:
 - a. A.R.S. § 36-501; or
 - b. For an individual receiving treatment as a sexually violent person according to A.R.S. Title 36, Chapter 37, A.R.S. § 36-3701.
96. “Mental health care power of attorney” means a written designation of an agen[t] to make mental health care decisions that meets the requirements of section 36-3281.
97. “Misdemeanor domestic violence offender treatment program” means a behavioral health service provided to an individual convicted of a misdemeanor domestic violence offense and ordered by a court to complete domestic violence offender treatment according to A.R.S. § 13-3601.01.
98. “Neglect” means a pattern of conduct resulting in deprivation of food, water, medication, treatment, medical services, shelter, cooling, heating, or ancillary services necessary to maintain minimum physical or behavioral health.
99. “NFPA” means National Fire Protection Association.
100. “Nurse” means an individual licensed as a registered nurse or a practical nurse according to A.R.S. Title 32, Chapter 15.
101. “Nurse practitioner” means an individual certified as a registered nurse practitioner according to A.R.S. Title 32, Chapter 15.
102. “Nursing assessment” means the collection of data on an individual’s medical history and current physical health status and the analysis of that data performed by a registered nurse.
103. “OBHL” means the Department’s Office of Behavioral Health Licensure.
104. “On-call” means the immediate availability of an individual in person, by telephone, or other electronic means.
105. “Opioid treatment” means dispensing a medication, medication administration, or other treatment that includes an opioid agonist treatment medication, to alleviate or eliminate an individual’s dependence upon an opioid drug.
106. “Orientation” means familiarizing an individual with a new setting or situation.

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107. “Outing” means a planned activity sponsored by an agency that:
 - a. Occurs off the premises.
 - b. Is not part of the agency’s regular program or daily routine, and
 - c. Lasts for more than four hours or occurs in a location where emergency medical services cannot be anticipated to respond within 12 minutes.
108. “Outpatient clinic” means an agency that provides treatment for a specific portion of a day to a client who does not live on the premises.
109. “Owner” means a person who appoints, elects, or otherwise designates a health care institution’s governing authority.
110. “Partial care” means a day program that provides counseling or medication services at an outpatient clinic.
111. “Person” has the same meaning as in A.R.S. § 1-215.
112. “Personal funds account” means client monies that are held and managed by a licensee according to the requirements in R9-20-403(C) and (D).
113. “Personal restraint” means the application of physical force without the use of any device, for the purpose of restricting the free movement of a client’s body, but does not include:
 - a. Briefly holding, without undue force, a client in order to calm or comfort the client; or
 - b. Holding a client’s hand to safely escort the client from one area to another.
114. “Personality disorder” means an enduring, pervasive, and lifelong pattern of behavior that deviates from the expectations of an individual’s culture; leads to an individual’s functional impairment and distress; and has been diagnosed by a behavioral health professional.
115. “Pharmacist” means an individual licensed according to A.R.S. Title 32, Chapter 18.
116. “Pharmacological abuse” means administration of medication:
 - a. For purposes of discipline, convenience, retaliation, or coercion; and
 - b. That is not required to treat a client’s medical or behavioral health issue.
117. “Physical examination” means the collection of data on an individual’s medical history and current physical health and the analysis of the data by a medical practitioner.
118. “Physician” means an individual licensed according to A.R.S. Title 32, Chapter 13 or 17.
119. “Physician assistant” means an individual licensed according to A.R.S. Title 32, Chapter 25.
120. “Premises” means a licensed facility and the facility’s contiguous grounds or a branch office where behavioral health services are provided.
121. “Prepetition screening” has the same meaning as in A.R.S. Title 36, Chapter 5.
122. “Presenting issue” means one or more behavioral health issues that are the reason for an individual’s seeking or needing behavioral health services.
123. “PRN” means pro re nata or given as needed.
124. “Professionally recognized treatment” means a behavioral health service that is supported by research results published in a nationally recognized journal, such as the Journal of the American Psychiatric Association or the Journal of the American Medical Association.
125. “Progress note” means documentation of:
 - a. A behavioral health service or medical service provided to a client and the client’s observed response,
 - b. A client’s significant change in condition, or
 - c. Staff member observations of client behavior.
126. “Psychiatrist” has the same meaning as in A.R.S. § 36-501.
127. “Psychologist” means an individual licensed according to A.R.S. Title 32, Chapter 19.1.
128. “Referral” means assistance or direction provided to an individual to enable the individual to obtain information, behavioral health services, medical services, or ancillary services.
129. “Regional behavioral health authority” means an organization under contract with the department to coordinate the delivery of mental health services in a geographically specific service area of the state for eligible persons.
130. “Registered nurse” means an individual licensed as a graduate nurse, professional nurse, or registered nurse according to A.R.S. Title 32, Chapter 15.
131. “Representative payee” means an individual authorized by the Social Security Administration to receive and manage the money a client receives from the Social Security Administration.
132. “Research” means the systematic study of a field of knowledge.
133. “Residential agency” means a:
 - a. Level 2 behavioral health residential agency, or
 - b. Level 3 behavioral health residential agency.
134. “Respite” means short term behavioral health services or general client supervision that provides rest or relief to a family member or other individual caring for the client and that is provided in:
 - a. A level 1 sub-acute agency,
 - b. A level 1 RTC.

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- c. A level 2 behavioral health residential agency.
 - d. A level 3 behavioral health residential agency, or
 - e. An adult therapeutic foster home.
135. “Restraint” means personal restraint, mechanical restraint, or drug used as a restraint.
136. “Rural substance abuse transitional center” means an agency, located in a county with a population of fewer than 500,000 individuals according to the most recent U.S. decennial census, that provides behavioral health services to an individual who is intoxicated or has a substance abuse problem.
137. “Screening” means determining whether an individual appears to need behavioral health services.
138. “Seclusion” means the involuntary confinement of a client alone in a room or an area from which the client is physically prevented from leaving.
139. “Secure facility” means the premises or portion of the premises that is locked or from which a client cannot leave without a key, special knowledge, or special effort.
140. “Seriously mentally ill” means persons, who as a result of a mental disorder as defined in section 36-501 exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.
141. “Shelter for victims of domestic violence” or “shelter” means a facility providing temporary residential service or facilities to family or household members who are victims of domestic violence.
142. “Significant change in condition” means a deterioration or improvement in a client’s physical or behavioral health that may require a modification in the client’s treatment.
143. “Significant other” means an individual whose participation the client considers to be essential to the effective provision of behavioral health services to the client.
144. “Social worker” means:
- a. An individual who is certified as a baccalaureate social worker, master social worker, or independent social worker, according to A.R.S. Title 32, Chapter 33, Article 5; or
 - b. Until October 3, 2002, an individual who is certified by the National Association of Social Workers.
145. “Staff member” means an individual who is employed by or under contract with a licensee to provide behavioral health services to an agency client and who is a:
- a. Behavioral health professional,
 - b. Behavioral health technician, or
 - c. Behavioral health paraprofessional.
146. “Subclass” means a type of behavioral health service agency listed in R9-20-102(A).
147. “Substance abuse” means the chronic, habitual, or compulsive use of alcohol or another chemical or drug that:
- a. Alters an individual’s behavior or mental functioning;
 - b. May cause psychological or physiological dependence; and
 - c. Impairs, reduces, or destroys the individual’s social or economic functioning.
148. “Substance abuse counselor” means:
- a. An individual who is certified as a substance abuse counselor according to A.R.S. Title 32, Chapter 33, Article 8; or
 - b. An individual who is certified by the Arizona Board of Certified Addiction Counselors.
149. “Therapeutic diet” means one of the following ordered for an individual by a medical practitioner:
- a. Food, or
 - b. The manner in which food is to be prepared.
150. “Time out” means providing a client an opportunity to regain self-control in a designated area from which the client is not physically prevented from leaving.
151. “Transfer” means moving a client from one agency to another agency that assumes responsibility for the treatment of the client.
152. “Treatment” means:
- a. A professionally recognized treatment that is provided to a client or the client’s family to improve, eliminate, or manage the client’s behavioral health issue; or
 - b. For court-ordered alcohol treatment, the same as in A.R.S. § 36-2021.
153. “Treatment goal” means the desired result or outcome of treatment.
154. “Treatment method” means the specific approach used to achieve a treatment goal.
155. “Treatment plan” means a description of the specific behavioral health services that an agency will provide to a client that is documented in the client record.
156. “Volunteer” means an individual who provides a behavioral health service or ancillary service at an agency without compensation.

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157. "Working day" means Monday, Tuesday, Wednesday, Thursday, or Friday, excluding state and federal holidays.

R9-20-102. Licensure Requirements, Exceptions Agency Subclasses and Required and Authorized Services

- A.** No public or private corporation, association, or other organization, whether for profit or not, shall establish, maintain or operate an agency, institution, or part thereof, that provides behavioral health services for the care and treatment of persons with behavioral health issues without first securing a license in accordance with this Chapter.
- B.** Licensed general hospitals shall apply for behavioral health service agency licensure in order to provide one or more behavioral health services. If the licensed general hospital is in full compliance with A.A.C. Title 9, Chapter 10, Articles 1 and 2, the general hospital shall be exempt from inspection for compliance with R9-20-408, R9-20-502, and R9-20-503.
- C.** Special hospitals licensed pursuant to A.A.C. Title 9, Chapter 10, Article 4 shall apply for a behavioral health service agency license pursuant to this Chapter. If the special hospital is in full compliance of A.A.C. Title 9, Chapter 10, Articles 1 and 4, the special hospital shall be exempt from inspection for compliance with R9-20-408, R9-20-502, and R9-20-503.
- D.** In addition to applicable Articles in this Chapter, all behavioral health service agencies licensed pursuant to this Chapter and providing services to SMI clients shall comply with A.A.C. Title 9, Chapter 21.
- E.** In addition to applicable Articles in this Chapter, all behavioral health service agencies licensed pursuant to this Chapter and providing Title XIX-certified services shall be subject to A.A.C. Title 9, Chapter 22.
- F.** These rules shall not apply to:
1. Agencies that provide only administrative services to operate and provide behavioral health services but do not provide direct patient evaluation, diagnosis, case management, care or treatment.
 2. Educational services or activities offered under the authority of an educational institution accredited by a nationally recognized accreditation organization.
 3. Telephone hot-line programs that do not provide face-to-face, on-site behavioral health services.
 4. Member-run self-help or self-growth groups.
 5. Private offices and clinics of private practitioners who are licensed or certified under A.R.S. Title 32 but are not responsible to a Board of Directors and do not employ or contract with others to deliver behavioral health services.
 6. Agencies and foster care facilities licensed by the Department of Economic Security (DES) pursuant to A.R.S. §§ 8-503, 36-558.01 and 36-591 and which do not provide behavioral health services.
 7. Exemptions as stated in A.R.S. § 36-402.
- A.** A person may apply for an agency to be licensed in one of the following agency subclasses:
1. Outpatient clinic,
 2. Level 2 behavioral health residential agency,
 3. Level 3 behavioral health residential agency,
 4. Level 1 psychiatric acute hospital,
 5. Level 1 RTC,
 6. Level 1 sub-acute agency,
 7. Level 1 specialized transitional agency,
 8. Level 4 transitional agency,
 9. Shelter for victims of domestic violence,
 10. Rural substance abuse transitional agency, or
 11. Adult therapeutic foster home.
- B.** A person applying for a license for more than one agency subclass in subsection (A) shall submit a separate initial application for each agency subclass.
- C.** A licensee shall operate each agency subclass in a separate area on the premises.
- D.** If an agency is licensed as:
1. An outpatient clinic, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 2, and
 - ii. R9-20-301; and
 - b. May request authorization to provide:
 - i. Counseling according to R9-20-302,
 - ii. Medication services according to R9-20-303,
 - iii. Pre-petition screening according to R9-20-801,
 - iv. Court-ordered evaluation according to R9-20-802,
 - v. Court-ordered treatment according to R9-20-803,
 - vi. DUI screening according to R9-20-901 and R9-20-902,
 - vii. DUI education according to R9-20-901 and R9-20-903,
 - viii. DUI treatment according to R9-20-904,
 - ix. Opioid treatment according to Article 10, or

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- x. Misdemeanor domestic violence treatment according to Article 11;
 2. A Level 2 behavioral health residential agency, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 2,
 - ii. R9-20-401 through R9-20-407, and
 - iii. R9-20-409;
 - b. Shall provide:
 - i. Counseling according to R9-20-302, and
 - ii. Assistance in the self-administration of medication according to R9-20-408; and
 - c. May request authorization to provide:
 - i. Medication services according to R9-20-303,
 - ii. Pre-petition screening according to R9-20-801,
 - iii. Court-ordered evaluation according to R9-20-802, or
 - iv. Court-ordered treatment according to R9-20-803;
 3. A Level 3 behavioral health residential agency, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 2,
 - ii. R9-20-401 through R9-20-407, and
 - iii. R9-20-410;
 - b. Shall provide assistance in the self-administration of medication according to R9-20-408; and
 - c. May request authorization to provide:
 - i. Counseling according to R9-20-302,
 - ii. Medication services according to R9-20-303, or
 - iii. Pre-petition screening according to R9-20-801;
 4. A Level 1 psychiatric acute hospital, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 2,
 - ii. R9-20-501, and
 - iii. R9-20-502;
 - b. Shall provide:
 - i. Counseling according to R9-20-302, and
 - ii. Medication services according to R9-20-303; and
 - c. May request authorization to provide:
 - i. Crisis services according to R9-20-503,
 - ii. Detoxification services according to R9-20-504,
 - iii. Pre-petition screening according to R9-20-801,
 - iv. Court-ordered evaluation according to R9-20-802, or
 - v. Court-ordered treatment according to R9-20-803;
 5. A Level 1 RTC, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 2,
 - ii. R9-20-501, and
 - iii. R9-20-505;
 - b. Shall provide:
 - i. Counseling according to R9-20-302, and
 - ii. Medication services according to R9-20-303; and
 - c. May request authorization to provide:
 - i. Assistance in the self-administration of medication according to R9-20-408,
 - ii. Pre-petition screening according to R9-20-801,
 - iii. Court-ordered evaluation according to R9-20-802, or
 - iv. Court-ordered treatment according to R9-20-803;
 6. A Level 1 sub-acute agency, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 2,
 - ii. R9-20-501, and
 - iii. R9-20-506;
 - b. Shall provide:
 - i. Counseling according to R9-20-302, and
 - ii. Medication services according to R9-20-303; and

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- c. May request authorization to provide:
 - i. Assistance in the self-administration of medication according to R9-20-408;
 - ii. Crisis services according to R9-20-503;
 - iii. Detoxification services according to R9-20-504;
 - iv. Restraint or seclusion according to Article 6;
 - v. Pre-petition screening according to R9-20-801;
 - vi. Court-ordered evaluation according to R9-20-802, or
 - vii. Court-ordered treatment according to R9-20-803;
 - 7. Level 1 specialized transitional agency, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 2;
 - ii. R9-20-501, and
 - iii. Article 7;
 - b. Shall provide:
 - i. Counseling according to R9-20-302;
 - ii. Medication services according to R9-20-303, and
 - iii. Restraint or seclusion according to Article 6; and
 - c. May request authorization to provide assistance in the self-administration of medication according to R9-20-408;
 - 8. A level 4 transitional agency, the licensee of the agency:
 - a. Shall comply with Article 12, and
 - b. May request authorization to provide assistance in the self-administration of medication according to R9-20-408;
 - 9. A shelter for victims of domestic violence, the licensee of the agency:
 - a. Shall comply with Article 13, and
 - b. May request authorization to provide assistance in the self-administration of medication according to R9-20-408;
 - 10. A rural substance abuse transitional agency, the licensee of the agency:
 - a. Shall comply with Article 14, and
 - b. May request authorization to provide:
 - i. Medication services according to R9-20-303, and
 - ii. Assistance in the self-administration of medication according to R9-20-408; and
 - 11. An adult therapeutic foster home, the licensee of the agency:
 - a. Shall comply with Article 15, and
 - b. May request authorization to provide assistance in the self-administration of medication according to R9-20-408.
- E. A licensee shall only operate the subclass or provide a behavioral health service listed on the agency's license.**

R9-20-103. Licensure Procedure Initial License Application

- A.** An application for a behavioral health service agency shall be submitted on forms issued by the Department prior to an agency seeking initial licensure or a substantial modification change in services provided to clients. Pursuant to A.R.S. § 36-421, a permit shall be required for the construction of a health care institution, initial licensure of a health care institution, or substantial modification of a health care institution, its facilities, or services.
- 1. ~~Where more than one class or subclass of health care institutions occupy the same physical plant and is operated by the same governing authority, two permit applications shall be required for a modification or change in services in a specific area that is being transferred from one licensed institution to another.~~
 - 2. The applicant shall submit a nonrefundable fee of \$25 with the permit application; however, health care institutions owned and operated by the state are exempt from fees.
- B.** ~~Permit application. The application shall contain specific supporting documentation including, but not limited, to the following:~~
- 1. ~~A copy of local zoning approval and/or use permits;~~
 - 2. ~~A copy of the Certificate of Occupancy, if applicable;~~
 - 3. ~~A copy of a fire inspection issued within the past 12 months. This time period shall be extended if the local fire inspection is required less frequently;~~
 - 4. ~~A copy of the business license, if applicable;~~
 - 5. ~~A revenue and expense statement for the project described in the permit;~~
 - 6. ~~Anticipated project costs along with a Source of Funds Statement;~~
 - 7. ~~Number and type of staff required for the project; and~~
 - 8. ~~A detailed description of all services to be offered and how the services provided meet the minimum standards for licensure within the class or subclass of health care institution for which it is intended.~~

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- ~~C. Where local jurisdictions do not provide specific documents required in subsection (B), the applicant shall obtain from the local jurisdiction a letter stating that they do not provide the documents listed.~~
- ~~D. In addition to subsections (B) and (C), the applicant shall submit specifications for architectural, structural, mechanical, plumbing and fire protection systems as follows:
 - 1. Specifications for each area which shows the relationship of the various services to each other and their arrangements;
 - 2. Estimated date of completion of project shall be included and, if phased construction is contemplated, the completion date of each phase of the project;
 - 3. Drawings of sprinkler, fire alarm, smoke detector, and chemical extinguishing systems shall show evidence of approval by the local fire protection agency; and
 - 4. Final construction documents submitted to the Department shall be certified pursuant to A.R.S. Title 32, Chapter 1.~~
- ~~E. The Department shall notify the applicant of any deficiencies in required information from subsections (B), (C) and (D). The Department shall establish a time schedule for the submission of required information.~~
- ~~F. Permit issuance:
 - 1. The Director shall issue the permit within 60 days when all required documentation has been submitted, reviewed and approved.
 - 2. If required documentation is not submitted within 15 calendar days, or written justification thereof, the Director shall deny the application:
 - a. Pursuant to A.R.S. § 36-428, if the application is denied, the applicant shall be given written notification of denial and may request a hearing, in writing, before the Director within 30 days after the receipt of the notice.
 - b. The applicant shall submit a new permit application and appropriate fees if they intend to initiate a project that has been denied.~~
- ~~G. A permit shall be valid for a period of 120 days from its date of issuance or the estimated project completion date which ever is longer.~~
- ~~H. The Director may grant up to three extensions if the applicant is unable to begin construction or be licensed for the new service within 120 days after the issuance of a permit. Three extensions may be granted for projects that have begun but exceed the estimated project completion date. The request for extension shall be in writing and contain the reason for the permit holders' inability to begin construction or licensing the new service due to causes beyond the applicant's control and that there was no contributory fault or negligence on the applicant's part. The request for extension shall be submitted 30 days prior to the expiration date of the permit. Each extension shall not exceed 120 days. If the permit holder desires to make deviations from the approved specifications, the Department shall be notified and the owner may not proceed with the change until a revised permit is approved by the Director.~~
- ~~I. The permit holder shall implement each project in conformance with the project description, schedule and other conditions of the permit in the following manner:
 - 1. Construction may begin immediately upon, but not prior to, the receipt of the permit:
 - a. All construction shall be completed on or before the completion deadline specified in the permit unless a written extension is granted by the Director.
 - b. A copy of the permit shall be kept with other construction documents at the construction site.
 - 2. Systems planning for service delivery may begin upon receipt of the permit; service delivery may begin immediately upon, but not prior to, the receipt of the license certificate. A copy of the permit shall be kept with other related documents at the service delivery site.~~
- ~~J. A copy of the Certificate of Occupancy issued by the appropriate local authority or other satisfactory evidence of project completion shall be filed with the Department within 60 days after completion of the project. Failure to submit required post-project documents shall result in grounds for denial of future permit applications.~~
- ~~K. Newly constructed, or modified areas, shall not be used for client activities until the applicant has received written authorization from the Department stating that the area is approved for patient use. This written authorization shall not be the permit as described in this Article. If further review is considered necessary or desirable to verify the accuracy of the information submitted pursuant to this Article, the Department may further examine records and accounts related to the reporting requirements of this Article.~~
- ~~L. Licensure application
 - 1. An applicant for behavioral health licensure shall submit an application to the Department on forms provided by the Department. The applicant shall provide the following information:
 - a. The initial, including addition/deletion of services and change in address, or renewal category of license the applicant is seeking;
 - b. Organizational identification:
 - i. The name of the owner of corporation with the complete mailing address, phone and fax numbers;
 - ii. The name in which the facility is doing business with the address, phone and fax numbers;
 - e. Management data which indicates:~~

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- i. The name of the chief executive officer or the persons who are responsible for the administration of the institution; and
 - ii. The name of the chief administrative officer who is responsible for the implementation of policies and procedures at the facility site;
 - d. Scope of services which indicates each type of service for which the facility is seeking licensure;
 - e. Program services which describe facility accreditation, regional behavioral health authority affiliation, and any co-licensure status, if applicable, and population to be served;
 - f. Physical plant accommodations for residential facilities;
 - g. Staffing pattern and qualifications for employees, contract/consultant personnel, and volunteers who provide both indirect and direct behavioral health services;
 - h. A list of all employees, contract/consultant personnel and volunteers who provide direct services to clients under the age of 18;
 - i. A list of satellite or off-campus offices/outpatient facility sites which provide services less than 20 hours per week;
 - j. Attachments, including facility program description and agency organizational chart, as applicable;
 - k. DUI approval/licensure data and related materials;
 - l. Applicant history; and
 - m. Dated and notarized signatures pursuant to A.R.S. § 36-422 (B).
2. An application shall indicate all of the following types of behavioral health services the applicant proposes to provide:
- a. Level I behavioral health facility:
 - i. Residential detoxification pursuant to R9-20-602.
 - ii. Restrictive behavior management pursuant to R9-20-603.
 - iii. Psychiatric acute care pursuant to R9-20-604.
 - iv. Intensive treatment pursuant to R9-20-605.
 - v. Court-ordered mental health evaluation and treatment to R9-20-1402.
 - vi. Court-ordered alcoholism treatment pursuant to R9-20-1403.
 - vii. Crisis stabilization facility pursuant to Article 6 of this Chapter.
 - b. Level II behavioral health facility:
 - i. Intermediate treatment pursuant to Article 7 of this Chapter.
 - ii. Court-ordered mental health treatment pursuant to R9-20-1402.
 - iii. Court-ordered alcoholism treatment pursuant to R9-20-1403.
 - iv. Crisis stabilization shelter pursuant to Article 7 of this Chapter.
 - v. Shelters pursuant to R9-20-1301.
 - vi. Halfway houses pursuant to R9-20-1308.
 - vii. Basic partial care pursuant to R9-20-1602.
 - viii. Intensive partial care pursuant to R9-20-1603.
 - e. Level III behavioral health facility:
 - i. Protective oversight residential services pursuant to R9-20-801.
 - ii. Shelters pursuant to Article 13 of this Chapter.
 - iii. Halfway houses pursuant to Article 13 of this Chapter.
 - iv. Basic partial care pursuant to R9-20-1602.
 - v. Intensive partial care pursuant to R9-20-1603.
 - d. Outpatient Clinic:
 - i. Outpatient treatment services pursuant to R9-20-1001.
 - ii. Emergency/crisis behavioral health services pursuant to R9-20-902.
 - iii. Pre-petition mental health screening pursuant to R9-20-1401.
 - iv. Basic partial care pursuant to R9-20-1601.
 - v. Intensive partial care pursuant to R9-20-1602.
 - e. Outpatient rehabilitation agency:
 - i. Outpatient treatment services pursuant to R9-20-1002.
 - ii. Intensive in-home counseling pursuant to R9-20-1002(B)(1).
 - iii. Home-based counseling pursuant to R9-20-1002(B)(2).
 - iv. In-home supportive services pursuant to R9-20-1002(B)(3).
 - v. Emergency/crisis behavioral health services pursuant to R9-20-902.
 - vi. Pre-petition mental health screening pursuant to R9-20-1401.
 - vii. Basic partial care pursuant to R9-20-1602.
 - viii. Intensive partial care pursuant to R9-20-1603.
 - f. Other behavioral health services.

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- i. Case management agency services pursuant to R9-20-1101.
 - ii. Assessment, evaluation and diagnosis agency services pursuant to R9-20-1201.
 - iii. Shelter services pursuant to R9-20-1301.
 - iv. Halfway house services pursuant to R9-20-1301.
- M.** A hospital or special hospital unit, licensed in conjunction with the Office of Health Care Licensure, shall make application to provide one or more behavioral health services and shall apply for a behavioral health service agency licensure. The applicant shall identify those behavioral health services, set forth in subsection (A) of this rule, which it proposes to provide. Upon determination that the hospital is in substantial compliance with all applicable rules of this Chapter, the Department shall issue a behavioral health service agency license specifying the approved program.
- 1. A hospital or special hospital unit offering outpatient programs in an off-site location must identify the location of the satellite office upon application for licensure and must comply with the applicable requirements of R9-20-111, R9-20-309, and R9-20-405.
 - 2. A hospital or special hospital unit offering outpatient programs and which establishes an off-site location during the licensure period shall notify OBHL, in writing, of the location of the satellite office and shall comply with the applicable requirements of R9-20-111, R9-20-309, and R9-20-405.
- N.** Upon determination that the facility/agency is in substantial compliance with all applicable rules of this Article, the Department shall issue the agency a license to operate as a behavioral health service agency. The license certificate shall specify the services that the agency is authorized to provide and the location at which the services are based.
- 1. The license certificate shall be displayed in the agency's waiting room or other conspicuous place within the agency.
 - 2. The license certificate shall not be altered or defaced in any manner.
 - 3. An expired or otherwise invalid license shall be surrendered upon Department demand.
- A.** Pursuant to A.R.S. § 36-422, a person applying for an initial license to operate an agency shall submit:
- 1. An application packet that includes:
 - a. A Department-provided application form signed pursuant to A.R.S. § 36-422(B) and notarized that contains:
 - i. The name of the agency;
 - ii. The agency's street address, mailing address, and telephone number;
 - iii. Whether the agency is operated as a proprietary or non-proprietary institution;
 - iv. The name of the owner;
 - v. The name and qualifications of the agency's chief administrative officer;
 - vi. The agency subclass for which licensure is requested;
 - vii. Whether the person applying for a license or a person with a 10% or greater interest in the agency has previously held a health care institution license in any state or jurisdiction;
 - viii. Whether the person applying for a license or a person with a 10% or greater interest in the agency has had a health care institution license suspended, denied, or revoked in any state or jurisdiction;
 - ix. Whether the person applying for a license or a person with a 10% or greater interest in the agency has had civil penalties assessed against a health care institution operated by the person applying for a license or the owner;
 - x. Whether the person applying for a license or a person with a 10% or greater interest in the agency has had a professional or occupational license, other than a driver license, denied, revoked, or suspended in any state or jurisdiction; and
 - xi. Whether the person applying for a license or a person with a 10% or greater interest in the agency has been convicted, in any state or jurisdiction, of any felony or misdemeanor involving moral turpitude, including conviction for any crime involving abuse, neglect, or exploitation of another;
 - b. If the person applying for a license or a person with a 10% or greater interest in the agency answered yes to subsection (A)(1)(a)(vii), the health care institution's name, the license number, and the licensure dates on an attached sheet;
 - c. If the person applying for a license or a person with a 10% or greater interest in the agency answered yes to any of the questions in subsection (A)(1)(a)(viii) through (A)(1)(a)(xi), the details of each assessment of a civil penalty; each denial, suspension, or revocation; or each conviction on an attached sheet, including:
 - i. The type of action,
 - ii. The date of the action, and
 - iii. The name of the court or entity having jurisdiction over the action;
 - d. The name of the governing authority;
 - e. Owner information including:
 - i. The type of organization, if applicable;
 - ii. The owner's address;

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- iii. The name, title, and address of the owner's statutory agent or of the individual designated by the owner to accept service of process and subpoenas; and
 - iv. A copy of the articles of incorporation, partnership or joint venture documents, or limited liability documents, if applicable;
 - f. The behavioral health services listed in R9-20-102 for which the agency is requesting authorization;
 - g. The population for whom the licensee intends to provide behavioral health services at the agency;
 - h. The requested licensed capacity for the agency, including:
 - i. The number of inpatient beds requested for individuals younger than 18 years of age, and
 - ii. The number of inpatient beds requested for individuals 18 years of age or older;
 - i. Physical plant information, including:
 - i. The number of private rooms and the number of semi-private rooms; and
 - ii. The number of toilets, sinks, showers, and tubs;
 - j. A program description completed according to R9-20-201(A)(2);
 - k. A list of the agency's branch offices, including:
 - i. Each branch office's address,
 - ii. Each branch office's hours of operation, and
 - iii. Each behavioral health service provided at each branch office;
 - l. A document issued by the local jurisdiction with authority certifying that the facility complies with all applicable local building codes;
 - m. A copy of a current violation-free fire inspection conducted by the local fire department or the Office of the State Fire Marshal; and
 - n. If the agency is required to have a food establishment license pursuant to 9 A.A.C. 8, Article 1, a copy of the most recent food establishment inspection report for the agency; and
2. The fees required in 9 A.A.C. 10, Article 1.

B. The Department shall approve or deny an application in this Section according to R9-20-105 and R9-20-108.

R9-20-104. Initial License License Renewal

A. Behavioral health service agencies shall obtain all needed permits pursuant to A.R.S. § 36-421 and A.A.C. R9-9-301 and R9-20-103 et seq. prior to seeking initial licensure or a substantial change in services provided to clients.

B. Licensure application:

- 1. ~~An applicant for an initial license shall submit an application to the Department, on forms supplied by the Department, not less than 60 days nor more than 120 days prior to the date proposed for the commencement of operation. Each service to be offered shall be described in the application. The applicant shall indicate the request for Title XIX certification of services on the application's scope of services forms.~~
- 2. ~~The application shall be signed, in the case of an individual, by the owner of the behavioral health service agency or, in the case of a partnership or a corporation, by two of the officers thereof or, in the case of a governmental unit, by the head of the governmental department having jurisdiction thereof. Each signature shall be notarized.~~
- 3. ~~A separate license application is required for each location when more than one facility is owned or operated by the same behavioral health service agency and for an agency operated at a single location by different persons, organizations or associations.~~
- 4. ~~Applications for licensure of leased premises shall contain a copy of the entire lease showing clearly the responsibilities of its parties for the maintenance and upkeep of the property and that the applicant has either:
 - a. ~~Exclusive rights of possession subject only to normal and reasonable right of entry by the landlord, or~~
 - b. ~~That the agency has a policy for maintaining confidentiality in the provision of services and in the maintenance of client records.~~~~
- 5. ~~If the behavioral health services agency has offices that serve as satellites only, a separate license application is not required for a satellite.~~
- 6. ~~Each licensed agency shall be designated by a distinctive name which shall not be changed without written notification to the Department. Upon receiving such notification, the license will be amended.~~
- 7. ~~Persons acquiring a behavioral health service agency license must obtain a new license at or immediately prior to transfer of ownership of the agency.~~

C. ~~Upon receipt of a complete application, the Department shall conduct an on-site inspection to determine compliance with this Article at the applicant agency.~~

D. ~~An initial license shall be issued for a period not more than one year pursuant to A.R.S. § 36-425. Prior to the expiration of the initial license and pursuant to A.R.S. § 41-1064, the Department shall inspect the agency to review the agency in full operation. If the agency is found to be in substantial compliance with this Article, the Department shall issue the agency a renewal license to provide authorized services.~~

A. To renew a license, a licensee shall submit the following information to the Department at least 60 days but not more than 120 days before the expiration date of the current license:

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1. An application packet that complies with R9-20-103(A)(1); and
2. The fees required in 9 A.A.C. 10, Article 1.
- B.** Unless the licensee submits a copy of the agency's accreditation report from a nationally recognized accreditation organization, the Department shall conduct an onsite inspection of the agency to determine if the licensee and the agency are in substantial compliance with the applicable statutes and this Chapter.
- C.** The Department shall approve or deny a license renewal according to R9-20-105 and R9-20-108.
- D.** A renewal license remains in effect for:
 1. One year, if the licensee is in substantial compliance with the applicable statutes and this Chapter, and the licensee agrees to implement a plan acceptable to the Department to eliminate any deficiencies;
 2. Two years, if the licensee has no deficiencies at the time of the Department's licensure inspection; or
 3. The duration of the accreditation period, if:
 - a. The licensee's agency is a hospital accredited by a nationally recognized accreditation organization, and
 - b. The licensee submits a copy of the hospital's accreditation report.

R9-20-105. Renewal License Time-frames

- A.** An applicant for a renewal license shall submit an application to the Department, on forms supplied by the Department, not less than 60 days nor more than 120 days prior to the expiration date of the current license. The applicant shall indicate the request for Title XIX certification of services on the application's scope of services forms. The application shall be signed, notarized, completed and include all required attachments.
 - B.** Upon receipt of a complete application, the Department shall request fire, safety and sanitation inspections from state or local jurisdictions and conduct an on-site inspection to determine continued compliance with this Article at the applicant agency.
 - C.** The Department shall issue a renewal license for a period not more than one year, pursuant to A.R.S. §§ 36-425 and 41-1064, if the applicant agency is in substantial compliance with this Chapter.
-
- A.** The overall time-frame described in A.R.S. § 41-1072 for each license or approval issued by the Department pursuant to this Chapter is listed in Table 1. The person applying for a license or requesting approval and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
 - B.** The administrative completeness review time-frame described in A.R.S. § 41-1072 for each license or approval issued by the Department pursuant to this Chapter is listed in Table 1. The administrative completeness review time-frame begins on the date that the Department receives an application packet or request for approval.
 1. If the application packet or request for approval is incomplete, the Department shall provide a written notice to the person applying for a license or requesting approval specifying the missing documents or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing documents or information.
 2. When an application packet or request for approval is complete, the Department shall provide a written notice of administrative completeness to the person applying for a license or requesting approval.
 3. The Department shall consider an application or request for approval withdrawn if the person applying for a license or requesting approval fails to supply the missing documents or information pursuant to subsection (B)(1) within 120 days after the date of the written notice described in subsection (B)(1).
 4. If the Department issues a license or approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
 - C.** The substantive review time-frame described in A.R.S. § 41-1072 for each license or approval issued by the Department pursuant to this Chapter is listed in Table 1 and begins on the date of the notice of administrative completeness.
 1. The Department may conduct an onsite inspection of the premises as part of the substantive review for an initial or renewal license application or a request for approval of a change affecting a license.
 2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the person applying for a license or requesting approval agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
 3. The Department shall send a license or a written notice of approval to a person applying for a license or requesting approval who is in substantial compliance with the applicable statutes and this Chapter and who agrees to carry out a plan of correction acceptable to the Department for any deficiencies.
 4. The Department shall send a written notice of denial pursuant to A.R.S. § 41-1092.03 to a person applying for a license or requesting approval who does not:

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- a. Submit the information or documentation in subsection (C)(2) within 120 days after the Department’s comprehensive written request or supplemental request; or
 - b. Substantially comply with the applicable statutes and this Chapter.
5. If a time-frame’s last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next business day to be the time-frame’s last day.

Table 1. Time-frames (in days)

| Type of Approval | Statutory Authority | Overall Time-frame | Administrative Completeness Time-frame | Substantive Review Time-frame |
|---|--|--------------------|--|-------------------------------|
| Initial license R9-20-103 | A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425 | 180 | 30 | 150 |
| Renewal license R9-20-104 | A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425 | 180 | 30 | 150 |
| Change affecting a license R9-20-106 | A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425 | 90 | 30 | 60 |

R9-20-106. ~~Provisional License Changes Affecting a License~~

- ~~A. A provisional license shall be issued to an agency pursuant to A.R.S. § 36-425(C) if the Department determines that the agency is not in substantial compliance with this Article, based upon an application, an on-site inspection for an initial or renewal license, complaint investigations or other inspections.~~
- ~~B. The issuance of a provisional license shall be contingent upon submission to the Department of an acceptable plan to eliminate deficiencies.~~
- ~~C. A provisional license may be issued for a period of not more than one year.~~
- ~~D. Consecutive provisional licenses shall not be issued to a single health care institution.~~
- A. A licensee shall ensure that the Department is notified in writing at least 30 days before the effective date of a change in the name of:
 - 1. The agency, or
 - 2. The licensee.
- B. A person shall submit an application for an initial license as required in R9-20-103 for a change in an agency’s:
 - 1. Owner.
 - 2. Address or location, or
 - 3. Subclass.
- C. A licensee shall submit a request for approval of a change affecting a license to the Department at least 30 days before the date of:
 - 1. An intended change in an agency’s authorized services.
 - 2. An intended change in an agency’s licensed capacity, or
 - 3. An intended expansion of an agency’s premises.
- D. A request for approval of a change affecting a license shall include:
 - 1. The name of the licensee;
 - 2. The name of the agency;
 - 3. The agency’s street address, mailing address, and telephone number;
 - 4. The agency’s license number;
 - 5. The type of change intended;
 - 6. A narrative description of the intended change;
 - 7. A program description completed according to R9-20-201(A)(2) and including the intended change;
 - 8. For a change in authorized services, a list of the services that the licensee intends to add and delete;
 - 9. For a change in licensed capacity, a floor plan showing the following for each story of a facility:
 - a. Room layout;
 - b. Room usage;
 - c. The dimensions of each bedroom;
 - d. The number of beds to be placed in each bedroom;
 - e. The location of each window;
 - f. The location of each exit;
 - g. The location of each sink, toilet, and shower or bathtub to be used by clients; and
 - h. The location of each fire extinguisher and fire protection device; and

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10. For an expansion of an agency's premises, a floor plan completed according to subsection (D)(9) and a site plan showing the locations of the following on the expanded premises:
 - a. Buildings or other structures,
 - b. Property lines,
 - c. Streets,
 - d. Walkways,
 - e. Parking areas,
 - f. Fencing,
 - g. Gates, and
 - h. If applicable, swimming pools.

- E. The Department shall review a request for approval of a change affecting a license in accordance with R9-20-105. The Department may conduct an onsite inspection as part of the substantive review for a request for a change affecting a license.
 1. If the agency will be in substantial compliance with the applicable statutes and this Chapter with the intended change, and the licensee agrees to carry out a plan of correction acceptable to the Department for any deficiencies, the Department shall send the licensee an amended license that incorporates the change but retains the expiration date of the current license.
 2. If the agency will not be in substantial compliance with the applicable statutes and this Chapter with the intended change, the Department shall deny the request for approval.
- E. A licensee shall not implement any change described in this Section until the Department issues an amended license or a new license.

R9-20-107. Inspections Enforcement Actions

- ~~A. A license shall be issued only after an on-site inspection has been conducted and the agency has been determined to be in substantial compliance with statutes and rules of this Article.~~
- ~~B. An on-site inspection of an agency regulated pursuant to this Article shall be conducted within the 12-month period of a license unless the behavioral health service agency is a health care institution accredited by a nationally recognized accreditation organization, approved by the Department, and the agency has submitted a copy of the current accreditation report to the Director of the Department.~~
- ~~C. Inspections shall include each service or program location operated by the agency. The Department shall conduct unannounced audits on all complaint and incident investigations.~~
- ~~D. The Department shall have access to the agency and its records, including client records pursuant to A.R.S. § 36-406. The Department is authorized to interview the agency staff, clients, and care providers.~~
- ~~E. The Department shall conduct such other inspections or investigations as are necessary to carry out the intent and purpose of this Article and A.R.S. Title 36, Chapters 4, 5, and 18.~~
- ~~F. The Department shall enter upon the premises of any facility if there is reason to believe it may be operating as a behavioral health service agency without a behavioral health license.~~
- A. If the Department determines that a person applying for a license or a licensee is not in substantial compliance with the applicable statutes and this Chapter, the Department may:
 1. Issue a provisional license to the person applying for a license or the licensee pursuant to A.R.S. § 36-425,
 2. Assess a civil penalty pursuant to A.R.S. § 36-431.01,
 3. Impose an intermediate sanction pursuant to A.R.S. § 36-427,
 4. Remove a licensee and appoint temporary personnel to continue operation of the agency pending further action pursuant to A.R.S. § 36-429,
 5. Suspend or revoke a license pursuant to R9-20-108 and A.R.S. § 36-427,
 6. Deny a license pursuant to R9-20-108, or
 7. Issue an injunction pursuant to A.R.S. § 36-430.
- B. In determining which action in subsection (A) is appropriate, the Department shall consider the threat to the health, safety, and welfare of an agency's clients based on the licensee's:
 1. Repeated violations of statutes or rules,
 2. Pattern of non-compliance,
 3. Type of violation,
 4. Severity of violation, and
 5. Number of violations.

R9-20-108. Complaint Investigations Denial, Revocation, or Suspension of a License

- ~~A. Department staff shall investigate all complaints registered with the Department alleging violation of licensure statutes or rules by a behavioral health service agency. The person registering the complaint shall state the substance of the complaint and the agency by name.~~

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- ~~B.~~ The Department shall conduct unannounced inspections of agency locations involved in the complaint and any other investigations necessary to determine the validity of the complaint.
- ~~C.~~ No later than ten working days after the completion of the investigation, Department staff shall prepare a written report of the results of the investigation and shall notify the complainant and the agency in writing of the results of the investigation.
- ~~D.~~ A description of the findings of the investigation shall be sent to the complainant upon request. If legal action is taken, due process shall be followed pursuant to A.R.S. § 36-428.
- ~~E.~~ The name of a complainant or of any client named in the complaint shall be kept confidential and shall not be disclosed without the written authorization of the individual or parent or guardian.
- ~~F.~~ Before information regarding a complaint or its investigation is disclosed to the public or entered into Department public records, any information in the documentation of the complaint or the report of investigation which may identify the complainant or any agency client shall be deleted.
- ~~G.~~ If the complaint becomes the subject of a judicial proceeding, nothing in this rule shall be construed to prohibit the disclosure of information which would otherwise be disclosed in a judicial proceeding.
- ~~H.~~ Agencies shall be prohibited from discharging or discriminating in any way against any client by whom, or on whose behalf, a complaint has been submitted to the Department, or who has participated in a complaint investigation process. This prohibition shall be documented in the agency's operational policies and procedures and shall be included in the orientation for new clients.
- ~~I.~~ Agencies shall be prohibited from discharging or discriminating against any personnel who submit a complaint, or who assist Department staff or any other legal authority in a complaint-related investigation, for reason of such submission or assistance. This prohibition shall be documented in the agency's personnel policies and procedures.
- ~~J.~~ In addition to this administrative rule, agencies licensed pursuant to this Chapter and providing services to SMI clients are subject to the provisions of A.A.C. Title 9, Chapter 21, Article 4.
- ~~K.~~ Violation of the prohibitions specified in subsections (H) and (I) of this rule shall be grounds for suspension or revocation of the agency's license.

The Department may deny, revoke, or suspend a license to operate an agency if:

1. A person applying for a license, a licensee, or a person with a 10% or greater interest in the agency:
 - a. Provides false or misleading information to the Department;
 - b. Has had in any state or jurisdiction either of the following:
 - i. An application or license to operate an agency denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process according to a required time-frame; or
 - ii. A professional or occupational license or certificate denied, revoked, or suspended; or
 - c. Has operated a health care institution, within the ten years before the date of the license application, in violation of applicable statutes and endangering the health or safety of clients; or
2. A person applying for a license or a licensee:
 - a. Fails to substantially comply with an applicable statute or this Chapter; or
 - b. Substantially complies with the applicable statutes and this Chapter, but refuses to carry out a plan of correction acceptable to the Department for any deficiencies.

R9-20-109. Plan of Correction Repealed

- ~~A.~~ An agency found, during an inspection or other investigation, to have deficiencies in compliance with this Article shall develop a plan for correction of the deficiencies and shall submit such plan to the Department within 15 working days of receipt of the written report of the inspection or other investigation.
- ~~B.~~ The Department shall require an immediate correction of a violation which presents an immediate threat to the health or safety of a client or one of the agency's personnel.
- ~~C.~~ The plan of correction shall specify for each deficiency:
 1. The deficiency to be corrected;
 2. Action taken, or proposed, to correct the deficiency and procedures to prevent its reoccurrence; and
 3. A calendar date by which the deficiency will be corrected. The date shall allow the shortest possible time within which the agency may reasonably be expected to correct the deficiency.
- ~~D.~~ The Department shall approve, modify, or reject, in whole or in part, the plan of correction in writing within ten working days of its receipt:
 1. In accepting, modifying or rejecting the plan of correction, the Department shall consider:
 - a. The seriousness of the violation, including if the agency has been cited in the past for this deficiency;
 - b. The nature of the actions and procedures taken, or proposed, to correct the deficiency;
 - c. The time frame proposed for carrying out the correction; and
 - d. Any other factors.

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- 2. If the plan of correction is rejected by the Department, the licensed behavioral health service agency shall submit a revised plan within five days of notification that the initial plan of correction was rejected.
- ~~E.~~ The Department shall follow such procedures as are necessary to verify the correction of any deficiency identified during a routine licensure inspection or other investigation that has been conducted.
- ~~F.~~ A behavioral health care institution may request a hearing to have a legal order, licensure decision, or deficiency statement reviewed by submitting a written request to the Department's Office of Administrative Counsel within 30 days of receipt of notice pursuant to A.R.S. § 41-1064.

R9-20-110. Department Reports and Records Repealed

- ~~A.~~ A report of any inspection or investigation made by the Department shall be in writing and on file with the Department. If deficiencies are determined, the report shall specify its nature and indicate the rule violated.
- ~~B.~~ Reports and records related to these rules shall be public information, except with regard to complaint investigations as specified in R9-20-108.
- ~~C.~~ When an inspection report is released prior to the agency's submission, or the Department's review, of a plan of correction, such fact shall be identified with the release.
- ~~D.~~ The Department shall provide copies of materials available for public information upon request and may charge a fee to cover the cost of materials, staff time, and equipment, according to Department policy.
- ~~E.~~ Agencies licensed pursuant to this Chapter and providing services to SMI clients are subject to the provisions of A.A.C. Title 9, Chapter 21.

R9-20-111. Required Reports Repealed

- ~~A.~~ A licensed agency providing direct services at the time of the incident shall report to Health & Child Care Review Services, OBHL, accidents or incidents involving clients in the following situations:
 - 1. Client deaths from suicides, homicides, deaths resulting from unexplained or accidental causes and deaths from expected or natural causes;
 - 2. Suicide attempts resulting in emergency room treatment or hospitalization, or requiring medical intervention;
 - 3. Self abuse resulting in emergency room treatment or hospitalization or requiring medical intervention;
 - 4. Physical abuse and allegations of physical abuse;
 - 5. Sexual abuse and allegations of sexual abuse;
 - 6. Physical injuries received in a treatment setting resulting in emergency room treatment or hospitalization;
 - 7. Errors in administering medications requiring emergency medical intervention;
 - 8. Adverse medication reactions resulting in medical intervention;
 - 9. Inpatient hospitalized clients and clients in a residential treatment setting who have not been accounted for when expected to be present or are absent without leave (AWOL);
 - 10. Accidents occurring in the treatment facility or off site, while under the supervision of the treatment facility's staff, requiring emergency medical treatment, which are not limited to near drownings that require resuscitation; and
 - 11. Physical plant disasters, such as major fire within the agency when clients were present or which affect client care areas.
- ~~B.~~ An agency shall report accidents or incidents as specified in subsection (A) of this rule by telephone to OBHL within one working day or 24 hours of the event and followed with a written report within five days, excluding weekends. The written report shall contain the following information:
 - 1. Agency name, license number and classification;
 - 2. Identification of any individuals affected by, or involved in, the event;
 - 3. If an affected individual is, or was at the time of the reported event, a client of the agency, the following shall also be included in the report:
 - a. Date of admission;
 - b. Current diagnosis;
 - c. Physical and mental status prior to the event, and
 - d. Physical and mental status after the event.
 - 4. The location, nature and brief description of the event;
 - 5. The name of the physician consulted, if any, time of notification of the physician and a report summarizing any subsequent physical examination, including findings and orders;
 - 6. The name of any witnesses to the event;
 - 7. Other information deemed relevant by the reporting authority;
 - 8. Action taken by the agency; and
 - 9. The signature of the person who prepared the report, the signature of the administrator or administrator's designee and the date when the report was prepared.
 - 10. OBHL shall review the submitted records and investigate and refer to other governmental agencies or individuals as indicated.
- ~~C.~~ An agency shall maintain records of the use of all locked seclusion or mechanical restraint for review by the OBHL.

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- ~~D.~~ An agency shall report all suspected cases of client abuse or neglect to the Department's OBHL or Office of the SMI, the DES, Office of Adult Protective Services or Child Protective Services, and any other required authority immediately upon detection in accordance with A.R.S. § 13-3620. If such abuse or neglect occurs while the client is under the supervision of agency personnel, the agency shall also follow reporting requirements of subsection (A) of this rule.
- ~~E.~~ A report shall be made by agency staff, within 24 hours, to the agency's administrator of all violations or suspected violations of a client's rights, except immediate notification shall be made in the case of physical or sexual abuse. Such reports shall be kept on file at the agency and available for review by Department staff.
- ~~F.~~ A report of the findings of an investigation regarding any violation, or suspected violation, and the administrator's actions taken to preclude repetition shall also be kept on file and available for Department review.
- ~~G.~~ The agency shall maintain at each site where services are provided to clients, including satellite offices, a current copy of fire safety inspection reports, documentation that all requested corrections have been completed, and a copy of fire drill reports conducted no less than on a quarterly basis. These reports shall be made available to the Department for inspection until the next annual licensure survey.
- ~~H.~~ Agencies which provide food or food services as a part of their program shall also maintain at the site, including satellite offices, current sanitation inspection reports issued by the authority of local jurisdiction and documentation that all requested corrections have been completed.
- ~~I.~~ An agency shall provide such other reports to the Department as are required to determine compliance with applicable requirements of this Article.

R9-20-112. Client Fees and Charges Repealed

- ~~A.~~ An agency shall provide to the Department's Office of Health Economics and to any client, parent, guardian or designated representative if the client is a child at the time of admission, a schedule of fees which a client 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.
- ~~B.~~ New fee schedules or new payment criteria shall be posted in a prominent place and available for review by the clients, parents, guardians or designated representative no less than 30 days before the change becomes effective, or a letter addressing the new fee schedules or payment criteria shall be mailed to all registered clients of the agency and to the Department no less than 30 days prior to the effective date of the change.

R9-20-113. Research Repealed

- ~~A.~~ An agency shall establish a Human Subject Review Committee prior to engaging in research activities or allowing its personnel, clients, records or facilities to be used for research purposes.
- ~~B.~~ The Human Subject Review Committee shall develop written policies and procedures for carrying out 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, and
 - 2. Supervision by a physician where bodily integrity may be violated.
- ~~C.~~ The Human Subject Review Committee shall approve or disapprove research proposals or requests for agency data from any source in accordance with adopted policies and procedures. The Human Subject Review Committee will approve or disapprove such proposals or requests based on protection of the human subjects' privacy, maintenance of data confidentiality and personal safety from any test, procedure or interview.
- ~~D.~~ The written informed consent of all clients participating in any research project shall be obtained prior to participation.
- ~~E.~~ Agencies licensed pursuant to this Chapter and providing services to SMI clients must comply with the provision of A.A.C. Title 9, Chapter 21.

R9-20-114. Grievance Procedure Repealed

- ~~A.~~ The licensed behavioral health service agency shall have policies and procedures for clients to grieve alleged violations of this Chapter.
- ~~B.~~ The procedures shall be clearly written for understanding by the agency's client population, include specific steps to be taken by both the grievant and the agency, and timelines by which responses shall be issued to the grievant by the agency.
- ~~C.~~ The address and telephone number of the Department's OBHL shall be included in information provided to clients, family members, custodial agencies, guardians, or designated representatives regarding grievances and reporting of complaints regarding violations of licensure statutes or rules.
- ~~D.~~ Agency grievance policies and procedures shall be explained to the client, parent, guardian or designated representative at the time of admission. Understanding of the grievance policies and procedures shall be verified by the dated signature of the client, parent, guardian or designated representative.
- ~~E.~~ Agencies licensed pursuant to this Chapter and providing services to SMI clients must comply with the provision of A.A.C. Title 9, Chapter 21, Article 4.

ARTICLE 2. ~~CLIENT RIGHTS~~ UNIVERSAL RULES

R9-20-201. Client Rights Administration

- A.** All clients shall be afforded the following basic rights:
1. The right to treatment and services under conditions that support the client's personal liberty and restrict such liberty only as necessary to comply with treatment needs;
 2. The right to an individualized written treatment plan, periodic review and reassessment of needs, and revisions of the plan including a description of the services that may be needed for follow-up;
 3. The right to ongoing participation in the planning of services to be provided as well as participation in the development and periodic revision of the treatment plan, and the right to be provided with an explanation of all aspects of one's own condition and treatment;
 4. The right to refuse treatment as outlined in A.R.S. §§ 36-512 and 36-513;
 5. The right to refuse to participate in experimentation without the informed, voluntary, written consent of the client, parent or guardian; the right to protection associated with such participation; and the right and opportunity to revoke such consent;
 6. The right to freedom from restraint or seclusion. Restraint and seclusion may only be used in situations where there is imminent danger that the client will injure self or others or to prevent serious disruption of the therapeutic environment, and all other less restrictive methods of control have been exhausted;
 7. The right to a humane treatment environment that affords protection from harm, appropriate privacy, and freedom from verbal or physical abuse;
 8. The right to confidentiality of records;
 9. The right to access, upon request, to the client's own client records in accordance with state law;
 10. The right to be informed of all rights in the client's primary language;
 11. The right to legal counsel and all other requirements of due process;
 12. The right to not be subjected to remarks which ridicule the clients or others;
 13. The right to refuse to make public statements acknowledging gratitude to the program or perform at public gatherings;
 14. The right to assert grievances with respect to infringement of these rights, including the right to have such grievances considered in a fair, timely, and impartial procedure;
 15. The right of access to an advocate in order to understand, exercise, and protect the client's rights;
 16. The right to be informed, in advance, of charges for services;
 17. The right to all existing services without discrimination because of race, creed, color, sex, age, handicap, national origin, or marital status and the right to referral, as appropriate, to other providers of behavioral health services;
 18. The right to a smoke-free environment as stated in the agency's policies and procedures; and
 19. The right to exercise the client's civil rights including, but not limited to, the right to register and vote at elections, the right to acquire and dispose of property, execute instruments, enter into contractual relationships, to marry and obtain a divorce, to hold professional or occupational or vehicle operator's licenses, unless the client has been adjudicated incompetent or there has been a specific finding that such individual is unable to exercise the specific right or category of rights. When a client is adjudicated incompetent, the client's civil rights may be transferred to the client's guardian, if so specified by the court.
- B.** Client rights relating to medications:
1. All clients receiving services in a licensed behavioral health service agency shall have a right to be free from unnecessary or excessive medication.
 2. Medication shall not be used for the convenience of the staff, as punishment, as a substitute for treatment services, or in quantities that interfere with the client's treatment program.
- C.** Agencies shall post a list of client rights in a conspicuous area accessible to all clients. Agencies shall provide a copy of the client rights to any client, family member or designated representative upon request.
- D.** Agencies shall post, in the waiting area or public access area and at the telephone available for client use, the telephone numbers of the DES Offices of Adult Protective Services or Child Protective Services, and DES Community Care Licensure, and the Department's OBHL.
- E.** The agency's space and furnishings shall be arranged to enable the staff to provide supervision while respecting the clients' right to privacy.
- F.** In residential programs, the client shall be allowed private and uncensored communication and visits with family members or other visitors when such visits do not interfere with treatment activities or are not contraindicated by the client's treatment plan or court order.
1. Restriction of communication or visits required for therapeutic reasons, including the expense of travel or telephone calls, shall be determined with the client, the client's parent, family, designated representative or guardian and be documented in the client's record.

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2. ~~The behavioral health service agency providing residential treatment or care shall endeavor to carry out the rights guaranteed above by making telephones accessible, by ensuring that correspondence can be received and mailed, and by making space available for visits.~~
 3. ~~Times and places for visits and the use of telephones may be established in writing.~~
 4. ~~Clients shall be housed with other individuals of similar chronological or developmental age and activity level unless specific reasons, such as the need to protect a client with a low level of adaptive skills and ability for self-defense, are noted in the treatment plan.~~
 5. ~~Clients may engage in labor if the labor is compensated in accordance with the Fair Labor Standards Act, 29 U.S.C. 206, or the state minimum wage law, whichever is more stringent.~~
 6. ~~Agency maintenance and housekeeping chores shall not be dependent upon client labor except in accordance with subsection (F)(5) of this rule. As part of the treatment plan, clients may participate in routine household activities designed to enhance or develop independent living skills functioning in accordance with an individualized treatment plan.~~
- G.** ~~Photographs of a client shall not be used by an agency without written consent from the client, the client's parent or guardian. Before any such pictures are used, a dated and signed consent form indicating how they will be used shall be placed in the client's record.~~
- H.** ~~Clients shall be allowed to wear their own clothing unless contraindicated by the treatment plan or agency policy.~~
1. ~~Training and assistance in the selection and proper care of clothing shall be available.~~
 2. ~~Clothing shall be suited to the climate.~~
 3. ~~Clothing shall be in good repair, of proper size and similar to the clothing worn by the client's peers.~~
 4. ~~Agencies may establish dress codes.~~
- I.** ~~Agencies licensed pursuant to this Chapter and providing services to SMI clients must meet the additional requirements stated in A.A.C. Title 9, Chapter 21.~~
- A.** A licensee is responsible for the organization and management of an agency. A licensee shall:
1. Ensure compliance with:
 - a. This Chapter and applicable federal, state, and local law;
 - b. If the agency provides a behavioral health service to an individual who is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, 9 A.A.C. 21; and
 - c. If the agency provides a behavioral health service to a child, A.R.S. § 36-425.03;
 2. For each subclass for which the licensee is licensed, adopt, maintain, and have available at the agency for public review, a current written program description that includes:
 - a. A description of the subclass;
 - b. Program goals;
 - c. A description of each behavioral health service listed in R9-20-102(D) that the agency provides;
 - d. If the agency is authorized to provide counseling:
 - i. Whether individual, family, or group counseling is provided;
 - ii. Whether counseling that addresses a specific type of behavioral health issue, such as substance abuse or a crisis situation, is provided; and
 - iii. The type and amount of counseling offered by the agency each week;
 - e. Each population served by the agency, such as children, adults age 65 or older, individuals who are seriously mentally ill, individuals who have substance abuse problems, or individuals who have co-occurring disorders;
 - f. The hours and days of agency operation;
 - g. Whether the agency provides behavioral health services off the premises and, if so, the behavioral health services that are provided off the premises;
 - h. Criteria for:
 - i. Admitting and re-admitting an individual into the agency;
 - ii. Placing an individual on a waiting list;
 - iii. Referring an individual to another agency or entity;
 - iv. Discharging a client;
 - v. Transferring a client, and
 - vi. Declining to provide behavioral health services or treatment to an individual;
 - i. The minimum qualifications, experience, training, and skills and knowledge specific to the behavioral health services the agency is authorized to provide and the populations served by the agency that staff members are required to possess;
 - j. Policies and procedures for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian;
 - k. The availability of behavioral health services for an individual who does not speak English;

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- g. Describe the processes for providing the behavioral health services listed in the program description required in R9-20-201(A)(2);
 - h. Establish the process for admitting a client;
 - i. Establish the process for providing a referral to a client;
 - j. Ensure communication and coordination, consistent with the release of information requirements in R9-20-211(A)(3) and (B), with:
 - i. A client's family member, guardian, custodian, designated representative, or agent;
 - ii. The individual who coordinates the client's behavioral health services or ancillary services;
 - iii. Other persons who provide behavioral health services or medical services to the client, such as a medical practitioner responsible for providing or coordinating medical services for a client; or
 - iv. Governmental agencies that provide services to the client, such as the Department of Economic Security or a probation or parole entity;
 - k. Establish the process for developing and implementing a client's assessment and treatment plan;
 - l. Establish the processes for providing medication services to a client, if applicable;
 - m. Establish the process for transferring and discharging a client;
 - n. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02, if a client communicates to a staff member a threat of imminent serious physical harm or death to the individual and the client has the apparent intent and ability to carry out the threat; and
 - o. For a residential agency or an inpatient treatment program:
 - i. Establish requirements regarding clients', staff members', and other individuals' entering and exiting the premises;
 - ii. Establish guidelines for meeting the needs of an individual accompanying a client; and
 - iii. Establish the process for responding to a client's need for immediate and unscheduled behavioral health services or medical emergency;
3. The administrator or clinical director reviews and, if necessary, updates policies and procedures at least once every 12 months;
4. When a policy or procedure is approved or updated, each staff member whose duties are impacted by the policy and procedure reviews the policy and procedure within 30 days after the policy and procedure is approved or updated; and
5. Each review of a policy and procedure is documented, and the documentation is maintained on the premises or at the administrative office.
- C.** A licensee shall ensure that:
- 1. The following documents are maintained on the premises or at the administrative office:
 - a. The licensee's bylaws, if any;
 - b. A contractual agreement with another person to provide behavioral health services or ancillary services for a client as required in this Chapter, if any;
 - c. Documentation of ownership or control of the premises;
 - d. The licensee's organizational chart showing all staff member positions and the lines of supervision, authority, and accountability for the agency;
 - e. A list of the names of clients;
 - f. A list of the names of clients discharged within the past 12 months;
 - g. Reports of incidents required to be reported under R9-20-202;
 - h. Fire inspection reports required by this Chapter;
 - i. Documentation of fire drills required by R9-20-214(H); and
 - j. Food establishment inspection reports, if applicable;
 - 2. A current copy of each of the following documents is maintained on the premises and is available and accessible to a staff member or client or a client's family member, guardian, custodian, designated representative, or agent:
 - a. A policy and procedure required by this Chapter;
 - b. An inspection report prepared by the Department or, if the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency;
 - c. Each plan of correction with the Department in effect within the past five years or, if the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;
 - d. 9 A.A.C. 20;
 - e. If the agency provides behavioral health services to an individual enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, 9 A.A.C. 21;
 - f. A.R.S. Title 36, Chapters 4 and 5; and

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4. Inform a client of:
 - a. The purpose, design, scope, and goals of the research or treatment;
 - b. The full extent of the client's role in the research or treatment;
 - c. Any risks to the client involved in the research or treatment; and
 - d. The client's right to privacy, confidentiality, and voluntary participation;
 5. Obtain documentation of a client's informed consent, completed as required by R9-20-208(E), before allowing a client to participate in research or treatment; and
 6. Review research or treatment requests and approve or deny requests.
- G.** A licensee shall ensure that if an individual arrives at an agency and requests a behavioral health service that the agency is unable to provide, the individual is provided a referral.

R9-20-202. Required Reports

A. A licensee shall:

1. Notify the OBHL within one working day of discovering that a client has experienced any of the following:
 - a. Death;
 - b. A medication error or an adverse reaction to a medication that resulted in the client's needing immediate medical services or immediate intervention by an emergency response team or the client's medical practitioner;
 - c. Suspected or alleged abuse, neglect, or exploitation of the client or a violation of the client's rights under R9-20-203;
 - d. Either of the following that resulted in the client's needing medical services or immediate intervention by an emergency response team:
 - i. A suicide attempt, or
 - ii. A self-inflicted injury;
 - e. Either of the following that resulted in the client's needing medical services:
 - i. A physical injury that occurred on the premises or during a licensee-sponsored activity off the premises, or
 - ii. Food poisoning possibly resulting from food provided at the agency or during a licensee-sponsored activity off the premises; or
 - f. An unauthorized absence from a residential agency or an inpatient treatment program;
 2. Document the initial notification required in subsection (A)(1) and maintain documentation of the notification on the premises or at the administrative office for at least 12 months after the date of the notification;
 3. Investigate an incident required to be reported according to subsection (A)(1) and develop a written incident report containing:
 - a. The agency name and license number;
 - b. The date and time of the incident;
 - c. The following information about each client involved in or affected by the incident:
 - i. Name;
 - ii. Date of admission;
 - iii. Age or date of birth;
 - iv. Current diagnosis, if the client has a diagnosis;
 - v. Description of the client's physical and behavioral health condition before the incident; and
 - vi. Description of the client's physical and behavioral health condition after the incident;
 - d. The location of the incident;
 - e. A description of the incident, including events leading up to the incident;
 - f. The names of individuals who observed the incident;
 - g. A description of the action taken by the licensee, including a list of the individuals or entities notified by the licensee and the date and time of each notification;
 - h. If a medical practitioner was notified, a report of the medical practitioner's examination, finding, or order;
 - i. A description of the action taken by the licensee to prevent a similar incident from occurring in the future;
 - j. The signature and professional credential or job title of the individual or individuals preparing the written incident report and the signature and professional credential of the clinical director or the clinical director's designee; and
 - k. The date the written incident report was signed;
 4. Submit the written incident report to the OBHL within five working days after the initial notification in subsection (A)(1); and
 5. Maintain a copy of the written incident report on the premises or at the administrative office for at least 12 months after the date of the written incident report.
- B.** A licensee shall report suspected or alleged criminal activity that occurs on the premises or during a licensee-sponsored activity off the premises to the law enforcement agency having jurisdiction.

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- C. A licensee shall require that a staff member, employee, intern, or volunteer immediately report suspected or alleged abuse, neglect, or exploitation or a violation of a client's rights to the administrator or clinical director or to the designee for either.
- D. A licensee shall notify the OBHL within 24 hours after discovering that a client, staff member, or employee has a communicable disease listed in A.A.C. R9-6-202(A) or (B) and shall include in the notification the name of the communicable disease and the action taken by the licensee to protect the health and safety of clients, staff members, and employees.

R9-20-203. Client Rights

- A. A licensee shall ensure that:
 - 1. At the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent receive a written list and verbal explanation of:
 - a. The client rights listed in subsection (B); and
 - b. If the client is an individual who is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, the rights contained in 9 A.A.C. 21;
 - 2. A client or, if applicable, the client's parent, guardian, custodian, or agent acknowledges, in writing, receipt of the written list and verbal explanation required in subsection (A)(1); and
 - 3. A client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights.
- B. A licensee shall ensure that a client is afforded the rights listed in A.R.S. §§ 36-504 through 36-514 and in subsection (C).
- C. A client has the following rights:
 - 1. To be treated with dignity, respect, and consideration;
 - 2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
 - 3. To receive treatment that:
 - a. Supports and respects the client's individuality, choices, strengths, and abilities;
 - b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's consent; or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the client's treatment needs;
 - 4. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights;
 - 5. To submit grievances to agency staff members and complaints to outside entities and other individuals without constraint or retaliation;
 - 6. To have grievances considered by a licensee in a fair, timely, and impartial manner;
 - 7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense;
 - 8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;
 - 9. If enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by the Department or the Department's designee in understanding, protecting, or exercising the client's rights;
 - 10. To have the client's information and records kept confidential and released only as permitted under R9-20-211(A)(3) and (B);
 - 11. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, except as required for treatment;
 - 12. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
 - b. For a client receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For temporary video recordings used for security purposes;
 - 13. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in R9-20-211(A)(6);
 - 14. To review the following at the agency or at the Department:
 - a. This Chapter;
 - b. The report of the most recent inspection of the premises conducted by the Department;
 - c. A plan of correction in effect as required by the Department;
 - d. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency; and

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- e. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;
- 15. To be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a crisis service;
- 16. To consent to treatment after receiving a verbal explanation of the client's condition and the proposed treatment, including the intended outcome, the nature of the proposed treatment, any procedures involved in the proposed treatment, any risks or side effects from the proposed treatment, and any alternatives to the proposed treatment;
- 17. To be offered or referred for the treatment specified in the client's treatment plan;
- 18. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan;
- 19. To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health;
- 20. To be free from:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Retaliation for submitting a complaint to the Department or another entity;
 - g. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's treatment needs;
 - h. Treatment that involves the denial of:
 - i. Food;
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet; and
 - iv. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation;
- 21. To participate or, if applicable, to have the client's parent, guardian, custodian or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan;
- 22. To control the client's own finances except when:
 - a. The client is under guardianship or conservatorship or has a representative payee; or
 - b. Otherwise ordered by a court of competent jurisdiction;
- 23. To participate or refuse to participate in religious activities;
- 24. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene;
- 25. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan;
- 26. To participate or refuse to participate in research or experimental treatment;
- 27. To consent in writing, refuse to consent, or withdraw written consent to participate in research or treatment that is not a professionally recognized treatment;
- 28. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
- 29. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility, according to the agency's policies and procedures; and
- 30. If receiving treatment in a residential agency or an inpatient treatment program:
 - a. If assigned to share a bedroom, to be assigned according to R9-20-405(F) and, if applicable, R9-20-404(A)(4)(a);
 - b. To associate with individuals of the client's choice, receive visitors, and make telephone calls during the hours established by the licensee and conspicuously posted in the facility, except as required for treatment;
 - c. To send and receive uncensored and unopened mail, unless restricted by court order or according to A.R.S. § 36-507(C) and as documented in the client record;
 - d. To maintain, display, and use personal belongings, including clothing, unless restricted by court order or according to A.R.S. § 36-507(C) and as documented in the client record;
 - e. To be provided storage space, capable of being locked, on the premises while the client receives treatment;
 - f. To be provided meals to meet the client's nutritional needs, with consideration for client preferences;
 - g. To have clean, seasonably appropriate clothing that is in good repair and selected and owned by the client;
 - h. To be provided access to medical services, including family planning, to maintain the client's health, safety, or welfare;
 - i. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;

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- j. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and
- k. To receive, at the time of discharge or transfer, recommendations for any treatment needed when the client is discharged.

R9-20-204. Staff Member and Employee Qualifications and Records

- A. A licensee shall ensure that:**
 - 1. A staff member is at least 21 years old;
 - 2. Except as provided in subsection (A)(3), an intern is at least 18 years old;
 - 3. An intern in a level 1 specialized transitional agency is at least 21 years old; and
 - 4. A volunteer is at least 21 years old.
- B. A licensee shall ensure that a behavioral health professional has the skills and knowledge necessary to:**
 - 1. Provide the behavioral health services that the agency is authorized to provide; and
 - 2. Meet the unique needs of the client populations served by the agency, such as children, adults age 65 or older, individuals with a substance abuse problem, individuals who are seriously mentally ill, individuals who have co-occurring disorders, or individuals who may be victims or perpetrators of domestic violence.
- C. A licensee shall ensure that an individual who is a certified baccalaureate social worker, certified master social worker, certified associate marriage and family therapist, or certified associate counselor according to A.R.S. Title 32, Chapter 33 is under direct supervision as defined in A.A.C. R4-6-101.**
- D. A licensee shall ensure that a behavioral health technician has the skills and knowledge required in subsection (F) and otherwise required in this Chapter.**
- E. A licensee shall ensure that a behavioral health paraprofessional:**
 - 1. Who has six weeks of behavioral health work experience has the skills and knowledge required in subsection (F); and
 - 2. Who does not have six weeks of behavioral health work experience:
 - a. Receives six weeks of continuous onsite direction from a behavioral health professional, a behavioral health technician, or a behavioral health paraprofessional who has at least six months of behavioral health work experience; and
 - b. Has the skills and knowledge required in subsection (F) after the six weeks of continuous onsite direction.
- F. A licensee shall ensure that a behavioral health technician or behavioral health paraprofessional hired after the effective date of this Chapter has the skills and knowledge:**
 - 1. Necessary to:
 - a. Protect client rights in R9-20-203;
 - b. Provide treatment that promotes client dignity, independence, individuality, strengths, privacy, and choice;
 - c. Recognize obvious symptoms of a mental disorder, personality disorder, or substance abuse;
 - d. Provide the behavioral health services that the agency is authorized to provide and that the staff member is qualified to provide;
 - e. Meet the unique needs of the client populations served by the agency, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;
 - f. Protect and maintain the confidentiality of client records and information;
 - g. Demonstrate cultural competency;
 - h. Recognize, prevent, and respond to a situation in which a client:
 - i. May be a danger to self or a danger to others,
 - ii. Behaves in an aggressive or destructive manner,
 - iii. May be experiencing a crisis situation, or
 - iv. May be experiencing a medical emergency;
 - i. Read and implement a client's treatment plan;
 - j. Assist a client in accessing community services and resources;
 - k. Record and document client information;
 - l. Demonstrate ethical behavior, such as by respecting staff member and client boundaries and recognizing the inappropriateness of receiving gratuities from a client;
 - m. Identify types of medications commonly prescribed for mental disorders, personality disorders, and substance abuse and the common side effects and adverse reactions of the medications;
 - n. Recognize and respond to a fire, disaster, hazard, and medical emergency; and
 - o. Provide the activities or behavioral health services identified in the staff member's job description or the agency's policy and procedure; and
 - 2. That are verified:
 - a. Except as provided in subsection (E)(2), before the staff member provides behavioral health services to a client;

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- b. By the clinical director, a behavioral health professional, or a behavioral health technician with a combination of at least six years of education in a field related to behavioral health and full-time behavioral health work experience; and
 - c. Through one or more of the following:
 - i. Visual observation of the staff member interacting with another individual, such as through role playing exercises;
 - ii. Verbal interaction with the staff member, such as interviewing, discussion, or question and answer; or
 - iii. A written examination.
- G.** A licensee shall ensure that verification of the skills and knowledge required in subsection (F) are documented, including the:
- 1. Name of the staff member;
 - 2. Date skills and knowledge were verified;
 - 3. Method of verification used, according to subsection (F)(2)(c); and
 - 4. Signature and professional credential or job title of the individual who verified the staff member's skills and knowledge.
- H.** A licensee of a residential agency or an inpatient treatment program shall ensure that:
- 1. Before providing behavioral health services, a staff member submits documentation of a physical examination or nursing assessment that indicates that the staff member is capable of performing the duties contained in the staff member's job description;
 - 2. At the starting date of employment or service and every 12 months after the starting date of employment or service, a staff member submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - a. A report of a negative Mantoux skin test administered within six months before the report is submitted; or
 - b. If the staff member has had a positive skin test for tuberculosis, a written statement from a medical practitioner dated within six months before the statement is submitted indicating that the staff member is free from infectious pulmonary tuberculosis; and
 - 3. If a staff member or employee has a communicable disease listed in A.A.C. R9-6-202(A) or (B), the staff member or employee provides written authorization from a medical practitioner before returning to work.
- I.** A licensee shall ensure that a personnel record is maintained for each staff member that contains:
- 1. The staff member's name, date of birth, home address, and home telephone number;
 - 2. The name and telephone number of an individual to be notified in case of an emergency;
 - 3. The starting date of employment or contract service and, if applicable, the ending date; and
 - 4. Documentation of:
 - a. The staff member's compliance with the qualifications required in this Chapter, as applicable;
 - b. The staff member's compliance with the behavioral health work experience requirements in this Section;
 - c. The staff member's compliance with the fingerprinting requirements in R9-20-201(A)(1)(c) or 9 A.A.C. 20, Article 13, if applicable;
 - d. The performance reviews required in R9-20-201(D);
 - e. The verification of the staff member's skills and knowledge required in subsection (G), if applicable, and as otherwise required in this Chapter;
 - f. The clinical supervision required in R9-20-205, if applicable;
 - g. The staff member's completion of the orientation required in R9-20-206(A);
 - h. The staff member's completion of the training required in R9-20-206(B), if applicable;
 - i. Any disciplinary action taken against the staff member;
 - j. The staff member's documentation of CPR and first aid training, as required in R9-20-207(B), if applicable; and
 - k. For a staff member working in a residential agency:
 - i. The staff member's physical examination or nursing assessment as required in sub-section (H)(1), and
 - ii. The staff member's freedom from infectious pulmonary tuberculosis as required in subsection (H)(2).
- J.** A licensee shall ensure that a personnel record is maintained for each volunteer, intern, or employee that contains:
- 1. The individual's name, date of birth, home address, and home telephone number;
 - 2. The name and telephone number of an individual to be notified in case of an emergency;
 - 3. The starting date of employment, contract service, or volunteer service and, if applicable, the ending date;
 - 4. For an individual working or providing volunteer services in a residential agency, documentation of the individual's freedom from infectious pulmonary tuberculosis as required in subsection (H)(2); and
 - 5. Documentation of the individual's compliance with the fingerprinting requirements in R9-20-201(A)(1)(c) or 9 A.A.C. 20, Article 13, if applicable.
- K.** A licensee shall ensure that personnel records required in this Section are maintained:
- 1. On the premises or at the administrative office;
 - 2. Throughout an individual's period of employment, contract service, volunteer service, or internship; and

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3. For at least two years after the last date of the individual's employment, contract service, volunteer service, or internship.

R9-20-205. Clinical Supervision

- A.** A clinical director shall ensure that a behavioral health professional develops, implements, monitors, and complies with a written plan for clinical supervision. A written plan for clinical supervision shall:
1. Ensure that clinical supervision addresses the treatment needs of all clients, including clients who receive treatment from the agency for a short period of time, such as 14 days or less;
 2. Establish criteria to determine when clinical supervision shall be provided to a staff member on an individual basis, which shall include a requirement that a staff member involved in an incident reported under R9-20-202(A)(1) receive clinical supervision related to the incident on an individual basis; and
 3. Establish a process for reviewing an incident reported under R9-20-202(A)(1).
- B.** A licensee shall ensure that clinical supervision is provided by an individual who:
1. Has skills and knowledge in the behavioral health services that the agency is authorized to provide and the populations served by the agency;
 2. Has at least one year of work experience as a supervisor or was providing clinical supervision prior to the effective date of this Chapter; and
 3. Is one of the following:
 - a. A behavioral health professional, or
 - b. A behavioral health technician with a combination of full-time behavioral health work experience and education in a field related to behavioral health totaling at least six years.
- C.** A licensee shall ensure that a behavioral health technician who provides clinical supervision:
1. Receives clinical supervision from a behavioral health professional according to the requirements in this Section; and
 2. Has skills and knowledge in providing clinical supervision that are verified:
 - a. Before the behavioral health technician provides clinical supervision;
 - b. By a behavioral health professional who provides clinical supervision; and
 - c. Through one or more of the following:
 - i. Visual observation of the behavioral health technician interacting with another individual, such as through role playing exercises;
 - ii. Verbal interaction with the behavioral health technician, such as interviewing, discussion, or question and answer; or
 - iii. A written examination.
- D.** A licensee shall ensure that:
1. A behavioral health technician or a behavioral health paraprofessional who works full time receives at least four hours of clinical supervision in a calendar month, and
 2. A behavioral health technician or a behavioral health paraprofessional who works part time receives at least one hour of clinical supervision for every 40 hours worked.
- E.** A licensee shall ensure that clinical supervision includes:
1. Reviewing and discussing client behavioral health issues, behavioral health services, or records;
 2. Recognizing and meeting the unique treatment needs of the clients served by the agency, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;
 3. Reviewing and discussing other topics that enhance the skills and knowledge of staff members; and
 4. For a behavioral health technician providing a client with an assessment or treatment plan, determining whether an assessment or treatment plan is complete and accurate and meets the client's treatment needs.
- F.** A licensee shall ensure that clinical supervision of a staff member is documented, to include:
1. The date of the clinical supervision,
 2. The name of the staff member receiving clinical supervision,
 3. The signature and professional credential or job title of the individual providing clinical supervision and the date signed,
 4. The duration of the clinical supervision,
 5. A description of the topics addressed in clinical supervision,
 6. Whether clinical supervision occurred on a group or individual basis, and
 7. Identification or recommendation of additional training that may enhance the staff member's skills and knowledge.

R9-20-206. Orientation and Training

- A.** A licensee shall ensure that:
1. The clinical director develops and implements a written plan to provide staff orientation;
 2. A staff member completes orientation within seven days after the starting date of employment or contract service;

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3. Orientation of a staff member includes:
 - a. Reviewing:
 - i. Client rights;
 - ii. Agency policies and procedures necessary for the performance of the staff member's duties;
 - iii. The staff member's job description;
 - iv. The agency's evacuation path; and
 - v. Procedures for responding to a fire, a disaster, a hazard, a medical emergency, and a client experiencing a crisis situation;
 - b. Informing the staff member of the requirement to immediately report suspected or alleged abuse, neglect, or exploitation or a violation of a client's rights to the administrator or clinical director; and
 - c. Identifying the location of client records and how client records and information are protected; and
4. A staff member's orientation is documented, to include:
 - a. The starting date of the staff member's employment or contract service and the date that orientation was completed;
 - b. The staff member's name, signature, and professional credential or job title and the date signed; and
 - c. The name and signature of the individual providing orientation.

B. A licensee shall ensure that the clinical director:

1. Develops and implements a written staff member training plan that includes a description of the training that a staff member needs to:
 - a. Maintain current skills and knowledge;
 - b. Obtain or enhance skills and knowledge in the services the agency is authorized to provide; and
 - c. Meet the unique needs of the client populations served by the agency, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;
2. Ensures that each staff member, except for a behavioral professional who is required by state law to complete continuing education to maintain the behavioral health professional's occupational license or certificate, completes:
 - a. At least 48 hours of training during the first 12 months after the staff member's starting date of employment or contracted service, which may include time spent in orientation and in acquiring the skills and knowledge required in R9-20-204(F); and
 - b. At least 24 hours of training every 12 months after the staff member's first 12 months of employment or contract service;
3. Ensures that during a staff member's first 12 months of employment or contract service, training includes the topics listed in R9-20-204(F) and other topics identified in the written staff member training plan; and
4. Ensures that a staff member's training is documented, to include:
 - a. The staff member's name,
 - b. The date of the training,
 - c. The subject or topics covered in the training,
 - d. The duration of the training, and
 - e. The name and signature of the individual providing the training.

R9-20-207. Staffing Requirements

A. A licensee shall ensure that an agency has staff members and employees to:

1. Meet the requirements in this Chapter;
2. Provide:
 - a. The behavioral health services the agency is authorized to provide;
 - b. The behavioral health services stated in the agency program description, as required in R9-20-201(A)(2)(c); and
 - c. The treatment identified in each client's treatment plan; and
3. Ensure the health, safety, and welfare of a client:
 - a. On the premises;
 - b. On an agency-sponsored activity off the premises; and
 - c. While the client is receiving behavioral health services or ancillary services from the licensee off the premises.

B. A licensee shall ensure that at least one staff member is present at the facility during hours of agency operation or on an outing who has current documented successful completion of first-aid and CPR training specific to the populations served by the agency, such as children or adults, that included a demonstration of the staff member's ability to perform CPR.

C. A licensee of a residential agency or inpatient treatment program shall ensure that:

1. At least one staff member is present and awake at the facility at all times when a client is on the premises,
2. At least one staff member is on-call and available to come to the agency if needed, and

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3. The agency has sufficient staff members to provide general client supervision and treatment and sufficient staff members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each client.
- D.** A licensee shall ensure that each agency has a daily staffing schedule that:
1. Indicates the date, scheduled work hours, and name of each staff member assigned to work, including on-call staff members;
 2. Includes documentation of the staff members who work each day and the hours worked by each staff member; and
 3. Is maintained on the premises or at the administrative office for at least 12 months after the last date on the documentation.

R9-20-208. Admission Requirements

- A.** A licensee may conduct a preliminary review of an individual's presenting issue and unique needs before conducting an assessment of the individual or admitting the individual into the agency. If a licensee determines, based on an individual's presenting issue and unique needs, that the individual is not appropriate to receive a behavioral health service or ancillary service at an agency, the licensee shall ensure that the individual is provided with a referral to another agency or entity. If an individual received a face-to-face preliminary review, a staff member shall provide the individual with a written referral.
- B.** A licensee of an agency that provides respite shall ensure that a policy and procedure is developed, implemented, and complied with that ensures that:
1. A respite admission does not cause the agency to exceed the licensed capacity identified on the agency's license.
 2. A respite client meets the admission requirements in this Section.
 3. A respite client receives an assessment and treatment plan for the period of time that the client is receiving respite from the agency, and
 4. A respite client's treatment plan addresses how the client will be oriented to and integrated into the daily activities at the agency.
- C.** A licensee shall ensure that:
1. An individual is admitted into an agency based upon:
 - a. The individual's presenting issue and treatment needs and the licensee's ability to provide behavioral health services and ancillary services consistent with those treatment needs;
 - b. The criteria for admission contained in the agency program description, as required in R9-20-201(A)(2)(h)(i), and the licensee's policies and procedures; and
 - c. According to the requirements of state and federal law and this Chapter; and
 2. An individual admitted into and receiving treatment from an agency does not require from the agency:
 - a. A behavioral health service or medical service that the agency is not authorized to provide,
 - b. A behavioral health service or medical service that the agency's staff members are not qualified or trained to provide, or
 - c. A behavioral health service or ancillary service that the agency is unable to provide.
- D.** A licensee shall ensure that:
1. Based upon an assessment, if an individual is not appropriate to receive a behavioral health service or ancillary service according to the criteria in subsection (C), the individual is provided with a referral to another agency or entity; and
 2. If an individual received a face-to-face assessment, a staff member provides the individual with a written referral.
- E.** A licensee shall ensure that:
1. Except as stated in subsection (F), treatment is not provided unless consent is obtained from the client or, if applicable, the client's parent, guardian, custodian, or agent; and
 2. Consent to treatment:
 - a. Is obtained at the time of admission and before receiving a treatment for which consent has not yet been obtained;
 - b. Is obtained after receiving a verbal explanation of the following:
 - i. The specific treatment being proposed;
 - ii. The intended outcome, nature, and procedures of the proposed treatment;
 - iii. Any risks and side effects of the proposed treatment, including any risks of not proceeding with the proposed treatment;
 - iv. The alternatives to the proposed treatment; and
 - v. That consent is voluntary and may be withheld or withdrawn at any time; and
 - c. Is documented by having the client sign and date an acknowledgment that the client has received the information in subsection (E)(2)(b) and consents.
- F.** A licensee is not required to obtain consent as described in subsection (E) from a client receiving court-ordered evaluation or court-ordered treatment or treatment in a level 1 specialized transitional agency.
- G.** A licensee shall ensure that, at the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent are provided the following information:

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1. A list of client rights;
 2. An explanation of any fees that the client is required to pay;
 3. A copy of the agency's refund policy and procedure;
 4. The current telephone number and address of:
 - a. The OBHL;
 - b. The Department's Division of Behavioral Health Services;
 - c. If the client is enrolled by a regional behavioral health authority as an individual who is seriously mentally ill, the human rights advocates provided by the Department or the Department's designee;
 - d. The Arizona Department of Economic Security Office of Adult Protective Services, if applicable;
 - e. The Arizona Department of Economic Security Office of Child Protective Services, if applicable; and
 - f. The local office of the regional behavioral health authority;
 5. A copy of the agency's grievance policy and procedure;
 6. If the agency is a residential agency or an inpatient treatment program and has a dress code, a written description of the dress code; and
 7. If the agency is a residential agency or an inpatient treatment program, an explanation of whether treatment is provided in a secure facility.
- H.** If an agency is authorized to provide any form of restraint or seclusion, including personal restraint, the licensee shall ensure that, at the time of admission:
1. A client and, if applicable, the client's parent, guardian, custodian, or agent:
 - a. Are informed of the agency's policy for the use of restraint or seclusion, in a language that the client or the client's parent, guardian, custodian, or agent understands;
 - b. Receive a copy of the agency's policy on the use of restraint or seclusion; and
 - c. Receive the name, telephone number, and mailing address for the Arizona Center for Disability Law; and
 2. A written acknowledgment indicating receipt of the information in subsection (H)(1) is obtained from the client or, if applicable, the client's parent, guardian, custodian, or agent and is placed in the client record.

R9-20-209. Assessment and Treatment Plan

- A.** A licensee shall develop, implement, and comply with policies and procedures for conducting an assessment that ensure that a staff member conducting an assessment:
1. Determines whether a client's behavioral health issue is related to a medical condition; and
 2. Addresses a client's:
 - a. Substance abuse history;
 - b. Co-occurring disorder;
 - c. Medical history;
 - d. Legal history, such as court-ordered services;
 - e. Criminal justice history;
 - f. Family history; and
 - g. Treatment history.
- B.** A licensee shall ensure that:
1. A behavioral health professional or a behavioral health technician initiates an assessment of a client before treatment is initiated, and
 2. A behavioral health professional reviews and approves a client assessment completed by a behavioral health technician to ensure that the assessment is complete and accurate and identifies whether the client may need medical services.
- C.** A licensee shall ensure that a client's assessment is completed with the participation of:
1. The client or the client's guardian or agent, if applicable;
 2. If the client is a child, the client's parent, guardian, or custodian;
 3. An individual requested by the client or the client's guardian or agent or, if the client is a child, by the client's parent, guardian, or custodian; and
 4. Any individual required by federal or state law.
- D.** A licensee may use a written assessment completed by a behavioral health professional or a behavioral health technician not affiliated with the licensee's agency if:
1. The assessment was completed in compliance with this Section;
 2. The assessment was completed within 12 months before the date of the client's admission to the licensee's agency;
 3. A behavioral health professional at the licensee's agency reviews the written assessment and verifies the accuracy of the assessment by speaking with the individuals listed in subsection (C); and
 4. The behavioral health professional at the licensee's agency updates the written assessment to include any changes to the client's condition since the assessment was completed.
- E.** A licensee shall ensure that, except for a client receiving behavioral health services in a crisis situation, a client's assessment is documented in the client record within five days after completing the assessment, to include:

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1. A description of the client's presenting issue;
 2. An identification of the client's behavioral health symptoms and of each behavioral health issue that requires treatment;
 3. A description of the medical services needed by the client, if any;
 4. Recommendations for further assessment or examination of the client's needs;
 5. Recommendations for treatment needed by the client;
 6. Recommendations for ancillary services or other services needed by the client; and
 7. The signature and date signed of:
 - a. The staff member conducting the assessment; and
 - b. If the assessment was completed by a behavioral health technician, the behavioral health professional approving the assessment.
- E.** A licensee shall ensure that:
1. A client's assessment is reviewed and updated, as necessary:
 - a. When additional information that affects the client's assessment is identified, and
 - b. At least once every 12 months; and
 2. A review and update of a client's assessment is documented in the client record within five days after the review is completed.
- G.** A licensee shall ensure that the assessment of a client receiving behavioral health services in a crisis situation is documented in the client record:
1. Before the client's:
 - a. Admission,
 - b. Transfer, or
 - c. Referral; and
 2. To include the requirements in subsections (E)(1) through (6), the name of the behavioral health professional who verbally approved the assessment, and the date and time of the verbal approval.
- H.** A licensee shall ensure that policies and procedures for developing, implementing, monitoring, and updating a treatment plan are developed, implemented, and complied with.
- I.** A licensee shall ensure that a treatment plan is developed for each client and that the treatment plan is:
1. Based upon the client's assessment;
 2. Developed before treatment is initiated;
 3. Developed by a behavioral health professional or a behavioral health technician;
 4. Developed with the participation of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian;
 5. If the treatment plan was completed by a behavioral health technician, reviewed and approved by a behavioral health professional to ensure that the treatment plan is complete and accurate and meets the client's treatment needs;
 6. Except for a client receiving behavioral health services in a crisis situation, documented in the client record within 24 hours after completion, to include:
 - a. The client's presenting issue;
 - b. One or more treatment goals;
 - c. One or more treatment methods and the frequency of each treatment method;
 - d. The date when the client's treatment plan will be reviewed;
 - e. The method and frequency of communicating the client's progress to:
 - i. The client;
 - ii. The client's parent, guardian, custodian, agent, family member, or designated representative;
 - iii. The individual who coordinates behavioral health services and ancillary services for the client; and
 - iv. Other agencies, individuals, or entities that provide treatment to the client;
 - f. If a discharge date has been determined, the treatment needed after discharge;
 - g. The signature and date signed, or documentation of the refusal to sign, of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian; and
 - h. The signature and date signed of:
 - i. The staff member developing the treatment plan; and
 - ii. If the treatment plan was completed by a behavioral health technician, the behavioral health professional approving the treatment plan; and
 7. Reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changes,
 - c. When additional information that affects the client's assessment is identified, and
 - d. When a client has a significant change in condition or experiences an event that affects treatment.

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- J.** A licensee shall ensure that the treatment plan of a client receiving behavioral health services for a crisis situation is documented in the client record:
1. Before the date of the client's:
 - a. Admission,
 - b. Transfer, or
 - c. Referral; and
 2. To include the requirements in subsections (I)(6)(a) through (f), the name of the behavioral health professional who verbally approved the treatment plan, and the date and time of the verbal approval.
- K.** A licensee shall ensure that:
1. A client's treatment is based upon the client's treatment plan;
 2. When a client's treatment plan is reviewed under subsection (I)(7), a behavioral health professional or behavioral health technician reviews the client's progress in treatment and determines whether the client needs to be transferred or discharged; and
 3. If a client's progress is reviewed by a behavioral health technician, the behavioral health technician's review and determinations are approved by a behavioral health professional.

R9-20-210. Discharge

- A.** A licensee shall ensure that a client is discharged from an agency:
1. According to the requirements of this Chapter and state and federal law;
 2. According to the agency's discharge criteria contained in the agency's program description according to R9-20-201(A)(2)(h)(iv);
 3. When the client's treatment goals are achieved, as documented in the client's treatment plan; or
 4. When the client's behavioral health issues or treatment needs are not consistent with the behavioral health services that the agency is authorized or able to provide.
- B.** A licensee shall ensure that, at the time of discharge, a client receives a referral for treatment or ancillary services that the client may need after discharge.
- C.** A licensee shall ensure that a discharge summary:
1. Is entered into the client record within 15 days after a client's discharge;
 2. Is completed by a behavioral health professional or a behavioral health technician; and
 3. Includes:
 - a. The client's presenting issue and other behavioral health issues identified in the client's treatment plan;
 - b. A summary of the treatment provided to the client;
 - c. The client's progress in meeting treatment goals, including treatment goals that were and were not achieved;
 - d. The name, dosage, and frequency of each medication for the client ordered at the time of the client's discharge by a medical practitioner at the agency; and
 - e. A description of the disposition of the client's possessions, funds, or medications.
- D.** A licensee shall ensure that a client who is dependent upon a prescribed medication is offered detoxification services or a written referral to detoxification services before the client is discharged from the agency if a medical practitioner for the agency will not be prescribing the medication for the client at or after discharge.
- E.** A licensee shall ensure that a client who is involuntarily discharged is provided or sent a written notice indicating:
1. The client's right to submit a grievance, and
 2. The agency's grievance policy and procedure.

R9-20-211. Client Records

- A.** A licensee shall ensure that a single active client record is maintained for each client and:
1. Is protected at all times from loss, damage, or alteration;
 2. Is confidential;
 3. Is only released or disclosed:
 - a. To a person listed in A.R.S. § 12-2294;
 - b. As provided in:
 - i. A.R.S. § 12-2292(B);
 - ii. A.R.S. § 36-504;
 - iii. A.R.S. § 36-509;
 - iv. A.R.S. § 36-3283(D);
 - v. 42 U.S.C. § 290dd-2 (1994 & Supplement V 1999), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/uscode/uscmmain.html and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954; or
 - vi. Another applicable federal or state law that authorizes release or disclosure; or

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- D.** A licensee shall ensure that a client record contains at least:
1. The client's name, address, home telephone number, and date of birth;
 2. The name and telephone number of:
 - a. An individual to notify in case of medical emergency;
 - b. The client's medical practitioner;
 - c. The individual who coordinates the client's behavioral health services or ancillary services, if applicable;
 - d. The client's parent, guardian, or custodian, if applicable; or
 - e. The client's agent, if applicable;
 3. The date the client was admitted into the agency;
 4. The following information about each referral made or received by the agency:
 - a. The date of the referral;
 - b. The reason for the referral; and
 - c. The name of the entity, agency, or individual that the client was referred to or from;
 5. Whether the client is receiving court-ordered evaluation or court-ordered treatment or is a DUI client or a client in a misdemeanor domestic violence treatment program;
 6. If the client is receiving court-ordered evaluation or court-ordered treatment, a copy of the court order, pre-petition screening, and court-ordered evaluation as required by A.R.S. Title 36, Chapter 5;
 7. Documentation of consent to treatment, as required in R9-20-208(E);
 8. Documentation signed and dated by the client or, if applicable, the client's parent, guardian, custodian, or agent, indicating receipt of the information required to be provided under R9-20-208(G) and, if applicable, (H);
 9. The client's written consent to participate in research or treatment that is not a professionally recognized treatment, according to R9-20-201(F), if applicable;
 10. The assessment and updates to the assessment, as required in R9-20-209(E) and (F);
 11. The treatment plan and updates and revisions to the treatment plan, as required in R9-20-209(I)(6) and (7);
 12. If the client is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, a copy of the client's individual service plan, as defined and developed according to 9 A.A.C. 21;
 13. Results from an additional examination or assessment recommended according to R9-20-209(E)(4);
 14. Information or records provided by or obtained from another individual, agency, or entity regarding the client;
 15. Documentation of permission to release a client record and information, as required in subsection (A)(3)(c) and (B), if applicable;
 16. Documentation of requests for client records and of the resolution of those requests;
 17. Documentation of the release of the client record or information from the client record to an individual or entity as described in subsection (A)(3)(a) or (b);
 18. Progress notes;
 19. Documentation of telephone, written, or face-to-face contact with the client or another individual who relates to the client's health, safety, welfare, or treatment;
 20. Documentation of assistance provided to a client who does not speak English or who has a physical or other disability, as required in R9-20-203(A)(3);
 21. Documentation of behavioral health services provided to the client, according to the client's treatment plan;
 22. Documentation of medication services or assistance in the self-administration of medication or in medication administration, if applicable;
 23. Medical orders, as required in this Chapter, if applicable;
 24. Date of discharge and discharge summary as required in R9-20-210(C), if applicable;
 25. If the client is receiving treatment in a residential agency, documentation of the client's:
 - a. Orientation, as required in R9-20-401(B)(1);
 - b. Screening for infectious pulmonary tuberculosis, as required in R9-20-401(B)(2); and
 - c. Nursing assessment or physical examination, as required in R9-20-401;
 26. If the client is a child, the names of the individuals to whom the child may be released according to R9-20-201(E)(5); and
 27. Other information or documentation required by state or federal law or this Chapter.
- E.** A licensee shall develop, implement, and comply with a policy and procedure to ensure the confidentiality and security of client records and client-related information, which shall include requirements that:
1. If maintained other than electronically, client records and other written client-related information be stored in a locked container or area;
 2. If maintained electronically, client records and other written client-related information be protected from unauthorized access; and
 3. Staff members release and discuss client-related information only as necessary for the provision of behavioral health services.

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R9-20-212. Transportation

- A.** A licensee of an agency that uses a vehicle owned or leased by the licensee to transport a client shall ensure that:
1. The vehicle:
 - a. Is safe and in good repair;
 - b. Contains a first aid kit that meets the requirements in R9-20-214(I);
 - c. Contains drinking water sufficient to meet the needs of each client present;
 - d. Contains a working heating and air conditioning system; and
 - e. Is insured according to A.R.S. Title 28, Chapter 9;
 2. Documentation of vehicle insurance and a record of each maintenance or repair of the vehicle is maintained on the premises or at the administrative office;
 3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Does not wear headphones or earphones while operating the vehicle;
 - d. Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle;
 - e. Does not leave in the vehicle an unattended:
 - i. Child;
 - ii. Client who may be a threat to the health, safety, or welfare of the client or another individual; or
 - iii. Client who is incapable of independent exit from the vehicle;
 - f. Operates the vehicle safely; and
 - g. Ensures the safe and hazard-free loading and unloading of clients;
 4. Transportation safety is maintained as follows:
 - a. Each individual in the vehicle wears a working seat belt while the vehicle is in motion;
 - b. Each seat in a vehicle is securely fastened to the vehicle and provides sufficient space for a client's body; and
 - c. Each individual in the vehicle is sitting in a seat while the vehicle is in motion; and
 5. There is a sufficient number of staff members present to ensure each client's health, safety, and welfare.
- B.** A licensee of a residential agency or an inpatient treatment program shall ensure that:
1. A client receives transportation to the treatment identified in the client's treatment plan; and
 2. Emergency information for each client transported is maintained in the vehicle used to transport the client and includes:
 - a. The client's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the client during the anticipated duration of the transportation;
 - c. The client's allergies; and
 - d. The name and telephone number of the individual to notify at the agency in case of medical emergency or other emergency.

R9-20-213. Outings

- A.** A clinical director or designee shall ensure that:
1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each client participating in the outing; and
 2. Probable hazards, such as weather conditions, adverse client behavior, or medical situations, that may occur during the outing are identified and staff members participating in the outing are prepared and have the supplies necessary to prevent or respond to each probable hazard;
- B.** A licensee shall ensure that:
1. There is a sufficient number of staff members present to ensure each client's health, safety, and welfare on an outing;
 2. There are at least two staff members present on an outing;
 3. At least one staff member on the outing has documentation of current training in CPR and first aid according to R9-20-207(B);
 4. Documentation is developed before an outing that includes:
 - a. The name of each client participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and
 - f. The license plate number of each vehicle used to transport a client;
 5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained on the premises for at least 12 months after the date of the outing;

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6. Emergency information for each client participating in the outing is maintained in the vehicle used to transport the client and includes:
 - a. The client's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the client during the anticipated duration of the outing;
 - c. The client's allergies; and
 - d. The name and telephone number of the individual to notify at the agency in case of medical emergency or other emergency;
7. A copy of the agency's policy and procedure for outings, as required in R9-20-201(B)(1)(a), is maintained in each vehicle used on the outing; and
8. Each client participating in the outing is safely returned after the outing.

R9-20-214. Environmental Standards

A. A licensee shall ensure that:

1. An agency's facility, furnishings, and premises are:
 - a. In good repair;
 - b. Clean; and
 - c. Free of:
 - i. Odors, such as from urine or rotting food;
 - ii. Insects and rodents;
 - iii. Accumulations of garbage or refuse; and
 - iv. Hazards;
2. A heating and cooling system maintains the facility at a temperature between 65° F and 85° F;
3. Water is available and accessible to a client at all times unless otherwise indicated in the client's treatment plan;
4. Hot water provided in an area of the facility used by a client is maintained between 90° F and 120° F;
5. Each common area of the facility has lighting sufficient to allow staff members to monitor client activity;
6. Except as described in subsection (A)(7), a toxic or other hazardous material stored by the licensee on the premises is in a labeled container in a locked area other than a food preparation or storage area, a dining area, or a medication storage area;
7. Except for medical supplies needed for a client, such as oxygen, a combustible or flammable liquid material stored by the licensee on the premises is stored in the original labeled container or a safety container in a locked area inaccessible to a client outside of the facility or in an attached garage;
8. Garbage and refuse are:
 - a. Stored in covered containers or in plastic bags, and
 - b. Removed from the premises at least once a week; and
9. If a pet or other animal is on the premises or at the administrative office, the pet or other animal is:
 - a. Controlled to prevent endangering a client or another individual,
 - b. Controlled to maintain sanitation of the premises, and
 - c. Vaccinated against rabies and all other diseases that are communicable to humans and for which a vaccine is available.

B. A licensee shall ensure that:

1. No smoking is permitted within a facility; and
2. Smoking is permitted on the premises outside a facility only if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. A licensee shall ensure that:

1. If a client has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the client; and
2. A facility has:
 - a. A waiting area with seating for clients and visitors;
 - b. A room that provides privacy for a client to receive treatment or visitors; and
 - c. Rooms or areas sufficient to accommodate the activities, treatment, and ancillary services stated in the agency's program description.

D. A licensee shall ensure that an agency has a bathroom that:

1. Is available for use by a client and visitors during the agency's hours of operation;
2. Provides privacy; and
3. Contains:
 - a. A working sink with running water,
 - b. A working toilet that flushes and has a seat,
 - c. Toilet tissue,

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- d. Soap for hand washing.
 - e. Paper towels or a mechanical air hand dryer.
 - f. Lighting, and
 - g. A window that opens or another means of ventilation.
- E.** A licensee shall ensure that if a swimming pool is located on the premises:
- 1. The pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (E)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height;
 - f. Has a self-closing, self-latching gate that opens away from the pool and that has a latch located at least five feet from the ground; and
 - g. Is locked when the pool is not in use;
 - 2. At least one staff member with CPR, as required in R9-20-207(B), is present in the pool area when a client is in the pool area; and
 - 3. At least two staff members are present in the pool area if two or more clients are in the pool area.
- F.** A licensee shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (E)(1) is covered and locked when not in use.
- G.** A licensee shall ensure that:
- 1. An evacuation path is conspicuously posted on each hallway of each floor of the facility; and
 - 2. A written disaster plan is developed and maintained on the premises.
- H.** A licensee shall ensure that:
- 1. A fire drill for staff members and clients on the premises is conducted at least once every three months on each shift;
 - 2. Documentation of each fire drill is created and includes:
 - a. The date and time of the drill;
 - b. The amount of time taken for all clients and staff members to evacuate the facility;
 - c. Any problems encountered in conducting the drill; and
 - d. Recommendations for improvement, if applicable; and
 - 3. Documentation of a fire drill is available for review for 12 months after the date of the drill.
- I.** A licensee shall ensure that a first aid kit is maintained on the premises, is accessible to staff members, and contains the following supplies in a quantity sufficient to meet the needs of all clients:
- 1. Adhesive bandages,
 - 2. Gauze pads,
 - 3. Antiseptic solution,
 - 4. Tweezers,
 - 5. Scissors,
 - 6. Tape,
 - 7. Disposable medical-grade gloves, and
 - 8. Resealable plastic bags of at least one-gallon size.

R9-20-215. Time Out

A licensee shall ensure that a time out:

- 1. Takes place in an area that is unlocked, lighted, quiet, and private;
- 2. Is time limited and does not exceed two hours per incident or four hours per day;
- 3. Does not result in a client's missing a meal if the client is in time out at mealtime;
- 4. Includes monitoring of the client by a staff member at least once every 15 minutes to ensure the client's health, safety, and welfare and to determine if the client is ready to leave time out; and
- 5. Is documented in the client record, to include:
 - a. The date of the time out,
 - b. The reason for the time out,
 - c. The duration of the time out, and
 - d. The action planned and taken by the licensee to prevent the use of time out in the future.

ARTICLE 3. AGENCY ADMINISTRATION OUTPATIENT CLINIC REQUIREMENTS

R9-20-301. ~~General Agency Administration~~ Universal Outpatient Clinic Requirements

A. A behavioral health agency shall be organized and administered under one governing authority which may be a proprietorship, partnership, association, corporation, or governmental unit.

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- ~~B. An agency governing authority shall appoint an administrator who shall meet the qualifications and carry out the responsibilities specified in R9-20-302.~~
- ~~C. The agency governing authority and administrator shall adopt a written program statement of activities including a statement of purpose, program goals, a detailed description of the type of services offered, hours of operation, populations served, admission criteria, policies regarding fee payment, provisions for special needs of clients, client/staff ratios and staff qualifications.~~
- ~~D. An agency shall have written policies and procedures that address all aspects of the agency's operation which at a minimum include requirements of this Article.
 - 1. Such policies and procedures shall be reviewed and updated every 12 months.
 - 2. Upon completion of initial development or any change or update, the policy or procedure shall be dated and signed as effective by the agency administrator or the chairperson of the agency's board of directors.
 - 3. Agency staff shall be informed of all initial and updated policies and procedures applicable to their employment status and shall be familiar with such documents within 30 days of policy and procedure initiation.
 - 4. Documentation of the employee's review shall be maintained.~~
- ~~E. An agency shall have written policies and procedures which address referrals of clients to a full range of services for the treatment of illness and maintenance of general health or necessary social services.~~
- ~~F. An agency shall have written policies and procedures which address the appointment of a staff member to act as administrator or clinical director in the absence of administrator or clinical director. The staff member shall be 21 years of age or older. The policy shall include a statement of the circumstances under which the qualified staff member will act and ensure that the designee has full access to all areas within the facility and facility grounds that are related to care, supplies, and safety.~~
- ~~G. The governing body shall maintain in the administrative offices of the agency a current list of names and address of all persons or entities having a 10% or more ownership interest as well as copies of all deeds, leases, land sale contracts or other documents evidencing control or ownership of the real property.~~
- ~~H. The following documents or copies shall be available in the administrative office of each agency:
 - 1. Bylaws of the governing body;
 - 2. Policies and procedures for all services;
 - 3. Reports of all inspections and reviews related to licensure for the preceding five years together with corrective actions taken;
 - 4. Contracts and agreements related to licensure to which the agency is bound;
 - 5. Documents evidencing control or ownership; and
 - 6. A current copy of statutes and rules pertaining to behavioral health services agencies.~~
- ~~I. In agencies which have programs for children, services may be provided to a child in a children's program beyond the child's 18th birthday provided that the child has been placed prior to the 18th birthday and is in the process of completing a high school education program, graduate equivalency diploma program, or a job training program and meets the requirements of R9-20-502(H)(7)(f).~~
- A. A licensee shall ensure that an outpatient clinic is located:
 - 1. In an area of a facility that is physically separated from the entrances, rooms, and areas used by a client in a residential agency or an inpatient treatment program; or
 - 2. In a separate facility from a residential agency or inpatient treatment program.
- B. A licensee of an outpatient clinic that provides partial care to more than ten clients and serves food on the premises shall:
 - 1. Comply with 9 A.A.C. 8, Article 1;
 - 2. If the licensee contracts with a food establishment to prepare and deliver food to the facility, maintain on the premises or at the administrative office a copy of the food establishment's license issued according to 9 A.A.C. 8, Article 1; and
 - 3. Ensure that if a client needs a therapeutic diet:
 - a. A therapeutic diet is provided to the client; and
 - b. A therapeutic diet manual with a copyright date that is no more than five years before the current date is available and accessible for use by employees or staff members who prepare food at the facility.
- C. A licensee of an outpatient clinic that serves food on the premises shall ensure that:
 - 1. Each meal served includes a variety of foods from each food group in "The Food Guide Pyramid" in Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, Home and Garden Bulletin No. 252, The Food Guide Pyramid (rev. 1996), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, 1120 20th Street, N.W., Suite 200, North Lobby, Washington, DC 20036-3475; and
 - 2. Client input is obtained in planning menus.

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R9-20-302. ~~Administrator~~ Supplemental Requirements for Counseling

- ~~A. The agency administrator shall have a combination of education and experience to perform the duties outlined in the job description and which demonstrate competence to perform administrative duties specified in these rules and assure the agency is operating in substantial compliance with this Article. The agency administrator shall be 21 years of age or older. Documentation of qualifications shall be included in the administrator's personnel file pursuant to R9-20-309.~~
- ~~B. The administrator shall be in charge of the management and business affairs of the behavioral health service agency and shall be fully authorized and empowered to carry out the provisions of this Article.~~
- ~~C. The administrator shall be responsible for the completion, keeping or submission of such reports and records as may be required by the Department.~~
- ~~D. The administrator is responsible for compliance with all policies and procedures pursuant to R9-20-301 and shall provide the staff access to all records necessary for the performance of these duties.~~
- ~~E. The administrator is responsible for ensuring that an agency providing residential services to children shall have an educational component approved by the Arizona Department of Education, or arrange for the educational needs of the clients through the local school system.~~
- ~~F. No less than 15 working days prior to changing the administrator, an agency shall notify the Department, in writing, of the new administrator. The written notification shall include qualifications of the newly appointed administrator and the date when the change shall take place. In instances when permanent transfer of administrator responsibilities occurs unexpectedly, the agency shall notify the OBHL of such change within 24 hours of the change in administrators by telephone and provide written verification within five working days following the change.~~
- ~~G. The administrator shall designate, in writing, an acting administrator who shall be 21 years or older and who shall have access to all areas within the agency that are related to client care when the administrator is absent from the facility premises.~~
- A. A licensee shall ensure that counseling is:
 - 1. Offered as described in the agency's program description in R9-20-201(A)(2)(d);
 - 2. Provided according to the frequency and number of hours identified in the client's treatment plan;
 - 3. Provided by a behavioral health professional or a behavioral health technician; and
 - 4. If group counseling, limited to no more than 15 clients or, if family members participate in group counseling, 20 individuals.
- B. A licensee shall ensure that a staff member providing counseling that addresses a specific type of behavioral health issue, such as substance abuse or crisis situations, has skills and knowledge in providing the counseling that addresses the specific type of behavioral health issue that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G).
- C. A licensee shall ensure that each counseling session is documented in a client record to include:
 - 1. The date of the counseling session;
 - 2. The amount of time spent in the counseling session;
 - 3. The location where the counseling session occurred, if it occurred off the premises;
 - 4. Whether the counseling was individual counseling, family counseling, or group counseling;
 - 5. The treatment goals addressed in the counseling session;
 - 6. The client's observed response to the counseling; and
 - 7. The signature and professional credential or job title of the staff member who provided the counseling and the date signed.

R9-20-303. ~~Clinical or Program Director~~ Supplemental Requirements for Medication Services

- ~~A. The agency shall employ a clinical or program director who is responsible for its clinical or treatment programs and to perform other responsibilities outlined in the job description. The clinical or program director shall have, at a minimum, a combination of six years of behavioral health education and experience.~~
- ~~B. The clinical or program director shall be responsible for the overall clinical operation of the agency. Such responsibilities shall be specified in the job description and shall include:-~~
 - ~~1. Development and approval of general behavioral health service delivery policies and procedures;~~
 - ~~2. Development and approval of medication policies and procedures;~~
 - ~~3. Determination of the types of staff training programs to be provided by the agency for its personnel;~~
 - ~~4. Establishment of a process by which the agency will evaluate the quality of client record documentation, counseling services, evaluation, and diagnosis;~~
 - ~~5. Establishment and enforcement of policies and procedures for clinical supervision of agency personnel;~~
 - ~~6. Establishment of the qualifications necessary for agency personnel to deliver behavioral health services included in the agency program statement; and~~
 - ~~7. Ensuring that each client receives the appropriate care in accordance with the client's treatment plan and regardless of the source of payment for services.~~
- ~~C. The clinical director shall comply with the policy and procedures required pursuant to R9-20-301 and have access to all records necessary to the performance of these duties.~~

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- D.** No less than 15 working days prior to changing the clinical or program director, the agency shall notify the Department, in writing, of the new director. The written notification shall include qualifications of the newly appointed director and the date when the change shall take place. When permanent transfer of clinical director responsibilities occurs unexpectedly, the agency shall notify the OBHL of such change within 24 hours of the change in directors by telephone and provide written verification within five working days of the change.
- E.** The clinical or program director shall designate, in writing, an acting director who shall be 21 years or older and who shall have access to all areas within the agency that are related to client care when the director is absent from the facility premises.
- A.** A licensee of an agency that provides medication services shall ensure that policies and procedures are developed, approved by a pharmacist, implemented, and complied with and include:
1. A requirement that each client receive instruction in the use of the client's prescribed medication and information regarding:
 - a. The prescribed medication's anticipated results,
 - b. The prescribed medication's potential adverse reactions,
 - c. The prescribed medication's potential side effects, and
 - d. Potential adverse reactions that could result from not taking the medication as prescribed;
 2. Requirements for storing medication, including storage of bulk medication and, if applicable, medication that is provided off the premises;
 3. Requirements for ensuring that all medication is accounted for, including bulk medication and, if applicable, medication that is provided off the premises;
 4. Requirements for disposing of medication;
 5. Procedures for providing medication services;
 6. Procedures for preventing, responding to, and reporting a medication error, an adverse response to a medication, or a medication overdose;
 7. Procedures to ensure that medication is administered to a client only as prescribed and that a client's refusal to take prescribed medication is documented in the client record;
 8. A requirement that verbal orders for medication services be taken only by a nurse, unless otherwise provided by law;
 9. Procedures to ensure that a client's medication regimen is reviewed by a medical practitioner and meets the client's treatment needs;
 10. Procedures for documenting medication services;
 11. Procedures for assisting a client in obtaining medication; and
 12. Procedures for providing medication services off the premises, if applicable.
- B.** A licensee shall ensure that medication administration is provided only by a medical practitioner, nurse, or other individual authorized by law to provide medication administration.
- C.** A licensee shall ensure that medication monitoring for a client is provided as follows:
1. A nurse or medical practitioner collects:
 - a. Information from the client regarding:
 - i. Benefits experienced from the medication,
 - ii. Any adverse reactions experienced from the medication, and
 - iii. Any side effects experienced from the medication; and
 - b. Medical information as required by the client's medical practitioner; and
 2. A registered nurse or medical practitioner analyzes the client's information and determines whether the medication is achieving the desired effect.
- D.** A licensee shall ensure that medication adjustment is provided only by a medical practitioner.
- E.** A licensee shall ensure that the following texts, with copyright dates that are no more than two years before the current date, are available and accessible to a staff member providing medication services at the facility or off the premises:
1. A drug reference guide, such as the Physician Desk Reference; and
 2. A toxicology reference book.
- E.** A licensee shall ensure that a record is maintained for storage and administration of a medication that is a schedule II drug listed in A.R.S. § 36-2513, schedule III drug listed in A.R.S. § 36-2514, or schedule IV drug listed in A.R.S. § 36-2515, to include:
1. The name of the medication;
 2. The date and quantity of the medication received by the agency;
 3. The name of the individual who ordered the medication;
 4. The name of each client for whom the medication is prescribed;
 5. The date, time, and dosage of each medication administration;
 6. The signature and professional credential or job title of each staff member administering the medication; and
 7. The amount of medication remaining in the container after each medication administration.

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R9-20-304. General Personnel Requirements Repealed

- A.** Policies and procedures:
1. An agency shall establish written policies describing the duties, responsibilities, and required minimum qualifications of its personnel;
 2. Personnel policies shall include standards governing the ethical conduct of staff and volunteers, and confidentiality of information regarding clients and client records;
 3. Agencies which utilize volunteers shall have written policies and procedures governing volunteer services that include screening of applicants, training, supervision, and documentation of such supervision.
- B.** An agency shall have an organizational chart identifying all staff positions. The chart shall clearly indicate lines of supervision, authority, and accountability.
- C.** At all times when clients are on the premises, one staff member shall be required to hold a valid driver's license.
- D.** An agency shall develop and implement policies and procedures governing supervision of all agency personnel and documentation of such supervision.
- E.** Supervision and related documentation of personnel providing direct clinical services shall include a review and any resulting recommendations for, at a minimum, the following:
1. Participation in counseling activities;
 2. Skills in client recordkeeping;
 3. Therapeutic capabilities in providing services to clients, and
 4. Any training needed to improve the personnel's job performance.
- F.** A performance evaluation shall be conducted a minimum of once every 12 months by the assigned supervisor for all agency personnel and documented in the personnel file.

R9-20-305. Notice of Conviction; Fingerprinting of Staff Members Providing Behavioral Health Services Directly to Children or to Clients in Domestic Violence Shelters Repealed

- A.** Documentation shall be maintained at the agency which verifies agency compliance with A.R.S. §§ 13-3716 and 36-425.03 for service delivery to children and A.R.S. § 36-3008 for shelters which provide services to victims of domestic violence.
- B.** An agency shall not allow any person to provide behavioral health services directly to children who has been convicted of, or admits to committing, any criminal offenses listed in A.R.S. § 36-425.03(E) and (F). Domestic violence shelters shall not allow any person to provide services directly to clients who has been convicted of, or admits to committing, any criminal offenses listed in A.R.S. § 36-3008(D).
- C.** An agency shall not allow any person, to provide behavioral health services to children without supervision, if the person has been convicted of, or has admitted committing, any criminal offenses listed in A.R.S. § 36-425.03(G) or any other criminal offenses if the Department determines there is a reasonable basis to conclude that the person's presence in the agency may have a detrimental effect on children.
- D.** Volunteers who provide services to children under the direct visual supervision of staff of a licensed behavioral health service agency are exempt from review pursuant to A.R.S. § 36-425.03(J).

R9-20-306. Personnel Qualifications Repealed

- A.** Qualifications for physicians, physician assistants, psychiatrists, psychologists, nurses, nurse practitioners, social workers, and counselors shall comply with statutory requirements and professional or occupational licensure, certification or registration standards.
- B.** Behavioral health professionals are staff who meet one of the following requirements:
1. A psychiatrist shall be a licensed physician as defined in A.R.S. Title 32, Chapter 13 or 17, who is Board certified or Board eligible under the standards of the American Board of Psychiatry and Neurology or the Osteopathic Board of Neurology and Psychiatry;
 2. Psychologists providing behavioral health services shall be licensed by the Arizona Board of Psychologist Examiners in accordance with A.R.S. Title 32, Chapter 19.1;
 3. Social workers providing behavioral health services shall be certified by the Arizona Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33. Social workers may, in lieu of state certification, meet the criteria for certification by the National Academy of Certified Social Workers;
 4. Counselors are professional counselors, marriage and family therapists and substance abuse counselors who engage in the practice of professional counseling:
 - a. Professional counselors shall be certified by the Arizona Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33. Professional counselors may, in lieu of state certification, meet the criteria for certification by the National Academy of Certified Clinical Mental Health Counselors;
 - b. Marriage and family therapists providing behavioral health services shall be certified by the Arizona Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33. Marriage and family therapists may, in lieu of state certification, be certified by the American Association of Marriage and Family Therapy;

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- e. ~~Substance abuse counselors providing behavioral health services shall be certified by the Arizona Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33. Substance abuse counselors may, in lieu of state certification, be certified by the Arizona Board of Certification of Addiction Counselors;~~
- 5. ~~Nurse practitioners providing behavioral health services shall be licensed by the Arizona Board of Nursing pursuant to A.R.S. Title 32, Chapter 15.~~
- 6. ~~Physician assistants providing behavioral health services shall be licensed by the Arizona Board of Medical Examiners pursuant to A.R.S. Title 32, Chapter 25.~~
- 7. ~~Registered nurses providing behavioral health services shall be licensed by the Arizona Board of Nursing pursuant to A.R.S. Title 32, Chapter 15 and shall have one year of work experience in the behavioral health field.~~
- C.** Behavioral health technicians providing therapeutic services to clients shall meet one of the following conditions:
 - 1. A bachelor's degree in a behavioral health or health-related field;
 - 2. A bachelor's degree in any field, plus one year of work experience in behavioral health service delivery; or
 - 3. A high school diploma or general education diploma (GED) and a combination of behavioral health education and work experience totaling a minimum of four years.
- D.** Behavioral health paraprofessional staff providing therapeutic services to clients shall meet one of the following conditions:
 - 1. A paraprofessional shall possess a high school diploma or have completed a general equivalency program or have received an associate degree from an accredited community college.
 - 2. The paraprofessional shall be supervised by a person licensed or certified under A.R.S. Title 32, or a behavioral health professional pursuant to R9-20-306(B), or a person meeting the requirement of R9-20-307(B).
- E.** The agency shall determine and document the competency of behavioral health technicians and paraprofessionals in the following areas prior to allowing the individual to provide service to any client:
 - 1. ~~Prevention of violent behavior or behavior harmful to the client or others;~~
 - 2. ~~Behavior management in crisis situations;~~
 - 3. ~~Symptomatology of agency clients' diagnosed mental disorders or addictions;~~
 - 4. ~~Indications, common side effects, reactions and interactions of medications prescribed for self-administration by agency clients;~~
 - 5. ~~Behavior management skills and activity supervision;~~
 - 6. ~~Resources for obtaining assistance when needed;~~
 - 7. ~~Client recordkeeping of client activities and progress toward treatment goals and objectives; and~~
 - 8. ~~Skill in the provision of recreational and social activities, life skills training, and milieu activities.~~
- F.** Case managers or case coordinators are staff who meet one of the following qualifications:
 - 1. Hold a bachelor's degree in a human services field;
 - 2. Hold a bachelor's degree in any field and have one year of work experience in behavioral health service delivery;
 - 3. Hold a high school diploma or have completed a general equivalency program or have received an associate degree from an accredited community college and have a combination of behavioral health education and work experience totaling a minimum of four years.
- G.** The agency shall determine and document the competency of the case manager or case coordinator in the following areas prior to allowing the individual to provide service to a client:
 - 1. ~~Symptomatology of agency clients' diagnosed mental disorders or addictions;~~
 - 2. ~~Indications, common side effects, reactions and interactions of medications prescribed for self-administration by agency clients;~~
 - 3. ~~Resources for obtaining assistance when needed; and~~
 - 4. ~~Client recordkeeping of client activities and progress toward treatment goals and objectives.~~
- H.** All staff members who provide treatment services to clients of a licensed behavioral health service agency shall be 21 years of age or older. Volunteers and interns placed through an academic program operated by an accredited college or university shall be 18 years of age or older.
- I.** Specific staff qualification requirements shall be in the agency's written policies and procedures. The qualification requirements shall relate to service categories offered by the agency.
- J.** Qualification requirements and service descriptions for interns and volunteers shall be in the agency's written policies and procedures.

R9-20-307. Clinical Supervision Repealed

- A.** Clinical supervision shall be directed by a clinical or program director who is a licensed psychiatrist, psychologist, or certified behavioral health professional. The clinical director or program director may be an employee or contract personnel.
- B.** Direct clinical supervision of behavioral health technicians and behavioral health paraprofessionals shall be provided by an individual who is:
 - 1. A psychiatrist licensed pursuant to A.R.S. Title 32, Chapter 13 or 17, or;
 - 2. A psychologist licensed pursuant to A.R.S. Title 32, Chapter 19.1; or

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3. Certified by the Arizona Board for Certification of Addiction Counselors; or
 4. Certified by the Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33; or
 5. Credentialed by a national organization recognized by the Department as having standards that are equal to the requirements of paragraph (1), (2), or (3) of this subsection; or
 6. The holder of an associate's degree in a field of study related to human services granted by an accredited college or university and the holder has a minimum of five years' work experience relevant to the person's area of supervision; or
 7. The holder of a bachelor's degree in a field of study related to human services granted by an accredited college or university with a minimum of three years' work experience relevant to the person's area of supervision; or
 8. The holder of a master's degree in a field related to human services granted by an accredited university with a minimum of two years' work experience relevant to the person's area of supervision; or
 9. The holder of a doctorate in a field of study related to human services from an accredited university with a minimum of one year of work experience relevant to the person's area of supervision; or
 10. A registered nurse who has a minimum of one year of work experience in a behavioral health setting.
- C.** Agencies shall have documentation that supervisory sessions have occurred on a regular basis as follows:
1. Every behavioral health technician and behavioral health paraprofessional staff employed by a hospital or Level-I behavioral health facility shall receive a minimum of one hour per week of clinical supervision from a behavioral health professional or clinical supervisor meeting the requirements of R9-20-307(A).
 2. Every behavioral health technician and behavioral health paraprofessional staff employed by a licensed behavioral health facility not listed in paragraph (1) above shall receive a minimum of four hours per month of clinical supervision.

R9-20-308. Staff Development and Training Requirements Repealed

- A.** An agency shall establish a plan to provide initial orientation and ongoing training for staff that clearly describes the type of training necessary to maintain current skills, to obtain new skills, and which relates to the goals and objectives of the agency program plan for services offered.
- B.** The training shall place special emphasis on treatment policies and procedures, client rights, crisis management techniques and procedures to be followed in behavioral health/psychiatric emergencies, medical emergencies and other emergency situations.
- C.** Staff development and education programs shall be planned and conducted on a regular and continuing basis for all employees who provide direct services to clients and for all case managers. The agency shall provide or ensure that each staff member participates in a minimum of 48 hours of orientation, continuing education and in-service training for newly hired staff during the employee's first year or a minimum of 24 hours of continuing education or in-service training for subsequent years.
1. Documentation of these sessions shall include date, subject, number of hours, attendance as verified by the signature of the staff member and respective job title, and the instructor's name. The document shall be maintained for each employee at a central location.
 2. Records of attendance at professional workshops and conferences shall be maintained for each employee at a central location.
 3. Time spent in orientation shall be credited toward an employee's first year of annual in-service hours.
- D.** All staff shall attend an orientation session within the first week of employment. Orientation shall include:
1. Review of the facility's policies and procedures, including personnel policies;
 2. Client rights;
 3. Protection of client privacy and confidentiality;
 4. Facility rules;
 5. Fire, safety and emergency procedures; and
 6. Basic infection control techniques, including hand washing, prevention of communicable diseases, and linen handling, if applicable.

R9-20-309. Personnel Files Repealed

- A.** The agency shall maintain a current, individual file of the agency's full-time and part-time personnel which includes:
1. Individual's name, birth date, address and phone number;
 2. Name and telephone number of the person, physician, or health facility to be notified in case of emergency;
 3. Documentation that the staff member or volunteer meets qualifications specified in these rules and included in the job description to provide assigned behavioral health services. Documentation shall include a record of dates and locations of work experience, education, and training;
 4. Dates of employment or volunteer assignments;
 5. A copy of required licenses or certifications;
 6. Documentation of compliance with A.R.S. § 36-425.03 required of all staff members providing direct care services to children;

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7. Documentation of clinical supervision sessions as defined in R9-20-307;
 8. Documentation of written performance evaluations, conducted a minimum of every 12 months, including the signature of the employee or volunteer acknowledging receipt of the evaluation;
 9. Documentation of any disciplinary actions taken against the staff member or volunteer;
 10. Documentation of cardiopulmonary resuscitation and first-aid training, if applicable;
 11. Documentation of continuing education or training; and
 12. A copy of the individual's current job description and required qualifications with a dated signature by the employee indicating that the employee understands and is in agreement that the employee meets stated qualifications and experience requirements and can adequately perform duties described therein.
- B.** The personnel files of all behavior health facilities providing 24-hour care, including hospitals, Levels I, II or III behavioral health facilities shall also include:
1. Documentation of a physical examination, prior to providing direct services to clients, which demonstrates a medical status which will not conflict with primary job duties intrinsic to the position.
 2. Documentation of annual tuberculin test which shows negative results by:
 - a. A report of a negative Mantoux skin test made within six months prior to the date of employment and annually thereafter; or
 - b. A written statement from a physician made within six months of employment and annually thereafter, stating that upon an evaluation of a positive Mantoux skin test, or history of a positive Mantoux skin test, the individual was found to be free from tuberculosis.
- C.** Personnel files shall be maintained in one central location within the agency and shall be made available in a timely manner upon request for inspection by the Department for one year following termination of employment or volunteer work.
- D.** Personnel files for staff employed or assigned to satellite offices shall be maintained at the satellite office only if the location for the files is documented in the initial or renewal licensure application.

R9-20-310. Staffing Requirements Repealed

- A.** The agency shall be staffed to acuity with qualified staff and supporting personnel to provide the quantity and type of services set forth in the agency's written program statement.
- B.** Staff qualifications shall be in accordance with the level of care required by clients and the client admission and discharge criteria of the agency.
- C.** Psychotherapy, group therapy, or individual counseling shall be conducted by or under the supervision of a psychiatrist, psychologist, or a behavioral health professional.
1. Group therapy or individual counseling may be provided by a behavioral health technician, who shall be supervised by a clinical supervisor pursuant to R9-20-307(B), a behavioral health professional, a psychologist, or a psychiatrist.
 2. Psychotherapy shall be rendered by a psychiatrist, a psychologist, or a behavioral health professional licensed or certified pursuant to A.R.S. Title 32.
- D.** At a minimum, one staff member shall be on the premises and awake at all times when clients are present at the agency with a minimum of one other staff member on call and readily available to relieve or assist in cases of emergency.
- E.** There shall be a minimum of a nurse or one staff member with current certification in first aid training and one staff member with current cardiopulmonary resuscitation certification from a program approved by the American Heart Association or the American Red Cross on the premises at all times when the agency is open and clients are present and on staff supervised outings from the agency. One staff person may meet both certification requirements.
- F.** The licensed behavioral health service agency which provides food services shall have personnel to prepare and serve food.
- G.** An agency shall have staff to maintain the agency in a clean and safe manner. Maintenance and cleanliness of the agency shall not be dependent upon the work of the clients.
- H.** For agency swimming and water activities, the agency shall meet the requirements specified in R9-20-506.
- I.** Each agency shall maintain staffing and census records for the preceding six months.
- J.** When transportation is provided, or on outings, staffing shall be based on acuity.
- K.** For transportation or outings lasting four hours or more where emergency medical services cannot respond within 12 minutes, two or more staff shall be required when two or more clients are present.

R9-20-311. Health and Safety Repealed

- A.** The temperature of the hot water supply for patient care areas shall be regulated between 90° F. and 115° F. as measured at the outlet.
- B.** Any electrical fans, except ceiling paddle fans, shall be screened. All electrical fans, including paddle fans, shall be placed in safe locations.
- C.** The use of unvented or open flame space heaters shall be prohibited.

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- ~~D. All potentially dangerous objects or toxic substances shall be stored in a locked cabinet or enclosure, away from food or other areas that could constitute a hazard to the client.~~
- ~~E. A copy of the agency's written plan of evacuation in cases of fire or other disaster shall be conspicuously posted throughout the agency.~~
- ~~F. Every behavioral health service agency providing residential treatment or care shall have policies and procedures regarding unauthorized entry to or exit from the unit by clients, staff and other persons.~~
- ~~G. Behavioral health service agencies providing residential treatment or care shall have a written policy governing smoking in the agency, including:
 - 1. Designated smoking areas shall be conspicuously posted and made known to all clients, staff and visitors;
 - 2. Smoking shall be prohibited in any area of the agency where combustible supplies, materials, liquids or gases are in use or stored;
 - 3. In agencies which permit smoking, ambulatory clients shall not be permitted to smoke in bed; non-ambulatory clients shall be allowed to smoke in bed only if one of the agency's staff members is in the room during the time the client is smoking; and
 - 4. Wastebaskets and ashtrays shall be made of noncombustible materials, and wastebaskets shall not be used as ashtrays.~~

ARTICLE 4. ~~CLIENT SERVICE REQUIREMENTS~~ RESIDENTIAL AGENCY REQUIREMENTS

R9-20-401. ~~Admission and Discharge Criteria~~ Supplemental Admission Requirements for a Residential Agency

- ~~A. The agency shall develop and implement written policies and procedures that address its admission and discharge criteria and meet the requirements of this rule.~~
- ~~B. There shall be written admission criteria with specific detail to allow prospective clients and referring agencies to understand admission policies.
 - 1. It shall be the responsibility of the administrator to accept for admission clients whose needs do not exceed the agency's program capabilities and qualifications or the range of services for which the agency is licensed.
 - 2. A description shall be included of conditions under which a client will be immediately admitted, put on waiting list, denied or referred to another agency.
 - 3. Additional eligibility criteria may be developed if such criteria are needed to insure that clients admitted by the agency are compatible with the agency's capability to provide services, or to further delineate the minimum skills or behaviors that a person needs to function in the agency's environment.
 - 4. 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 and accompanied by a description of all special care, treatment, and discharge restrictions which may attend the client's involuntary status.~~
- ~~C. There shall be written treatment discharge criteria, with specific 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 discharged that the decision to terminate treatment was neither arbitrary nor capricious.
 - 1. Discharge criteria shall include provisions that the client be advised of the reason for termination, and the opportunities, if any, available to the client to gain readmission.
 - 2. 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 or provided with agency referrals for detoxification from the substance prior to discharge.
 - 3. Discharge criteria shall not apply when a client is a danger to program staff or other clients or voluntarily leaves a program without giving prior notice.~~
- ~~D. A discharge, termination or transfer summary shall be included in the client's record when the client transfers from a program or facility.~~
- ~~E. If a client is involuntarily discharged from the agency, prior to the client leaving the agency, personnel shall review the agency's grievance policies and procedures with the client and inform the client of all rights to grieve the discharge.~~
- ~~F. The agency shall have specific procedures for the review of clinical decisions regarding client admission and discharge.~~
- A. A licensee shall ensure that:
 - 1. A client who is an adult receives a nursing assessment unless medical records are provided indicating that the client has received a physical examination or a nursing assessment within the 12 months before the date of the client's admission and the medical records are reviewed and verified as complete by a registered nurse or a medical practitioner; and
 - 2. A client who is a child receives a physical examination unless medical records are provided indicating that the client has received a physical examination within the 12 months before the date of the client's admission and the medical records are reviewed and verified as complete by a medical practitioner.
- B. A licensee of a residential agency shall ensure that a client receives:
 - 1. Orientation to the agency, within 24 hours after admission to the agency or arrival on the premises, that:
 - a. Includes:

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R9-20-403. ~~Staffing Requirements for Assessment Services~~ Supplemental Requirements for Client Funds at a Residential Agency

- ~~A. Agency staff providing assessment services specified in R9-20-402(B) shall, at a minimum, meet qualifications for a behavioral health technician.~~
- ~~B. Assessment services specified in R9-20-402(C) shall be conducted by agency staff or contract personnel who are licensed or certified under A.R.S. Title 32.~~
- ~~C. Staff shall be available to provide assessment services during the agency's hours of operation. The agency shall have policies and procedures for referral of clients to another agency for assessment if such services are needed during hours when the agency is not in operation.~~
- A. A licensee shall ensure that a client's funds are managed by:**
1. The client;
 2. The client's parent or guardian;
 3. The client's custodian;
 4. The client's agent; or
 5. The licensee through:
 - a. A representative payee agreement established and administered as required by the Social Security Administration, or
 - b. A personal funds account established and administered according to this Section.
- B. A licensee shall ensure that the licensee manages a client's money only after receiving a written request that:**
1. Is provided voluntarily by:
 - a. The client,
 - b. The client's parent or guardian,
 - c. The client's custodian,
 - d. The client's agent, or
 - e. A court of competent jurisdiction;
 2. May be withdrawn at any time; and
 3. Is maintained in the client record.
- C. A licensee of an agency that manages client funds through personal funds accounts shall ensure that a policy and procedure is developed, implemented, and complied with for:**
1. Using client funds in a personal funds account;
 2. Protecting client funds in a personal funds account;
 3. Investigating a grievance about the use of client funds in a personal funds account and ensuring that the grievance is investigated by an individual who does not manage a personal funds account;
 4. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
 5. Processing each deposit into and withdrawal from a personal funds account.
- D. A licensee shall ensure that:**
1. The administrator or the administrator's designee:
 - a. Is responsible for each personal funds account; and
 - b. Initiates, maintains, and closes a personal funds account according to a voluntary written authorization from an individual listed in subsection (B)(1);
 2. No more than \$250 in a client's funds is maintained at the agency;
 3. A client's funds in excess of \$250 are maintained in an interest-bearing bank account in which the client's funds and the accrued interest attributable to the client's funds are the property of the client;
 4. A client who withdraws client funds from a personal funds account that includes funds that are maintained in an interest-bearing bank account receives the accrued interest attributable to the client's funds;
 5. A bond is maintained in the amount necessary to cover all client personal funds accounts maintained at the agency;
 6. A personal funds account is maintained separately from any other account at the agency;
 7. A staff member, employee, intern, or volunteer who is not a family member of the client has no direct or indirect ownership or survivorship interest in a client's personal funds account;
 8. Except for fees that a client is responsible to pay and is notified of according to R9-20-208(G)(2) and R9-20-201(E)(1) and (2), a client's funds in a personal funds account are not used for items, behavioral health services, or ancillary services that the agency is required to provide;
 9. A separate record for each client's personal funds account:
 - a. Is maintained on the premises;
 - b. Includes copies of receipts for all purchases made using client funds from the personal funds account;
 - c. Includes documentation of all deposits and withdrawals; and
 - d. During the agency's hours of operation or at another time agreed to by the administrator or clinical director, is available for review by a client; a client's parent, guardian, or custodian; a client's agent; or an official of a court of competent jurisdiction;

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10. A withdrawal from a client's personal funds account:
 - a. Is made only with written authorization from the client; the client's parent, guardian, or custodian; the client's agent; or an official of a court of competent jurisdiction;
 - b. Is only made for the use and benefit of the client;
 - c. Is not made for the purpose of enabling a client to purchase something that would place the client or another individual in immediate danger; and
 - d. Is immediately documented in the client's personal funds account record, to include:
 - i. The date of the withdrawal;
 - ii. The amount of the withdrawal;
 - iii. The name of the individual or entity requesting or authorizing the withdrawal;
 - iv. The purpose of the withdrawal; and
 - v. The name, signature, and professional credential or job title of the administrator or the administrator's designee who provided the funds withdrawn to the client;
11. A copy of a client's personal funds account record is provided to a client; the client's parent, guardian, or custodian; the client's agent; or a court of competent jurisdiction at least once every three months, unless otherwise provided by law;
12. Documentation is made each time that a copy of a client's personal funds account record is provided as described in subsection (D)(11), to include:
 - a. The name of the individual or entity to whom the record was provided,
 - b. The name of the individual providing the record, and
 - c. The date that the record was provided; and
13. When a client is discharged, the balance of the client's funds in the client's personal funds account and a copy of the client's personal funds account record are provided to the client; the client's parent, guardian, or custodian; the client's agent; or a representative of a court of competent jurisdiction; or as otherwise provided by law.

R9-20-404. Treatment or Services Planning Supplemental Requirements for a Residential Agency that Provides Behavioral Health Services to Children

- ~~**A.** An agency shall prepare a written plan of treatment and service for all clients based on the initial evaluation of treatment needs, resources of the agency and consistent with the service or treatment plan prepared by another agency, a qualified clinician, a case manager, or a case management team.~~
- ~~1. Emergency/crisis behavioral health services, psychiatric acute care, detoxification and hospital treatment plans shall be developed and put into effect within 36 hours of admission.~~
 - ~~2. Treatment plans for all other services shall be developed and put into effect within 30 days of admission.~~
- ~~**B.** Treatment planning shall be conducted by or under the supervision of a physician, psychiatrist, psychologist, or behavioral health professional.~~
- ~~**C.** The agency shall include the client and, if applicable, the client's parent, guardian or designated representative, and case manager in the development of the treatment plan and treatment plan reviews.~~
- ~~1. If a client, a parent, guardian, or designated representative is unable or unwilling to participate in the planning, or such participation is clinically inappropriate, such circumstances shall be documented in writing and filed in the client record.~~
 - ~~2. The client's consent for a course of treatment specified in the treatment plan or updates shall be verified by the dated signature of the client and, if applicable, the client's parent, guardian, or designated representative.~~
- ~~**D.** The treatment plan shall contain goals that the client is to achieve for improvement or maintenance of behavioral health or adaptive functioning.~~
- ~~**E.** The treatment plan shall contain specific objectives that relate to the goals and dates when achievement of the objective is expected.~~
- ~~**F.** The treatment plan shall describe the services, activities and programs planned for the client.~~
- ~~**G.** The methods used in carrying out the treatment plan shall be appropriate to the client's needs as indicated in the initial or update evaluation.~~
- ~~**H.** Services provided to the client shall be directed toward carrying out the treatment plan and verified by documentation through progress notes, attendance records, post-tests and performance indicators.~~
- ~~**I.** The treatment plan shall be reviewed and updated by assigned staff when goals or objectives are accomplished, when additional client deficits that need intervention are identified, but no less than every 90 days with the following exceptions:~~
- ~~1. Detoxification treatment plans shall be reviewed no less than on a weekly basis;~~
 - ~~2. Hospital, special hospital units, and psychiatric acute care treatment plans shall be reviewed at least every 15 days;~~
 - ~~3. Level I residential treatment plans shall be reviewed at least every 30 days;~~
 - ~~4. Outpatient treatment, if intervals of 30 days or longer between client contacts with the agency are part of an approved treatment plan, shall be reviewed a minimum of every 180 days.~~
- ~~**J.** The written review shall indicate:~~

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1. ~~Methods or services contained in the treatment plan which were not provided by the agency;~~
2. ~~Progress toward the treatment plan objectives;~~
3. ~~Issues which impeded treatment progress and whether such issues were client-based or agency-based;~~
4. ~~Decision to continue or modify the treatment plan or to discontinue services.~~

~~**K.** Within 15 calendar days of the client's discharge from the agency, a summary of treatment plan accomplishments and those areas in need of further services shall be developed and filed in the client record.~~

A. A licensee shall ensure that:

1. The telephone number and address of Arizona Department of Economic Security Office of Child Protective Services is conspicuously posted and provided to the client's parent, guardian, or custodian according to the requirements in R9-20-208(G)(4)(e);
2. A child is not threatened, ridiculed, verbally harassed, punished, or abused by other children;
3. A child does not receive punishment that involves the infliction of pain or injury to the body of the child;
4. A client who is a child does not:
 - a. Share a bedroom, indoor common area, dining area, outdoor area, or other area where behavioral health services or activities are provided with a client age 18 or older, unless the client age 18 or older is a client described under subsection (B); or
 - b. Interact with a client who is age 18 or older, unless the client age 18 or older is a client described under subsection (B);
5. A child older than three years of age does not sleep in a crib;
6. Clean and hazard-free toys, educational materials, and sports equipment are available and accessible to children on the premises in a quantity sufficient to meet each child's needs and are appropriate to each client's age, developmental level, and treatment needs;
7. The living areas of the facility are decorated in a manner appropriate to the ages of the children served at the agency;
8. A child's educational needs are met:
 - a. By establishing and maintaining an educational component, approved in writing by the Arizona Department of Education; or
 - b. As arranged by the licensee through the local school district; and
9. The immunization requirements in 9 A.A.C. 6, Article 7 are met, if applicable.

B. A licensee may continue to provide behavioral health services to a client who is age 18 or older:

1. If the client was admitted to the agency before the client's 18th birthday and is completing high school or a high school equivalency diploma or is participating in a job training program; or
2. Through the last day of the month of the client's 18th birthday.

R9-20-405. Requirements for Client Recordkeeping Environmental Standards for a Residential Agency

A. ~~General requirements for client recordkeeping:~~

1. ~~There shall be written policies and procedures that govern the compilation, locked storage, confidentiality and dissemination of individual client records and client identifying information which address the requirements of this Article.~~
2. ~~If the client is under 18 years of age, the client record shall include a consent for treatment which is signed by the client's parent or guardian.~~
3. ~~The client shall have an individual record of treatment services provided by the agency.~~
4. ~~The agency shall maintain client records as follows:~~
 - a. ~~In one central location within the agency and available for inspection by the Department;~~
 - b. ~~With up-to-date entries, without error, and legible;~~
 - c. ~~With notations and progress notes written in ink, typewritten or computer printed records, and signed with original signatures; and~~
 - d. ~~Without photocopies, such as, group therapy summaries addressing events that occurred in sessions.~~
5. ~~Client records shall contain information relating only to the individual client's course of care and treatment. The behavior, comments or actions of any other client who is receiving services from the agency shall not be recorded in another client's record, except for such information that directly affects the care and treatment of the client. If such exceptions are made, other clients who are not relatives of the client shall not be identified in the client record by name or number.~~
6. ~~There shall be a system of identification, organization and filing of client records to ensure information is maintained properly and for rapid location and retrieval of information at all times.~~
7. ~~Complete client records shall be retained for five years following discharge. Vital statistics including name, address, date of birth, client identification number, social security number, dates of admission and discharge, reason for discharge, and prognosis shall be retained for ten years. Records on minors shall be maintained for a minimum of five years and for a period not less than three years following the client's 18th birthday.~~
8. ~~Disposal of client records shall be designed to ensure the confidentiality of information in the record.~~

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9. ~~Information contained in client records shall be kept confidential pursuant to the requirements of A.R.S. § 36-509 for mental health records and federal requirements specified in 42 CFR 2.1 et seq., October 1, 1992, which is incorporated herein by reference and on file in the Office of the Secretary of State, for substance abuse client records.~~
 10. ~~Release of information forms shall indicate the person or agency to receive the information, the specific information to be released, and the expiration date of the release, and shall be signed by the client or the client's guardian. Such forms shall be filed in the client's record along with a copy of information released.~~
 11. ~~Agencies may charge a copying fee to cover the actual cost of copies made in response to a signed, dated release of information.~~
 12. ~~Department staff shall have the right to review client records for the purposes of administering these rules or other state or federal law or regulations.~~
- B.** ~~The licensed agency providing case management services shall maintain a master client file which shall include copies of the following:~~
1. ~~Identifying information as specified in R9-20-406.~~
 2. ~~All documents generated as a result of the client's assessment, evaluation and diagnosis.~~
 3. ~~Master service plan and updates prepared by the clinical case management team with overall goals and objectives for the client.~~
 4. ~~Treatment or staffing summaries prepared by all involved behavioral health service agencies.~~
 5. ~~Notations regarding the case management service provided.~~
 6. ~~Notation of contacts.~~
 7. ~~Documentation of approval for services, or waiting list status, if applicable; and~~
 8. ~~Discharge summaries from agencies where the client has received treatment.~~
- C.** ~~The licensed agency providing case management and direct services shall maintain a client file which shall include copies of the following:~~
1. ~~Identifying information as specified in R9-20-406.~~
 2. ~~Documents generated as a result of the client's assessment, evaluation and diagnosis.~~
 3. ~~Progress notes generated by case managers or treatment staff within the case management agency which reflect therapeutic activities and interventions conducted with the client.~~
 4. ~~The master treatment plan, or part thereof, that is the responsibility of the agency providing case management or direct services.~~
 5. ~~Treatment or staffing summaries prepared by the staff.~~
 6. ~~Notation of contacts.~~
 7. ~~Documentation of approval and authorizations for services, or waiting list status, if applicable; and~~
 8. ~~Discharge summaries from the agency.~~
- D.** ~~If client services are provided in a satellite office, the licensed agency shall have written policies and procedures that govern the confidentiality, storage and transportation of individual client records and client identifying information dissemination.~~
- A.** A licensee of a residential agency shall ensure that the premises have:
1. An indoor common area, that is not used as a sleeping area, and that has:
 - a. A working telephone that allows a client to make a private telephone call;
 - b. A distortion-free mirror;
 - c. A current calendar and an accurate clock;
 - d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of clients;
 - e. A working television and access to a radio; and
 - f. Space sufficient to accommodate the social and recreational needs of clients and to allow private conversations and group activities;
 2. A dining room or dining area that:
 - a. Is lighted and ventilated,
 - b. Contains tables and seats, and
 - c. Is not used as a sleeping area;
 3. For every six clients, at least one working toilet that flushes and one sink with running water;
 4. For every eight clients, at least one working bathtub or shower, with a slip resistant surface;
 5. An individual storage space, capable of being locked, for use by each client according to the agency's policy and procedure; and
 6. An outdoor area that:
 - a. Is accessible to clients,
 - b. Has sufficient space to accommodate the social and recreational needs of clients, and
 - c. Has shaded and unshaded areas.
- B.** A licensee of a residential agency shall ensure that a client's sleeping area is in a bedroom that:

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1. Meets one of the following:
 - a. Is a private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - b. Is a shared bedroom that:
 - i. Is shared by no more than four individuals;
 - ii. Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - iii. Provides at least three feet of space between beds;
 2. Has walls from floor to ceiling;
 3. Contains a door that opens into a corridor, common area, or the outside;
 4. Is constructed and furnished to provide unimpeded access to the door;
 5. Is not used as a passageway to another bedroom or a bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 6. Contains the following for each client:
 - a. An individual storage space, such as a dresser or chest;
 - b. A table or other surface;
 - c. A closet, wardrobe, or equivalent space for hanging clothes;
 - d. Except for a child who sleeps in a crib as permitted in R9-20-404(A)(5), a bed that:
 - i. Consists of at least a mattress and frame;
 - ii. Is in good repair, clean, and free of odors and stains; and
 - iii. Is at least 36 inches wide and 72 inches long; and
 - e. A pillow and linens that are clean, free of odors, and in good repair, including:
 - i. A mattress pad;
 - ii. A top sheet and a bottom sheet that are large enough to tuck under the mattress;
 - iii. A pillow case;
 - iv. A waterproof mattress cover, if needed; and
 - v. A blanket or bedspread sufficient to ensure the client's warmth;
 7. Contains:
 - a. Lighting sufficient for a client to read;
 - b. One of the following to provide sunlight:
 - i. A window to the outside, or
 - ii. A door to the outside made of glass or other translucent material;
 - c. Adjustable window or door covers that provide client privacy; and
 - d. To provide safe egress in an emergency, a working door to the outside or an openable window to the outside that is no higher than 20 feet above grade and that:
 - i. Meets the fire safety requirements of the local jurisdiction;
 - ii. Has no dimension less than 20 inches, has an area of at least 720 square inches, and has a window sill that is no more than 44 inches off the floor; or
 - iii. Is large enough, accessible to a client, and within the capability of the client to egress in an emergency.
- C.** If a licensee's agency was licensed before the effective date of this Chapter with a shared bedroom containing at least 50 square feet of floor space, not including a closet, for each individual occupying the room, the licensee may operate the agency with a shared bedroom containing at least 50 square feet of floor space, not including a closet, for each individual occupying the room.
- D.** A licensee shall ensure that:
1. The supply of hot water is sufficient to meet:
 - a. Each client's daily personal hygiene needs; and
 - b. The laundry, cleaning, and sanitation requirements in this Chapter;
 2. Clean linens and bath towels are provided to a client as needed and at least once every seven days;
 3. One of the following is available to ensure that client clothing can be cleaned:
 - a. A working washing machine and dryer on the premises,
 - b. An agency-provided process for cleaning clothing, or
 - c. An agency-provided process for transporting a client to a building with washing machines and dryers that a client can use; and
 4. Soiled linen and clothing stored by the licensee are in covered containers or closed plastic bags away from a food preparation or storage area or a dining area.
- E.** A licensee shall ensure that:
1. Except for an agency located in a correctional facility, a client is not locked into a bedroom; and
 2. If a client's bedroom is capable of being locked from the inside, a staff member has a key that allows access to the bedroom at all times.
- F.** A licensee shall ensure that clients are assigned to a bedroom:

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1. As required in R9-20-404(A)(4)(a), if applicable;
2. To ensure client health, safety, and welfare; and
3. After considering a client's:
 - a. Age;
 - b. Gender;
 - c. Developmental level;
 - d. Behavioral health issues;
 - e. Treatment needs; and
 - f. Need for group support, independence, and privacy.

R9-20-406. Client Records for Non-emergency Services Fire Safety Standards for a Residential Agency

~~A.~~ ~~The client record for non-emergency services shall contain:-~~

1. ~~Identifying information including name, address, telephone number, date of birth, person to notify in case of emergency, client's legal status, referral source, case manager, attending or personal physician, admission date and agency staff member assigned to the client;~~
2. ~~Client assessments as specified in R9-20-402;~~
3. ~~Documentation of receipt of client rights information and, if the client is receiving behavioral health services, a consent for treatment form, both documents signed and dated by the client, parent, guardian, or designated representative, if applicable;~~
4. ~~Copies of any consultation reports or evaluations conducted by other agencies, clinical case management teams or physicians which resulted in admission to the agency or are relevant to treatment and services to be provided by the agency;~~
5. ~~Referral source summary, if applicable, including the reason for referral, presenting problem and current medications and dosage at the time of referral;~~
6. ~~Treatment plan which meets requirements of R9-20-404, prepared by assigned staff of the agency.~~
7. ~~Documentation of periodic assessments of any changes or updates made to the treatment plan pursuant to R9-20-404;~~
8. ~~Progress notes which document services provided to the client in accordance with the individual treatment plan and progress made toward goals and objectives. Progress notes shall be entered into the client record at the following intervals:-~~
 - a. ~~Level I behavioral health facilities—During each shift of the day for the first seven days following admission and daily thereafter. Special notations shall be made. Documentation of any occurrences of restrictive behavior management shall comply with requirements of R9-20-603.~~
 - b. ~~Levels II and III behavioral health facilities—Daily documentation for the first seven days following admission and summaries of progress toward treatment goals every seven days thereafter. Special notations shall be made.~~
 - c. ~~Partial day treatment—Daily documentation for the first seven days following admission and summaries of progress toward treatment goals every seven days thereafter. Special notations shall be made.~~
 - d. ~~Emergency/ crisis behavioral health services, outpatient treatment, outpatient rehabilitation and case management—Notation after every treatment session or visit. Special notations shall be made.~~
 - e. ~~Hospital-based programs—Notations as required for hospital licensure.~~
9. ~~Reports of alleged abuse, accidents, violations of client's rights, psychiatric emergencies, seizures or illnesses occurring while the client is on the agency's premises or engaged in agency activities and treatment shall be fully documented in the client record.~~
10. ~~A record of written, signed and dated physician orders and verbal orders given by telephone with documentation that such orders were reviewed and signed by the physician in accordance with the agency's policies.~~
11. ~~A record of all medications administered by licensed medical staff of the agency and any medications self-administered by the client but monitored by agency staff.~~
12. ~~Notations of communications pertinent to the client's well being or treatment.~~
13. ~~Treatment or discharge summary, within 15 calendar days of termination of services which includes:-~~
 - a. ~~A summary of services provided;~~
 - b. ~~Accomplishments relating to the treatment plan;~~
 - c. ~~Length of time services were received;~~
 - d. ~~Initial issues disclosed during the assessments, evaluation and diagnosis, and those disclosed during treatment and entered into the service plan which were not resolved;~~
 - e. ~~Recommendations for continuing treatment;~~
 - f. ~~Reason for discharge/termination of services; and~~
 - g. ~~Referrals made.~~

~~B.~~ ~~Supplemental client record requirements.~~

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- ~~1. Level I, II and III behavioral health facilities and hospitals shall have documentation of a physical assessment within 72 hours or a written report from the client's attending or personal physician documenting the results of a physical examination conducted within 45 days prior to admission.~~
- ~~2. Level I, II and III behavioral health facilities and hospitals shall have documentation of all contacts with, and treatment rendered by, medical, dental or other services.~~
- ~~3. Level I behavioral health facilities and hospitals which provide restrictive behavior management services shall meet additional client record requirements specified in R9-20-603.~~
- ~~4. Level I, II and III behavioral health facilities, hospitals and partial day treatment agencies shall have a record of any dietary modifications or special nutritional requirements.~~

A. A licensee of a residential agency shall ensure that a fire inspection is conducted at least every 12 months by the local fire department, the Office of the State Fire Marshal, or a designee of the Office of the State Fire Marshal.

B. A licensee of a residential agency shall ensure that:

1. The agency address is posted on a contrasting background and is visible from the street;
2. A battery operated smoke detector is:
 - a. Installed in each:
 - i. Bedroom,
 - ii. Hallway adjacent to a bedroom,
 - iii. Utility room, and
 - iv. Room or hallway adjacent to a kitchen; and
 - b. In working order;
3. There are at least two means of egress from each bedroom;
4. A multipurpose fire extinguisher with at least a 2A10BC rating is hung on wall brackets with the top of the extinguisher handhold located less than five feet above the floor as follows:
 - a. In the kitchen; and
 - b. One fire extinguisher for every 3,000 square feet in the facility, not including the fire extinguisher in the kitchen;
5. An exit sign is posted above each door to the outside;
6. No extension cord is used in place of permanent wiring;
7. If an extension cord is used on a temporary basis, an extension cord does not exceed seven feet in length; is not fastened to a wall, fixture, floor, or ceiling; and is not placed under a rug;
8. An electrical outlet:
 - a. Is not used beyond its rate of capacity; and
 - b. Has a safety cover placed in each receptacle opening that is not in use;
9. No electrical cord in use is spliced or has tears or exposed wires;
10. Circuit breakers or fuses are labeled;
11. A space heater:
 - a. Is labeled as acceptable by a nationally recognized testing laboratory, such as Underwriters Laboratory, Factory Mutual, or American Gas Association;
 - b. Does not use kerosene or other flammable liquid; and
 - c. Is placed away from a trash can, curtain, towel, or other material that may create a hazard;
12. A fireplace opening is protected by a screen that prevents sparks from leaving the fireplace;
13. The cooking range contains a hood, grease filter, and fan that are free of grease buildup;
14. No flammable liquid or material is stored near a water heater or other heat producing appliance;
15. All walls and ceilings are intact; and
16. A door separating the facility from an attached garage, carport, or storage room is of solid core construction.

C. A licensee of a residential agency shall ensure that a facility meets the fire safety requirements of the local jurisdiction and one of the following, as applicable:

1. If licensed for three or fewer clients, meets the requirements in subsections (A) and (B);
2. If licensed for between four and eight clients who are able to evacuate the facility in three minutes or less, has a fire alarm system, installed according to NFPA 72: National Fire Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - a. A manual-pull fire alarm system,
 - b. Automatic occupancy notification,
 - c. A smoke or fire detection system, and
 - d. Notification of a local emergency response team;
3. If licensed for between four and eight clients who are unable to evacuate the facility in three minutes or less, has at least one of the following:
 - a. A fire alarm system that complies with subsection (C)(2) and at least two staff members present at the facility at all times; or

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- b. An automatic sprinkler system installed according to the applicable standard incorporated by reference in R9-1-412(A)(4):
 - i. NFPA 13: Installation of Sprinkler Systems (1999).
 - ii. NFPA 13D: Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes (1999), or
 - iii. NFPA 13R: Standard for Installation of Sprinkler Systems in Residential Occupancies Up to and Including Four Stories in Height (1999);
- 4. If licensed for nine or more clients:
 - a. Has an automatic sprinkler system that complies with subsection (C)(3)(b); or
 - b. If a licensee's agency was licensed before the effective date of this Chapter without an automatic sprinkler system, meets the requirements in subsection (C)(2); or
- 5. If a secure facility, has an automatic sprinkler system that complies with subsection (C)(3)(b).

R9-20-407. ~~Client Record Requirements for Emergency Services~~ Food Service Requirements for a Residential Agency

- ~~A. The record for emergency services provided by telephone by a licensed behavioral health service agency shall include, at a minimum:-~~
 - 1. ~~Identifying information relating to the client or information relating to the individual making the contact;~~
 - 2. ~~Description of behavior and other clinical data;~~
 - 3. ~~Response of the staff member taking the emergency call;~~
 - 4. ~~Record of recommendation made;~~
 - 5. ~~Specific instructions given for the client, and~~
 - 6. ~~Provisions for follow up-~~
- ~~B. The record for emergency services provided by a licensed behavioral health service agency shall include:-~~
 - 1. ~~Identifying information including the client's legal status;-~~
 - 2. ~~The time of arrival and the time of discharge;-~~
 - 3. ~~Means of transportation to the emergency service;-~~
 - 4. ~~History including emergency care given prior to the arrival at the agency;-~~
 - 5. ~~Description of behavior precipitating the emergency and other significant clinical data;-~~
 - 6. ~~Results of any assessment conducted;-~~
 - 7. ~~Initial treatment plan if behavioral health services are to be continued at the agency;-~~
 - 8. ~~The condition of the client at the time of transfer or discharge;-~~
 - 9. ~~Disposition, including instructions given to the client about necessary follow-up care. Documentation that oral instructions given to the client upon discharge from the emergency service were also provided to the client in writing and were signed and dated by the client and, if applicable, the client's parent, guardian, or designated representative, if applicable, and the staff member assigned to the client's case.-~~
- ~~C. The record of emergency service provided shall be incorporated into the client's record if such record exists.-~~
- A. A licensee of an agency that provides behavioral health services to more than ten clients and serves food on the premises shall:
 - 1. Comply with 9 A.A.C. 8, Article 1; and
 - 2. If the licensee contracts with a food establishment to prepare and deliver food to the facility, maintain on the premises or at the administrative office a copy of the food establishment's license issued according to 9 A.A.C. 8, Article 1.
- B. A licensee shall ensure that:
 - 1. Three meals a day are served with not more than a 14-hour time span between the evening meal and the morning meal;
 - 2. At least one snack a day is available to clients;
 - 3. A client's daily nutritional needs are met based upon the client's age, health needs, and, if applicable, prescribed therapeutic diet;
 - 4. Each meal or snack is served according to a preplanned menu;
 - 5. Each meal provides a variety of foods from each food group in the Food Guide Pyramid incorporated by reference in R9-20-301(C)(1);
 - 6. Menus are developed with consideration for client food preferences; eating habits; customs; health needs; appetites; and religious, cultural, and ethnic backgrounds;
 - 7. Menus are:
 - a. Prepared at least one week before the date food is served;
 - b. Dated and conspicuously posted, reflecting any substitutions made to the menu;
 - c. Approved by a registered dietician at least once every 12 months; and
 - d. Maintained on the premises for at least six months after the date on the menu;

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8. Documentation of the dietician's review is maintained at the facility or administrative office for at least two years after the date of the review;
9. At least a one-day supply of perishable food and at least a three-day supply of non-perishable food is maintained on the premises; and
10. If a client needs a therapeutic diet:
 - a. A therapeutic diet is provided to the client; and
 - b. A therapeutic diet manual with a copyright date that is no more than five years before the current date is available and accessible for use by employees or staff members who prepare food at the facility.

C. A licensee shall ensure that:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Except for food from a garden or orchard, food is obtained only from commercial sources;
4. Only commercially canned food is served;
5. Foods requiring refrigeration are maintained at 41° F or below;
6. Food is cooked according to the requirements in §§ 3-401.11, 3-401.12, and 3-401.13 and reheated according to the requirements in § 3-403.11 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
7. Food service is provided by an individual who:
 - a. Is not infected with a communicable disease listed in R9-6-202(A) or (B) that may be transmitted by food handling;
 - b. Washes the individual's hands and arms with soap and warm water:
 - i. Before handling food,
 - ii. After smoking,
 - iii. After using the toilet, and
 - iv. As often as necessary to remove soil and contamination; and
 - c. Maintains or restrains the individual's hair to ensure that food and food-contact surfaces do not come in contact with the individual's hair;
8. A refrigerator contains a thermometer, accurate to ± 3° F;
9. Raw fruits and raw vegetables are rinsed with water before being cooked or served;
10. Food that has been opened or removed from its original container is stored in a dated covered container, a minimum of four inches off the floor, and protected from splash and other contamination;
11. Frozen foods are maintained in a frozen state;
12. Tableware and eating utensils are provided and are clean and in good repair;
13. Food preparation, storage, and service areas are clean, in good repair, and free of insects or rodents;
14. Food preparation equipment and food-contact surfaces are clean and in good repair; and
15. Second servings of a meal or snack are available to a client at meal or snack time, unless otherwise indicated in the client's treatment plan or the client record.

R9-20-408. ~~Medication Control~~ Assistance in the Self-Administration of Medication in a Residential Agency

- A.** ~~Agencies licensed pursuant to this Chapter and providing services to SMI clients shall comply with the requirements stated in A.A.C. Title 9, Chapter 21, Article 2 in addition to this rule.~~
- B.** ~~When medications are provided in behavioral health services agencies licensed as crisis stabilization shelters, shelters, and halfway houses, the agency shall comply with this subsection and subsections (D) and (E) of this rule:~~
1. ~~Adopt written policies which are acceptable to the Department regarding the administration of all medications;~~
 2. ~~Administer medication only by trained personnel and only with a written or verbal order by a licensed physician;~~
 3. ~~Ensure that medication shall only be used for the client for whom it is prescribed.~~
 4. ~~Record and report medication errors and reactions immediately to medical personnel and to the agency administrator or the administrator's designee.~~
 5. ~~Ensure that medication errors and reactions be evaluated by medical personnel and the agency administrator or designee, and action taken shall be documented.~~
 6. ~~Ensure that each client receiving medication be monitored by the client's primary physician.~~
 7. ~~Maintain a log of all medications administered.~~
- C.** ~~Medication monitoring and administration by licensed medical staff in facilities not covered by subsection (B) above:~~
1. ~~Medication monitoring shall be provided by an individual holding a current Arizona license pursuant to A.R.S. Title 32 as a nurse practitioner, physician assistant, physician or registered nurse.~~
 2. ~~Medications shall be administered only by an individual holding a current Arizona license pursuant to A.R.S. Title 32 as a nurse, nurse practitioner, physician assistant or physician.~~
 3. ~~Medications shall only be administered if prescribed by a physician, physician assistant or nurse practitioner currently licensed in Arizona and authorized to prescribe medications.~~

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4. ~~Staff of licensed behavioral health service agencies shall assist clients in obtaining needed pharmaceutical services.~~
5. ~~The agency shall put into effect policies governing the administration of medications which shall include the:~~
 - a. ~~Methods of administration;~~
 - b. ~~Transcribing of physician orders;~~
 - c. ~~Disposal of discontinued or expired medications, and~~
 - d. ~~Control of stock drugs.~~
6. ~~Medication orders shall be written only by persons authorized by law to do so. Verbal or telephone orders shall be taken and recorded only by a staff member licensed to do so. These orders shall be co-signed within 48 hours by the authorizing person according to agency policy.~~
7. ~~The agency shall maintain a medication record for both prescription and over the counter medications administered to any client. These records shall be a permanent part of the client's record and shall identify the medications, the dosage, route of administration, times of administration, the name of the physician or other authorized person who ordered the medication, the signature of the staff member administering the medications, and staff observations of the client taking medications.~~
8. ~~A record shall be maintained which lists on a separate sheet for every type of Schedule II and III drug the following information: date and quantity received, the signature of the nurse accepting delivery, date and time of administration, name of client, dosage administered, the name of the physician who ordered the drug for the client, the signature of staff member administering the dose, and the balance remaining in the prescription container.~~
9. ~~Adverse drug reactions and medication errors shall be reported immediately to the attending physician and recorded in the client record.~~
10. ~~If psychotropic drugs are used as a part of restrictive behavior management by Level I behavioral health facilities or hospitals, medication administration shall comply with this subsection and A.R.S. § 36-513.~~
- D. Self-administration of medications:**
 1. ~~Self-administration of medications is not permitted unless ordered by the client's attending physician or unless performed in a pre-discharge training program under the supervision of a licensed nurse.~~
 2. ~~Medications may be self-administered at a licensed behavioral health service agency only when there are written policies governing the handling of these medications. The agency shall ensure the availability of a staff member on site at all times when clients are present, who has been trained by the agency to monitor clients when taking medications.~~
 3. ~~Self-administration of injectable medications such as insulin for a diabetic client shall be allowed only under the following conditions:~~
 - a. ~~The client's physician of record has given written orders authorizing the agency staff to allow such administration of the injectable;~~
 - b. ~~The client has been trained to self-administer injections and has demonstrated such capability to agency staff, and~~
 - c. ~~Self-administration of the injectable medication is not contraindicated in the client's treatment plan or by the client's current behavioral health issues.~~
 4. ~~Adverse drug reactions and medication errors shall be reported immediately to the attending physician and recorded in the client's record. An incident report shall also be completed according to the agency's policies and procedures.~~
 5. ~~Agency medication policies and procedures shall include:~~
 - a. ~~Storage of medications;~~
 - b. ~~Method of monitoring the client's self-administration of medication and adverse reactions to such medication;~~
 - c. ~~Method of ensuring that a client who self-administers medication takes only medication prescribed for that client;~~
 - d. ~~Informing a client when medications should be taken;~~
 - e. ~~Method of teaching the client about the expected results and reactions of the medications they are taking, and~~
 - f. ~~Disposal of discontinued medications.~~
 6. ~~Current drug information shall be maintained at the agency to enable staff members responsible for monitoring a client's self-administration of medications to educate themselves about common reactions and side effects of the medication.~~
 7. ~~Self-administered medications shall be kept in the original, labeled prescription container as approved by the State Board of Pharmacy which specifies:~~
 - a. ~~The client's name;~~
 - b. ~~The name of the medication;~~
 - c. ~~The dose;~~
 - d. ~~How often and how long the medication is to be taken, and~~
 - e. ~~The physician's name and prescription date.~~

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8. ~~Self-administration medication records shall be kept in the client's file for all medications taken by the client. These records shall be initialed by the staff member responsible for monitoring a client's self-administration of medication and the client after he takes the medication. The name of the medication taken, the dosage and the time when the medication was taken shall be documented by the client or staff member.~~
- E.** ~~Medication storage area:~~
1. ~~Except for unit dosages, the client's medications shall be stored in the original prescription container, in a separate storage space.~~
 2. ~~All medications shall be kept in locked storage, free from dampness and abnormal temperatures, except for those requiring refrigeration. Only authorized staff members shall have access to the key.~~
 3. ~~Medications requiring refrigeration shall be kept in a separate locked box securely fastened within the refrigerator, unless the refrigerator is locked or is located in a locked medication room. The temperature of the refrigerator shall not exceed 455 Fahrenheit.~~
 4. ~~Medications for external use, and eye, ear and rectal medications shall be stored separately from other medications.~~
 5. ~~Medications having exceeded their expiration date, those which are unusable or not to be released to the client upon discharge and those with an illegible or missing label shall be separated and discarded.~~
 6. ~~The agency shall dispose of all medications in accordance with state and federal requirements. Disposal shall be conducted by a licensed pharmacist or by an authorized staff member in accordance with agency policies and procedures.~~
 7. ~~The agency shall designate a staff member to conduct inspections of all medication storage areas every three months. The inspections shall be documented and verify compliance with all medication storage area requirements of this rule.~~
- A.** A licensee shall ensure that a client who requires assistance in the self-administration of medication receives assistance in the self-administration of medication, which may include one or more of the following:
1. Storage of the client's medication;
 2. A reminder when it is time to take a medication;
 3. Verification that the medication is taken as directed by the client's medical practitioner by:
 - a. Confirming that a medication is being taken by the client for whom it is prescribed;
 - b. Checking the dosage against the label on the container; and
 - c. Confirming that the client is taking the medication as directed;
 4. Opening of the medication container for the client; or
 5. Observation of the client while the client removes the medication from the container or takes the medication.
- B.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that policies and procedures are developed; approved by a medical practitioner, pharmacist, or registered nurse; implemented; and complied with and include:
1. A requirement that each client receive instruction in the use of the prescribed medication and information regarding:
 - a. The prescribed medication's:
 - i. Anticipated results,
 - ii. Potential adverse reactions, and
 - iii. Potential side effects; and
 - b. Potential adverse reactions that could result from not taking the medication as prescribed;
 2. Procedures for:
 - a. Storage of medication;
 - b. Informing a client when medication should be taken;
 - c. Ensuring that a client takes only medication prescribed for the client and that medication is taken as directed;
 - d. Observing a client taking medication;
 - e. Preventing, responding to, and reporting a medication error, adverse reaction to medication, or medication overdose;
 - f. Disposing of medication;
 - g. Assisting a client in obtaining medication and ensuring that a client does not run out of medication; and
 - h. Documenting the instruction provided in subsection (B)(1);
 3. A list of the staff members authorized to assist a client in self-administration of medication and to have access to a client's medication;
 4. A requirement that a client's medication regimen:
 - a. Be reviewed by a registered nurse or medical practitioner according to the client's treatment needs, and
 - b. Meet the client's treatment needs; and
 5. A requirement that each instance of assistance in the self-administration of medication be documented.
- C.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that:
1. Assistance in the self-administration of medication is provided only by:

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- a. A medical practitioner;
 - b. A nurse; or
 - c. A staff member who has demonstrated the following skills and knowledge before providing assistance in the self-administration of medication to a client, as verified by a pharmacist, medical practitioner, or registered nurse according to the requirements in R9-20-204(F)(2)(c) and documented according to R9-20-204(G):
 - i. Knowledge of the medications commonly prescribed for clients with behavioral health issues treated by the agency;
 - ii. Knowledge of the common benefits, side effects, and adverse reactions of those medications;
 - iii. Knowledge of the signs, symptoms, or circumstances indicating that a client should not take a medication and of who to contact to review and address the client's situation;
 - iv. Knowledge of the differences between assisting in the self-administration of medication and medication administration;
 - v. Skill in assisting in the self-administration of medication;
 - vi. Knowledge of the medical terminology used in assisting in the self-administration of medication;
 - vii. Knowledge of the signs, symptoms, and indicators of toxicity or overdose and skill in identifying the signs, symptoms, and indicators of toxicity or overdose;
 - viii. Skill in responding to a medication error or medical emergency; and
 - ix. Skill in documenting assistance in the self-administration of medication;
 2. A staff member qualified according to subsection (C)(1) is present at the facility at all times when a client who needs assistance in the self-administration of medication is present at the facility; and
 3. A staff member who is not a medical practitioner or nurse receives training in the items listed in subsection (C)(1)(c) at least once every 12 months according to R9-20-206(B)(2) and that the training is documented according to R9-20-206(B)(4).
- D.** A licensee shall ensure that if a client receives assistance in the self-administration of injectable medication, the client:
1. Has written authorization from a medical practitioner;
 2. Receives instruction from a nurse or medical practitioner in administering the injectable medication and demonstrates to the nurse or medical practitioner that the client is capable of administering the injectable medication; and
 3. Disposes of used syringes, vials, and testing materials in a manner that protects the health and safety of the client and other individuals.
- E.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a client's medication regimen is reviewed to determine if the client's medication regimen is meeting the client's treatment needs:
1. By a registered nurse or medical practitioner, and
 2. According to the timeline determined by the client and the client's medical practitioner.
- F.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a medication error or a client's adverse reaction to a medication is immediately reported to the clinical director or the clinical director's designee and recorded in the client record.
- G.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that the following texts, with copyright dates that are no more than two years before the current date, are available and accessible to a staff member assisting in the self-administration of medication at the facility or off the premises:
1. A drug reference guide, such as the Physician Desk Reference; and
 2. A toxicology reference book.
- H.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a client's medication:
1. Is stored in one of the following containers:
 - a. An original labeled container that indicates:
 - i. The client's name;
 - ii. The name of the medication, the dosage, and directions for taking the medication;
 - iii. The name of the individual prescribing the medication; and
 - iv. The date that the medication was prescribed; or
 - b. In a medication organizer that:
 - i. May be prepared up to one week in advance;
 - ii. States the client's name and the date prepared;
 - iii. Is prepared according to a medical practitioner's orders; and
 - iv. Is prepared by a medical practitioner; a nurse; a client or the client's parent, guardian, family member, custodian, or agent with observation from a medical practitioner, nurse, or staff member qualified according to subsection (C)(1); or another individual authorized by state law;
 2. Is stored in a locked container, cabinet, or area that is inaccessible to a client and that complies with the medication manufacturer's recommendations;
 3. While unlocked, is not left unattended by a staff member; and

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4. If medication for other than oral administration, is stored separately from medication for oral administration.
- I.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a staff member qualified according to subsection (C)(1) conducts an inspection of the medication storage area or areas at least once every three months to ensure compliance with this Section and documents the results of the inspection, to include:
 1. The name of the staff member conducting the inspection.
 2. The date of the inspection.
 3. The area or areas inspected.
 4. Whether medication is stored according to the requirements in this Section.
 5. Whether medication is disposed of according to the requirements in this Section, and
 6. Any action taken to ensure compliance with the requirements in this Section.
- J.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that:
 1. Medication is disposed of when:
 - a. The medication has expired, according to the date on the medication container label;
 - b. The label on the medication container is missing or illegible;
 - c. The client's medical practitioner orders that the client discontinue use of the medication;
 - d. The client's medical practitioner orders that the client's medication not be released to the client at the time of the client's discharge or transfer; and
 - e. When required by state or federal law or the agency's policy and procedure;
 2. Medication is disposed of by at least two staff members qualified according to subsection (C)(1); and
 3. Medication disposal is documented in the client record, to include:
 - a. The date of disposal.
 - b. The method of disposal, and
 - c. The name and signature of the staff members disposing of the medication and the date signed.
- K.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a separate medication record is maintained for each client that:
 1. Is current and accurate;
 2. Documents each instance when a client received assistance in the self-administration of medication;
 3. Is maintained at the agency where the client receives treatment; and
 4. Contains the following:
 - a. The name of the client;
 - b. The name of the medication and dosage and directions for taking the medication;
 - c. The name of the medical practitioner who prescribed the medication;
 - d. The date and time the medication was taken by the client;
 - e. If the assistance in the self-administration of medication occurred off the premises, the location where it occurred;
 - f. The observations of the staff member, if applicable; and
 - g. The signature or initials and professional credential or job title of the staff member providing assistance in the self-administration of medication.
- L.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a record is maintained for storage and administration of a medication that is a schedule II drug listed in A.R.S. § 36-2513, a schedule III drug listed in A.R.S. § 36-2514, or a schedule IV drug listed in A.R.S. § 36-2515, to include:
 1. The name of the medication;
 2. The date and quantity of the medication received by the agency;
 3. The name of the individual who ordered the medication;
 4. The name of each client for whom the medication is prescribed;
 5. The date, time, and dosage of each medication administration;
 6. The signature and professional credential or job title of each staff member assisting in the self-administration of the medication; and
 7. The amount of medication remaining in the container after each self-administration of medication.

R9-20-409. Initial Emergency Care Supplemental Requirements for a Level 2 Behavioral Health Residential Agency

- ~~**A.** The agency shall develop and implement a safety education program including procedures to be taken for the care of clients in cases of fire, local disasters, medical or psychiatric emergencies, or other emergency situations.~~
- ~~**B.** A first aid kit shall be kept in the licensed behavioral health service agency and accessible to all personnel but out of reach of clients.~~
- ~~**C.** A list of emergency program numbers and poison centers numbers shall be maintained by a telephone for easy access by all staff.~~
- ~~**D.** The agency shall develop and implement policies and procedures to manage ill clients.~~

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- ~~E.~~ The agency shall notify the client and, if applicable, the client's parent, guardian, or designated representative if the client has been exposed to a contagious disease or infestation immediately upon discovery of exposure. In addition, the agency shall notify the local health department of all reportable diseases.

A licensee of a level 2 behavioral health residential agency shall ensure that:

1. The agency has a written agreement with a behavioral health medical practitioner and a registered nurse to provide treatment as needed;
2. The written agreement described in subsection (1) is maintained on the premises or at the administrative office;
3. A behavioral health professional is present at the facility or on-call at all times;
4. A behavioral health professional is present at the facility and available to see clients at least once a week and sees and interacts with each client at least once a month; and
5. Progress notes are written in a client record at least once a day.

R9-20-410. ~~Supplemental Requirements for Agencies Providing Services to Children~~ Supplemental Requirements for a Level 3 Behavioral Health Residential Agency

- ~~A.~~ Agency personnel shall not release a child to anyone other than the custodial parent or agency, guardian or a person designated by documented authorization from the custodial parent, agency or guardian. There shall be a procedure to verify telephone authorizations initiated by the custodial parent or guardian.
- ~~B.~~ The agency shall only allow personnel certified by the Department pursuant to A.R.S. § 36-425.03 and R9-20-305 to provide services directly to children.
- ~~C.~~ Agency personnel shall not at any time endanger the health or safety of the children under their care.
- ~~D.~~ Educational materials, equipment and toys shall be available for all children receiving services in behavioral health service agencies providing partial care or residential treatment. Such items, in a variety of sizes and designs appropriate to the children's developmental and psychological needs, shall be provided for both indoor and outdoor activities.
- ~~E.~~ In behavioral health service agencies providing partial care or residential treatment, play materials and sports equipment shall be available in amounts that allow every child to be involved in play or recreational activity at any one time.
- ~~F.~~ All equipment, toys and materials shall be maintained in a usable condition and disinfected as necessary.
- ~~G.~~ Activities to promote socially accepted behavior and compliance with agency policies and procedures shall not be detrimental to the health, emotional or psychological needs of the child. Personnel shall not humiliate or frighten a child or use corporal punishment and shall not permit other personnel to do so.
- ~~H.~~ Activities to promote socially accepted behavior and compliance with agency policies and procedures shall not be associated with eating, sleeping, or toileting.
- ~~I.~~ Agency personnel shall use behavior management methods to teach children acceptable behavior. Children shall not be allowed to punish other children.
- ~~J.~~ Agencies which are currently licensed by DES as group care agencies shall be exempt from inspection by the Department for compliance with R9-20-501 through R9-20-504.

A licensee of a level 3 behavioral health residential agency shall ensure that:

1. The agency has a written agreement with a behavioral health professional and a registered nurse to provide treatment as needed;
2. The agreement described in subsection (1) is maintained on the premises or at the administrative office; and
3. Progress notes are written in a client record:
 - a. At least once a day for the first seven days after admission, and
 - b. At least once a week thereafter.

R9-20-411. ~~Food Services~~ Repealed

- ~~A.~~ When food services are provided by a third party, the provider shall meet all conditions stated in this rule. There shall be a formal contract between the agency and the provider containing assurances that the provider will meet all food service and dietary standards imposed by this rule. Current sanitation reports, food service establishment inspection reports, and any contract with third-party food providers shall be on file in the agency.
- ~~B.~~ Purchase records of food and related items must be maintained in the facility for 60 days from the date of purchase.
- ~~C.~~ Food preparation, storage, and handling shall comply with A.A.C. Title 9, Chapter 8, Article 1 and local ordinances.
- ~~D.~~ Staff requirements for food services:
 1. ~~The agency or food service organization shall be responsible for the supervision of food service staff.~~
 2. ~~All personnel shall wear clean garments and keep their hands clean at all times while engaged in preparing or serving food and drink.~~
 3. ~~Personnel and clients engaged in the preparation and service of food shall use effective restraints to keep hair from food and contact surfaces.~~
 4. ~~No person having a communicable disease in the transmittable stage, or who is a carrier of organisms that may cause a communicable disease, shall prepare or serve food for others.~~
 5. ~~Duty assignments shall be posted in the kitchen area of agencies having three or more food service staff.~~
- ~~E.~~ Diet and nutrition requirements.

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1. ~~The agency shall have policies and procedures to assure proper nutritional care of its clients, whether the food is prepared by clients, staff or a third party.~~
 2. ~~The agency shall not serve the same menu to the same clients twice in one day.~~
 3. ~~Foods shall be prepared in a manner to maintain nutrients, proper temperature, flavor, texture and appearance.~~
 4. ~~Menus shall specify foods to be served and shall be planned a minimum of one week in advance of the meal, dated and posted where easily viewed by all clients, corrected if changed prior to serving, and kept on file for six months.~~
 5. ~~The agency shall serve foods which meet the following standards:~~
 - a. ~~Age appropriate nutrition requirements shall be met for all clients at the agency.~~
 - b. ~~A variety of foods served within each food group shall be provided every day.~~
 - c. ~~Foods served shall adhere to current dietary recommendations for sugar, salt and fat intake.~~
 - d. ~~Minimum meal components and serving sizes to meet caloric and nutrient requirements for various age groups shall be determined using standards established by the National Research Council Recommended Daily Allowances (RDA).~~
 - e. ~~The use of home canned foods and hunter game meat not approved by the Arizona Game and Fish Department is prohibited.~~
 - f. ~~Client food preferences, habits and activities shall be considered in planning menus.~~
 6. ~~If a client requires a modified diet, the agency shall inform food service personnel of the diet restrictions and serve food that complies with the prescribed dietary regimen. Therapeutic diets shall be prepared and served as prescribed.~~
 7. ~~Second servings of nutritious foods shall be made available to all clients over and above the required daily minimums if not contraindicated in the client's individualized service plan.~~
- F.** ~~Food preparation, sanitation and storage.~~
1. ~~Meals shall be provided at routine meal times set by the agency.~~
 2. ~~Food shall be served attractively and at safe temperatures.~~
 3. ~~All food and drink shall be clean and free from spoilage.~~
 4. ~~Foods shall be prepared as close to serving time as possible to protect clients and agency personnel from food-borne illnesses.~~
 5. ~~The agency shall maintain a one day supply of perishables and a three day supply of staples adequate to feed all clients and staff in an emergency situation.~~
 6. ~~Eating utensils shall be on hand.~~
 7. ~~Schedules for cleaning of equipment, storage and work areas shall be in writing and kept on file for one month.~~
 8. ~~Reports of sanitation inspections shall be kept on file, showing corrections of all deficiencies.~~
 9. ~~After each use, all non disposable eating and drinking utensils shall be cleansed with hot water and a detergent, rinsed free of solution and sanitized.~~
 10. ~~All food and drink at risk of spoilage shall be kept at or below 45° F., or above 140° F., except when being prepared or served.~~
 11. ~~Every refrigerator or freezer used for storage of perishable foods shall be provided with a working thermometer located toward the front side of the refrigerator or freezer so that the temperature can be easily and readily observed.~~
 12. ~~Freezers should be kept at or below 0° F.~~
 13. ~~The kitchen and food preparation area shall be lighted, ventilated and located apart from areas which could cause food contamination. All doors and windows in the kitchen and food preparation areas that open to the outside shall be fitted with insect screens.~~
 14. ~~The floors, walls, shelves, tables, utensils and equipment in all rooms where food and drink is stored, prepared or served or where utensils are washed shall be kept free of dirt and in good repair. Stored food shall be protected from insects, rodents and other contamination.~~
- G.** ~~Licensed behavioral health service agencies which provide residential services for ten or fewer clients may utilize a family type kitchen for food preparation, provided the requirements of subsection (F) are met.~~

R9-20-412. Pets and Domestic Animals Repealed

- A.** ~~Every licensed behavioral health service agency that allows pets or other animals on the premises shall have policies and procedures regarding the care and maintenance of the animals.~~
1. ~~The agency administrator shall be responsible to ensure the cleanliness of pets or animals allowed on the agency premises and the animal quarters.~~
 2. ~~Dogs, cats or other domestic animals shall be confined to ensure proper sanitation of the premises and that animals are not a hazard to any clients, staff members or visitors.~~
 3. ~~Maintenance and licensing of animals shall be consistent with local ordinances.~~
- B.** ~~Pets shall not be allowed in the kitchen or food service area.~~
- C.** ~~All dogs, cats or other animals, owned or under the supervision of the agency or clients, shall be properly vaccinated. For dogs, this includes rabies, leptospirosis, distemper, hepatitis and parvo. Cats shall be vaccinated against rabies and~~

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feline leukemia. Documentation of such vaccinations or preventive measures shall be available at the agency for review by Department staff.

D. Wild, dangerous or ill animals are prohibited on the agency premises.

R9-20-413. Outings and Transportation Repealed

A. For every outing which is not a part of the daily routine, such as a recreational trip of four hours or more or for outings where emergency medical services cannot respond within 12 minutes, a record shall be kept at the agency which includes:

1. A list of clients participating in the outing;
2. Anticipated departure and return times;
3. License plate numbers of every vehicle used for the outing; and
4. Name, location, and, when possible, telephone number of the destination.

B. Emergency information records shall be available in the transport vehicle for every client participating in the outing as well as information regarding each client's medication requirements and any adverse reactions which may be anticipated to occur as a result of the weather, client anxiety, delay in administration of medications or other reasons.

C. If the agency provides vehicular transportation directly, through a contract with a private transport provider, or use of volunteer driven vehicles, the following requirements shall be met:

1. Vehicular and driver requirements:
 - a. The vehicle shall be maintained in a mechanically safe condition.
 - b. The vehicle driver shall be 21 years of age or older and hold a current driver's license.
 - c. No client shall be transported in portions of vehicles not constructed for the purpose of transporting people such as truck beds, campers, or any trailered attachment to a motor vehicle.
 - d. Every client shall be seated on a seat which is securely fastened to the body of the vehicle and which provides enough space for the client's body.
 - e. The driver and every passenger shall comply with A.R.S. §§ 28-907 and 28-909 in the use of seat belts.
 - f. Agency clients and staff shall not stand or sit on the floor while the vehicle is in motion.
 - g. Every vehicle used to transport clients shall have adequate heating and air conditioning.
 - h. A first aid kit and enough drinking water for all clients on the outing shall be maintained in the vehicle used if the outing is planned to last four or more hours.
 - i. Agencies shall maintain on file records of all services and repairs for owned or leased vehicles for as long as the vehicle is used by the agency.
2. Transport insurance requirements:
 - a. The agency, its transportation contractor, or agency personnel who use personal vehicles to transport clients shall obtain and maintain motor vehicle insurance coverage in accordance with A.R.S. § 28-1102 et seq., Uniform Motor Vehicle Safety Responsibility Act.
 - b. Proof of insurance shall be kept at the agency and in every insured vehicle.
3. Transport safety requirements:
 - a. A copy of emergency medical care information for every client being transported shall be present in the vehicle.
 - b. Headphones or earphones shall not be worn by the driver of any vehicle transporting clients.
 - c. Vehicle doors shall remain locked at all times when the vehicle is in motion.
 - d. The vehicle driver shall remove the keys from the vehicle and set the emergency brake before exiting the vehicle.
 - e. A client shall not be left unattended in a vehicle if the client is a child, is considered to be in crisis or unstable, or is functioning at a level which would impair the client's ability to leave the vehicle independently in an emergency situation.
 - f. The agency shall provide a safe vehicle loading and unloading area for all clients which is located in an area away from moving traffic and hazardous obstructions. When away from the agency, the vehicle shall be parked at curbside whenever possible to load and unload a client.
 - g. The agency shall notify the OBHL, pursuant to R9-20-111, of any traffic accident involving any client being transported by the agency, its transport contractor or agency personnel utilizing personal vehicles, if any injury occurred which required medical attention.

**ARTICLE 5. ENVIRONMENT; PHYSICAL PLANT; SWIMMING POOLS INPATIENT TREATMENT
PROGRAM REQUIREMENTS**

R9-20-501. Agency Environment Universal Inpatient Treatment Program Requirements

A. A licensed behavioral health service agency may be located in manufactured housing with a permanent foundation and incapable of being transported from one location to another.

B. Agencies shall be kept clean, in good repair, and free of hazards such as cracks in floors, walks, or ceilings; warped or loose boards, tile, linoleum, hand rails or railings; broken window panes; and any similar type hazard.

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- ~~C. The interior and exterior of the building shall be painted, stained, or maintained so as to protect the health and safety of clients. Loose, cracked, or peeling wallpaper or paint shall be replaced or repaired.~~
- ~~D. All furniture and furnishings shall be maintained free from dirt, in good repair and shall contribute to creating a therapeutic environment.~~
- ~~E. The agency shall be accessible to handicapped persons or it shall provide alternative access to necessary services.~~
- ~~F. The agency shall have designated space for private interviewing, evaluating, examining or treating and a waiting area for clients and their visitors and other therapeutic activities included in the agency program description.~~
- ~~G. Toilets and lavatories shall be available to the agency's clients, staff and visitors during activity hours and provide privacy unless contraindicated by treatment policies and procedures and indicated in the agency program description.~~
- ~~H. All areas of the agency occupied by clients shall be climatically controlled in a manner conducive to the comfort and privacy of the clients.
 - ~~1. A temperature of not less than 70° F. shall be maintained during waking hours in all areas used by clients. During hours when clients are normally asleep, a temperature of not less than 65° F. shall be maintained. These temperature requirements apply unless otherwise mandated by federal or state authorities.~~
 - ~~2. Temperatures of all inside areas of buildings used by clients shall not exceed 85° F.~~~~
- ~~I. Drinking water shall be readily available and easily accessible to clients.~~
- A. A licensee of an inpatient treatment program shall designate in writing a medical director who is:
 - 1. A psychiatrist or a physician with behavioral health work experience, and
 - 2. In charge of medical services at the agency.
- B. A licensee of an inpatient treatment program shall ensure that a behavioral health medical practitioner is present at the facility or on-call at all times.
- C. A licensee of an inpatient treatment program shall ensure that:
 - 1. If a client requires medical services that the agency is not authorized or able to provide, a staff member provides transportation or arranges for the client to be transported to a hospital or another health care institution where the medical services can be provided;
 - 2. The licensee has a written agreement with a hospital in or near the community where the agency is located to provide medical services for clients who require medical services that the agency is not authorized or able to provide; and
 - 3. The written agreement described in subsection (C)(2) is maintained on the premises or at the administrative office.

R9-20-502. Indoor Environmental Requirements for Level I, II, and III Behavioral Health Facilities Supplemental Requirements for a Level 1 Psychiatric Acute Hospital

- ~~A. In addition to the requirements specified in R9-20-501, every Level I, II, or III behavioral health facility shall make available indoor activity areas which accommodate:
 - ~~1. Social and recreational activities;~~
 - ~~2. Private conversations;~~
 - ~~3. Group activities, and~~
 - ~~4. Client privacy when appropriate.~~~~
- ~~B. Mirrors free of distortion shall be placed in places to aid in grooming and to enhance self-awareness.~~
- ~~C. Clocks and calendars shall be provided to promote awareness of time and day.~~
- ~~D. A telephone which allows clients to conduct private conversations shall be available in accordance with agency policies and accessible within the agency.~~
- ~~E. Agency lighting shall promote clear perceptions of people and functions, activities and reading. When and where appropriate, lighting shall be controlled by clients.~~
- ~~F. Clean, lighted and ventilated laundering facilities for client use shall be available on the premises or in the immediate neighborhood.~~
- ~~G. Books, magazines, newspapers, arts and crafts materials, radios and televisions shall be available in accordance with all clients' educational, cultural, and recreational backgrounds, age and needs.~~
- ~~H. Bedrooms shall meet the following requirements:
 - ~~1. All client bedrooms shall be ventilated, lighted and located convenient to a bathroom.~~
 - ~~2. Client bedrooms designated for single occupancy shall provide a minimum inside measurement of 80 square feet of usable floor space.~~
 - ~~3. Client bedrooms designated for multiple occupancy shall provide a minimum inside measurement of 50 square feet of usable floor space per bed, have a minimum of 3 feet between beds and be limited to four occupants for behavioral health residential facilities that are licensed pursuant to this Chapter and provide services to clients who are 17 years of age and younger or SMI clients who are subject to the provisions of A.A.C. Title 9, Chapter 21. Behavioral health residential facilities that provide services to clients 18 years of age and older and which are currently licensed by the Department have until October 1, 1998, to comply with the occupancy limitation requirements of subsection (H)(3) of this Section.~~~~

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4. ~~Bedrooms shall be constructed and furnished to allow unimpeded access to exit doors and passageways from all client-occupied parts of the room.~~
 5. ~~Bedroom furnishings shall be arranged to allow for unobstructed opening of storage drawers, closets and exit doors.~~
 6. ~~All client bedrooms shall open directly into a corridor, a common use area or the outside. No bedroom 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 bedroom.~~
 7. ~~The client bedroom shall be furnished with, at a minimum, the following equipment per client:~~
 - a. ~~Individual storage space such as dressers, chests, or wardrobes;~~
 - b. ~~A bedside table or equivalent;~~
 - c. ~~Closet space for hanging clothes;~~
 - d. ~~A bed in good repair with a mattress that is free of dirt, odors, stains, rips, tears or lumpy stuffing and is not less than 36 inches in width and 72 inches in length, with the top surface of the mattress at a comfortable height to ensure easy access by clients. Cribs shall be acceptable for persons under three years of age.~~
 - e. ~~A supply of bedding appropriate to the seasons, including a mattress cover, pillow, pillow case, sheets, blankets and spread enough to allow changing of bed linen as necessary to keep beds dry and free of odors and dirt. No less than two clean bed sheets and a pillow case shall be provided to each client every seven days.~~
 - f. ~~The placement of a client in a bedroom shall be according to age, developmental levels, clinical needs and needs for group support, privacy or independence.~~
 - g. ~~Every client shall be allowed to keep and display personal belongings and to add personal touches to the decoration of the client's rooms. The agency shall have written policies to govern decorative displays.~~
 - h. ~~Every client will be provided a place in which personal belongings may be securely stored.~~
 - i. ~~Bedrooms shall have windows which open to the outside, unless contraindicated for the clients occupying the room.~~
- I. ~~Bathrooms shall meet the following requirements:~~**
1. ~~A toilet and lavatory facilities of easily cleanable construction shall be provided for every six clients, and toilets shall be equipped with seats.~~
 2. ~~A minimum of one tub or shower, equipped with nonslip devices, and of cleanable construction shall be provided for every eight clients.~~
 3. ~~Bathrooms shall be ventilated, lighted and have clearly labeled hot and cold running water.~~
 4. ~~Every bathroom shall have a door in working order to ensure privacy, unless contraindicated by treatment policies and procedures and included in the agency program statement.~~
 5. ~~There shall be enough hot water for all clients to bathe every 24 hours and to carry out laundry, dishwashing, and sanitation functions.~~
- J. ~~Dining area requirements:~~**
1. ~~Dining rooms in behavioral health service agencies providing residential treatment or care shall be supervised and staffed to provide assistance to clients when needed and to ensure that each client receives each meal.~~
 2. ~~The dining area shall be lighted, ventilated, and furnished.~~
 3. ~~The dining area shall not be used as a sleeping area for clients or staff.~~
- A. ~~A licensee of a level 1 psychiatric acute hospital shall ensure compliance with the following:~~**
1. 9 A.A.C. 10, Article 2;
 2. 42 CFR 482.13(f) (2000), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from Government Institutes Division, 4 Research Place, Rockville, MD 20850;
 3. 42 CFR 482.61 and 482.62 (2000), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from Government Institutes Division, 4 Research Place, Rockville, MD 20850;
 4. If the level 1 psychiatric acute hospital provides treatment to an individual under the age of 21, the following:
 - a. 42 CFR 441.150 and 441.152 through 441.156 (2000), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from Government Institutes Division, 4 Research Place, Rockville, MD 20850; and
 - b. 42 CFR 441.151, as published in 66 FR 7148 (2001) and amended in 66 FR 15800 (2001), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 5. R9-20-401;
 6. R9-20-402;
 7. R9-20-403; and
 8. R9-20-405.

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- B.** A licensee of a level I psychiatric acute hospital shall ensure that a staff member is available at all times to admit an individual to the agency.
- C.** A licensee of a level I psychiatric acute hospital shall ensure that:
 - 1. A fire inspection is conducted by the local fire department having jurisdiction or the Office of the State Fire Marshal according to the requirements of the local jurisdiction;
 - 2. The most recent fire inspection report and documentation of any corrections stated in the inspection report are maintained on the premises or at the administrative office; and
 - 3. The facility meets the fire safety requirements of the local jurisdiction and has:
 - a. A fire alarm system, installed according to NFPA 72: National Fire Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - i. A manual-pull fire alarm system.
 - ii. Automatic occupancy notification.
 - iii. A smoke or fire detection system, and
 - iv. Notification of a local emergency response team; and
 - b. An automatic sprinkler system that:
 - i. Is installed as required in R9-20-406(C)(3)(b);
 - ii. Has a water flow device; and
 - iii. Has all control valve tamperers tied into the fire alarm control panel.

R9-20-503. ~~Environmental Cleanliness and Sanitation for Level I, II, and III Behavioral Health Facilities~~ Supplemental Requirements for Crisis Services

- ~~**A.** Odors shall be controlled by sanitation practices, effective cleaning procedures, and proper use of ventilation.~~
- ~~**B.** The agency shall be free of unsafe or unsightly clutter, or accumulations of possessions, equipment or supplies.~~
- ~~**C.** Bedding shall be kept free of odors, stains or dirt.~~
 - 1. ~~Mattresses and pillows both shall be sanitized between uses by different clients.~~
 - 2. ~~Blankets and bedspreads shall be washed or dry cleaned no less than every three months.~~
 - 3. ~~Bed linens shall be washed no less than every seven days, or more frequently if necessary.~~
- ~~**D.** All trash, garbage and rubbish from residential areas shall be collected every 24 hours and taken to storage facilities.~~
 - 1. ~~Garbage shall be removed from storage facilities frequently enough to prevent a potential health hazard or, at a minimum, twice every seven days.~~
 - 2. ~~Wet garbage shall be collected and stored in waterproof, leakproof containers pending disposal.~~
 - 3. ~~All containers, storage areas and surrounding premises shall be kept clean and free of insects, rodents and dirt.~~
 - 4. ~~If public or contract garbage collection services are available, the agency shall subscribe to these services unless the volume makes on-site disposal feasible.~~
 - 5. ~~If garbage and trash are disposed of on premises, the method of disposal shall not create nuisance conditions.~~
- ~~**E.** The agency shall be free of insects and rodents. Documentation of pest control measures including any chemicals used and the frequency of use shall be available for review by the Department.~~
- A.** A licensee of an agency that provides crisis services shall ensure that:
 - 1. Policies and procedures are developed, implemented, and complied with for providing crisis services and ensuring that a staff member providing crisis services has skills and knowledge in providing crisis services; and
 - 2. Crisis services are available at all times.
- B.** A licensee of an agency that provides crisis services shall ensure that:
 - 1. A psychiatrist or a physician with behavioral health work experience is present at the facility or on-call at all times;
 - 2. A registered nurse is present at the facility at all times; and
 - 3. A staff member who provides crisis services has skills and knowledge in providing crisis services that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G).
- C.** A licensee of an agency that provides crisis services shall ensure that:
 - 1. An individual who arrives at the agency and is in need of immediate medical services is examined by a physician or a registered nurse as soon as possible and is admitted to the agency or transferred to an entity capable of meeting the individual's immediate medical needs;
 - 2. Within 24 hours after an individual has arrived at the agency, a physician determines whether the individual will be:
 - a. Admitted to the agency for treatment.
 - b. Transferred to another entity capable of meeting the individual's needs, or
 - c. Provided a referral to another entity capable of meeting the individual's needs; and
 - 3. A client who, in the judgment of a physician or registered nurse, does not need immediate medical services receives:
 - a. An assessment and treatment plan, according to R9-20-209; and
 - b. The treatment identified in the individual's treatment plan.

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R9-20-504. ~~Supplemental Requirements for Outdoor Areas of Level I, II, and III Behavioral Health Facilities~~ Supplemental Requirements for Detoxification Services

Outdoor activity areas shall have no less than 75 square feet per client for recreational and relaxation activities and shall meet the following requirements:-

1. ~~Outdoor activity space shall have both sunny and shaded areas.~~
 2. ~~Any construction or equipment which constitutes a safety hazard shall be fenced or enclosed.~~
 3. ~~Outside structures and recreational equipment shall be maintained and arranged to minimize hazard from conflicting activities.~~
 4. ~~Outdoor recreational areas shall kept free of litter and trash and standing water.~~
- A.** A licensee of an agency that provides detoxification services shall ensure that:
1. Policies and procedures are developed, implemented, and complied with for providing detoxification services and ensuring that a staff member providing detoxification services has skills and knowledge in providing detoxification services;
 2. The agency's program description, completed according to R9-20-201(A)(2), includes:
 - a. Whether the agency provides involuntary, court-ordered alcohol treatment;
 - b. Whether the agency contains a local alcoholism reception center, as defined in A.R.S. § 36-2021; and
 - c. A description of:
 - i. The types of substances for which the agency provides detoxification services, and
 - ii. The detoxification process or processes used by the agency; and
 3. Detoxification services are available at all times.
- B.** A licensee of an agency that provides detoxification services shall ensure that:
1. A psychiatrist or physician with skills and knowledge in providing detoxification services is present at the facility or on-call at all times;
 2. A registered nurse is present at the facility at all times; and
 3. A staff member who provides detoxification services has skills and knowledge in providing detoxification services that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G).
- C.** A licensee of an agency that provides detoxification services shall ensure that a client in need of immediate medical services is admitted to the agency or transferred to an entity capable of meeting the client's immediate medical needs.
- D.** A licensee of an agency that provides detoxification services shall ensure that a client's treatment plan addresses the client's need for laboratory testing, such as drug screening.

R9-20-505. ~~Physical Plant Standards~~ Supplemental Requirements for a Level 1 RTC

- A.** ~~Level I behavioral health facilities providing detoxification services licensed prior to the adoption of these rules shall comply with the requirements for "Existing Health Care Occupancies" as identified in Chapter 13 of the "Life Safety Code" adopted by reference in A.A.C. R9-1-412(B).~~
- B.** ~~Level I behavioral health facilities providing detoxification services licensed after the adoption of these rules shall comply with the requirements of institutional occupancies as identified in A.A.C. R9-1-412. These occupancies shall further comply with the requirements of "Special Hospital, Psychiatric" as identified in A.A.C. R9-10-432.~~
- C.** ~~Level I behavioral health facilities providing restrictive behavior management, psychiatric acute care, intensive treatment service agencies licensed prior to the adoption of these rules shall comply with the requirements of "Existing Residential Board and Care Occupancies" as identified in Chapter 23 of the "Life Safety Code" adopted by reference in A.A.C. R9-1-412(B).~~
- D.** ~~Level I behavioral health facilities providing restrictive behavioral management, psychiatric acute care, intensive treatment service agencies licensed after the adoption of these rules shall comply with the requirements of "New Residential Board and Care Occupancies" as identified in Chapter 22 of the "Life Safety Code" adopted by reference in A.A.C. R9-1-412(B).~~
- E.** ~~All licensed Level II and Level III behavioral health service agencies shall comply with the requirements of "Lodging or Rooming Houses" as identified in Chapter 20 of the "Life Safety Code", adopted by reference in A.A.C. R9-1-412(B).~~
- F.** ~~Shelters; Halfway Houses, if not licensed pursuant to Article 7 and 8 of this Chapter, shall comply with the following:~~
1. ~~Agencies shall be kept clean, in good repair, and free of hazards.~~
 2. ~~The interior and exterior of the building shall be maintained so as to protect the health and safety of clients.~~
 3. ~~All furniture and furnishings shall be maintained free from dirt and in good repair.~~
 4. ~~The agency shall be accessible to handicapped persons or it shall have written policies and procedures that describe how handicapped individuals shall gain access to the agency.~~
 5. ~~Bathrooms shall be available which provide privacy, are easily cleanable construction, and have hot and cold running water.~~
 6. ~~Drinking water shall be readily available.~~
 7. ~~All client bedrooms shall be ventilated, lighted, and located convenient to a bathroom.~~
- A.** A licensee of a level 1 RTC shall ensure compliance with the following:

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1. 42 CFR 441.150 and 441.152 through 441.156 (2000), incorporated by reference in R9-20-502(A)(4)(a);
 2. 42 CFR 441.151, as published in 66 FR 7148 (2001) and amended in 66 FR 15800 (2001), incorporated by reference in R9-20-502(A)(4)(b);
 3. 42 CFR Part 483, Subpart G, as published in 66 FR 7148 (2001) and amended in 66 FR 15800 (2001) and 66 FR 28110 (2001), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 4. R9-20-401;
 5. R9-20-402;
 6. R9-20-403;
 7. R9-20-404(A)(1) through (A)(3), (A)(5) through (A)(9), and (B).
 8. R9-20-405; and
 9. R9-20-407.
- B.** A licensee of a level 1 RTC shall ensure that within 24 hours after an individual's arrival at the agency, the individual is:
1. Admitted to the agency for treatment,
 2. Transferred to another entity capable of meeting the individual's needs, or
 3. Provided a referral to another entity capable of meeting the individual's needs.
- C.** A licensee of a level 1 RTC shall ensure that a client who is a child does not:
1. Share a bedroom, indoor common area, dining area, outdoor area, or other area where behavioral health services or activities are provided with a client age 18 or older, unless the client age 18 or older is a client described under subsection (D)(2); or
 2. Interact with a client who is age 18 or older, unless the client age 18 or older is a client described under subsection (D)(2).
- D.** A licensee of a level 1 RTC may:
1. Admit an individual who is younger than 21; and
 2. Continue to provide behavioral health services to a client age 18 or older until the client reaches the age of 22 if the client was admitted to the agency before the client's 18th birthday and continues to require treatment.
- E.** A licensee of a level 1 RTC shall ensure that:
1. A fire inspection is conducted by the local fire department having jurisdiction or the Office of the State Fire Marshal according to the requirements of the local jurisdiction;
 2. The most recent fire inspection report and documentation of any corrections stated in the inspection report are maintained on the premises or at the administrative office; and
 3. The facility meets the fire safety requirements of the local jurisdiction and has:
 - a. A fire alarm system, installed according to NFPA 72: National Fire Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - i. A manual-pull fire alarm system,
 - ii. Automatic occupancy notification,
 - iii. A smoke or fire detection system, and
 - iv. Notification of a local emergency response team; and
 - b. An automatic sprinkler system that:
 - i. Is installed as required in R9-20-406(C)(3)(b);
 - ii. Has a water flow device; and
 - iii. Has all control valve tamperers tied into the fire alarm control panel.

R9-20-506. Swimming Pools; In Ground or Permanently Installed Supplemental Requirements for a Level 1 Sub-Acute Agency

- ~~A.~~** ~~Swimming pools located on the premises of a licensed behavioral health service agency shall:~~
1. ~~Conform to manufacturer's specifications for installation and operation and shall be maintained and operated in a safe and sanitary manner at all times.~~
 2. ~~Have a recirculation system, to be run a minimum of 12 hours per day during seasonal use, including a minimum of one removable strainer, two pool inlets placed on opposite sides of pool, one drain located at the pool's lowest point and covered by a grating designed to prevent suction of body surfaces.~~
 3. ~~Have an automatic disinfectant system and a vacuum cleaning system.~~
 4. ~~When chlorination is used, a range of free chlorine tested by orthotolidine method, of 0.4 to 1.0 ppm, as pH range of 7.0 to 8.0, shall be maintained.~~
 - a. ~~Dry or liquid chemical sources may be added directly to pool water only when enough time exists for dispersal before use.~~
 - b. ~~A daily log of chemistry readings and resultant action taken shall be kept at the agency and available for Department inspection.~~

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- ~~5. Have a shepherd's crook and one ring buoy with no less than 25 feet of 1/2 inch rope securely attached.~~
 - ~~6. Have life jackets available for clients who cannot swim or have a history of seizure disorder to use while in the swimming pool.~~
 - ~~7. Be enclosed by a separate fence with a minimum height of 5 feet with vertical openings not greater than 1 3/4 inches and a self-closing, self-latching, lockable gate. Every gate shall be kept locked whenever the pool is not in use.~~
 - ~~8. Be inspected by the local, county or city health department annually. Records of every inspection shall be kept at the agency and available for inspection by the Department.~~
- B.** The agency shall provide ratios of personnel to clients, as defined for the specific program type. When more than one client is in the pool, there shall be, at a minimum, two staff members present.
- C.** A minimum of one staff person currently certified in cardiopulmonary resuscitation must be present in the pool, or observing poolside, for swimming and water activities conducted in a private swimming pool or public swimming pool that does not provide certified, advanced lifesaving staff on the premises.
- A.** A licensee of a level 1 sub-acute agency shall ensure compliance with the following:
1. R9-20-401.
 2. R9-20-402.
 3. R9-20-403.
 4. R9-20-404.
 5. R9-20-405, and
 6. R9-20-407.
- B.** A licensee of a level 1 sub-acute agency may use personal restraint. A licensee of a level 1 sub-acute agency that is not authorized to use restraint or seclusion other than personal restraint shall not use restraint or seclusion other than personal restraint.
- C.** A licensee of a level 1 sub-acute agency shall ensure that:
1. A written agreement is developed, implemented, and maintained at the facility or administrative office to provide the services of a psychiatrist as needed by the agency;
 2. A behavioral health medical practitioner is present at the facility and available to see clients at least five days a week and sees and interacts with each client at least once a week;
 3. A registered nurse is present at the facility full time to provide or oversee medical services;
 4. A nurse is present at the facility at all times; and
 5. There is a sufficient number of behavioral health professionals to meet the needs of the clients.
- D.** A licensee of a level 1 sub-acute agency shall ensure that within 24 hours after a client's admission:
1. A client who is an adult receives a nursing assessment unless medical records are provided indicating that the client has received a physical examination or a nursing assessment within the 12 months before the date of the client's admission and the medical records are reviewed and verified as complete by a registered nurse or a medical practitioner;
 2. A client who is a child receives a physical examination unless medical records are provided indicating that the client has received a physical examination within the 12 months before the date of the client's admission and the medical records are reviewed and verified as complete by a medical practitioner;
 3. A client has an assessment performed by a registered nurse or medical practitioner according to the requirements in R9-20-209; and
 4. A psychiatrist or behavioral health medical practitioner:
 - a. Conducts the assessment or reviews the assessment and reviews other written information or records concerning the client, and
 - b. Interacts with the client.
- E.** A licensee of a level 1 sub-acute agency shall ensure that a progress note is written in a client record at least once every shift.
- F.** A licensee of a level 1 sub-acute agency shall ensure that:
1. A fire inspection is conducted by the local fire department having jurisdiction or the Office of the State Fire Marshal according to the requirements of the local jurisdiction;
 2. The most recent fire inspection report and documentation of any corrections stated in the inspection report are maintained on the premises or at the administrative office; and
 3. The facility meets the fire safety requirements of the local jurisdiction and has:
 - a. A fire alarm system, installed according to NFPA 72: National Fire Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - i. A manual-pull fire alarm system,
 - ii. Automatic occupancy notification,
 - iii. A smoke or fire detection system, and
 - iv. Notification of a local emergency response team; and

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- b. An automatic sprinkler system that:
 - i. Is installed as required in R9-20-406(C)(3)(b);
 - ii. Has a water flow device; and
 - iii. Has all control valve tamperers tied into the fire alarm control panel.

ARTICLE 6. ~~LEVEL I BEHAVIORAL HEALTH SERVICE AGENCIES~~
USE OF RESTRAINT OR SECLUSION

R9-20-601. ~~Level I General Licensure Requirements~~ Definitions

- ~~A. In addition to requirements specified in R9-20-101 through R9-20-506, Level I behavioral health facilities shall comply with the requirements of this Article.~~
- ~~B. A Level I behavioral health service facility shall be staffed to acuity. A Level I behavioral health service facility shall provide a medical staff. Nursing services shall be provided on a 24-hour basis in accordance with the Nurse Practice Act unless the agency is accredited by a nationally recognized accreditation organization approved by the Department and the accreditation report has been submitted to the OBHL.~~
- ~~C. If Level I services are provided to clients who are 17 years of age or younger, such clients shall receive services and be housed in a separate unit or separate facilities than the unit serving clients 18 years of age or older excluding those clients as referenced in R9-20-301(f).~~
 - 1. ~~Children shall not share a sleeping room with any client over age 17;~~
 - 2. ~~Meals shall be served separately from clients over age 17;~~
 - 3. ~~Treatment services and program activities shall be provided separately from clients over age 17.~~

In addition to the definitions in R9-20-101, the following definitions apply in this Article unless otherwise specified:

- 1. “Emergency safety intervention” means the use of restraint or seclusion as an immediate response to an emergency safety situation.
- 2. “Emergency safety situation” means an unanticipated client behavior that:
 - a. Places the client or another individual at serious threat of violence or injury if no intervention occurs, and
 - b. Calls for an emergency safety intervention.
- 3. “Minor” means:
 - a. An individual under the age of 18 who is not an emancipated child, or
 - b. A client who has been declared legally incompetent by a court of competent jurisdiction.
- 4. “Serious injury” means any significant impairment of the physical condition of the client as determined by a medical practitioner or nurse.
- 5. “Serious occurrence” means:
 - a. A serious injury,
 - b. A client’s death, or
 - c. A client’s suicide attempt.

R9-20-602. ~~Level I Behavioral Health Facilities Providing Detoxification Services~~ Requirements for Use of Restraint or Seclusion

- ~~A. Required detoxification services:~~
 - 1. ~~A Level I behavioral health facility which provides detoxification services shall state in its program description the types of detoxification services available through the agency.~~
 - 2. ~~The agency shall maintain a structured treatment setting with 24-hour supervision capable of managing the physiological manifestations and distress for clients who have severe or acute symptoms of withdrawal from chemical dependency.~~
 - 3. ~~The agency shall have written policies and procedures governing the detoxification process utilized by the agency, overdose management and methodologies to be used in cases of medical emergency.~~
 - 4. ~~If the client has not had a medical status and assessment completed within the two-hour period immediately prior to the client’s arrival, the client’s medical status and needs shall be assessed upon arrival at the agency. An assessment and medical status completed within the two previous hours shall be provided to the agency upon the client’s arrival. A client shall not be held for more than 12 hours without being admitted or referred to another agency.~~
 - 5. ~~Chemical dependency and detoxification services shall begin only upon a direct order from a physician defining the medical regimen to be followed. These services shall be available at the agency and shall include the following:~~
 - a. ~~Triage services to determine the need for medical care and transport to a hospital;~~
 - b. ~~Physical examination and chemical dependency assessment within 24 hours of admission;~~
 - c. ~~Close observational assessment and regular monitoring of vital signs;~~
 - d. ~~Nursing services during all hours of operation by licensed nurses in accordance with the Nurse Practice Act;~~
 - e. ~~Counseling, which may include individual, group and family counseling and motivational educational programs;~~
 - f. ~~Activities to involve the client in interpersonal interactions;~~
 - g. ~~Psychiatric or psychological evaluation which shall be available as needed;~~

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- ~~h. Referral to other service components or another appropriate treatment agency upon completion of detoxification.~~
- ~~6. The agency shall also have the capability and qualified staffing pattern to provide emergency care for complications and medical issues associated with chemical dependency such as alcoholic hallucinosis, convulsive seizures, delirium tremens, hepatitis, cirrhosis, pancreatitis, or cardiomyopathy.~~
- ~~7. Current toxicology references, antidotal information and telephone numbers for poison control shall be readily available in the staff or nurse's station.~~
- ~~8. Clients who require treatment for an acute medical condition beyond the scope of the agency shall be transferred and admitted to an inpatient hospital.~~
- ~~9. The agency shall provide, or have access to, transportation to a hospital inpatient unit on an emergency basis. Telephone numbers of ambulance services and other resources to provide transportation shall be available.~~
- ~~10. The agency may provide pharmacological and medication administration services.~~
- M. Minimum staffing requirements:-**
 - ~~1. Every Level I behavioral health facility providing detoxification services shall have a physician on-site or on-call at all times, and the availability of the physician shall be documented.~~
 - ~~2. Behavioral health personnel providing services to clients withdrawing from chemical dependency shall be knowledgeable of chemical dependency and symptomatology of withdrawal from the range of substances for which the agency provides detoxification. Personnel shall also be knowledgeable of symptoms of complications and medical problems associated with chemical dependency, effects and side effects of medications used in detoxification and procedures such as taking vital signs, observational assessment, changing bedding and assisting clients in bathing and eating activities.~~
 - ~~3. The agency shall provide, or make available through contract, other staff to provide services necessary to meet the treatment plan requirements for all clients, including psychiatric and psychological services and specialized counseling services.~~
 - ~~4. The agency shall provide, through employment or contract, services of a dietitian to review and approve all special diet menus and, annually, regular daily menus.~~
- A. A licensee shall ensure that:**
 - 1. A policy and procedure is developed, implemented, and complied with for the use of restraint or seclusion;
 - 2. Restraint or seclusion is not used as a means of coercion, discipline, convenience, or retaliation;
 - 3. An order for restraint or seclusion is not written as a PRN order;
 - 4. Restraint or seclusion does not result in harm to a client and is only used:
 - a. To ensure the safety of the client or another individual during an emergency safety situation; and
 - b. Until the emergency safety situation has ceased and the client's safety and the safety of others can be ensured, even if the restraint or seclusion order has not expired; and
 - 5. Restraint and seclusion are not used on a client simultaneously.
- B. A licensee shall ensure that restraint or seclusion is performed in a manner that is:**
 - 1. Safe; and
 - 2. Proportionate and appropriate to the severity of a client's behavior and to the client's:
 - a. Chronological and developmental age;
 - b. Size;
 - c. Gender;
 - d. Physical condition;
 - e. Medical condition;
 - f. Psychiatric condition; and
 - g. Personal history, including any history of physical or sexual abuse.
- C. A licensee shall ensure that:**
 - 1. Restraint or seclusion is only ordered by:
 - a. A physician providing treatment to the client; or
 - b. If a physician providing treatment to the client is not present on the premises or on-call, a medical practitioner;
 - 2. If the physician or medical practitioner who orders restraint or seclusion is not present, the physician's or medical practitioner's verbal order is obtained by a nurse at the time the restraint or seclusion is initiated;
 - 3. A physician or medical practitioner who orders restraint or seclusion:
 - a. Is available to staff members for consultation, at least by telephone, throughout the period of the restraint or seclusion; and
 - b. Orders the least restrictive restraint or seclusion that is likely to resolve the emergency safety situation, based upon consultation with staff members at the agency;
 - 4. An order for restraint or seclusion includes:
 - a. The name of the physician or medical practitioner ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;

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- c. The specific restraint or seclusion ordered;
- d. One of the following regarding release:
 - i. The specific criteria for release from restraint or seclusion without an additional order, or
 - ii. An instruction to call the physician or medical practitioner for an order for release from restraint or seclusion; and
- e. The maximum duration authorized for the restraint or seclusion;
- 5. An order for restraint or seclusion is limited to the duration of the emergency safety situation and does not exceed:
 - a. Four hours for a client who is 18 years of age or older;
 - b. Two hours for a client who is between the ages of nine and 17; or
 - c. One hour for a client who is younger than nine;
- 6. A physician or medical practitioner ordering restraint or seclusion signs the order as soon as possible after the date of the order; and
- 7. If the medical practitioner ordering the use of restraint or seclusion is not a physician providing treatment to the client, the medical practitioner ordering restraint or seclusion:
 - a. Consults with the physician providing treatment as soon as possible and informs that physician of the emergency safety situation that required the client to be restrained or placed in seclusion; and
 - b. Provides documentation for the client record of the date and time that the physician providing treatment to the client was consulted.
- D.** A licensee shall ensure that a medical practitioner performs a face-to-face assessment of a client's physical and psychological well-being within one hour after the initiation of restraint or seclusion. During a face-to-face assessment, a medical practitioner shall determine:
 - 1. The client's physical and psychological status.
 - 2. The client's behavior.
 - 3. The appropriateness of the restraint or seclusion used, and
 - 4. Any complication resulting from the restraint or seclusion used.
- E.** A licensee shall ensure that a staff member documents a client's restraint or seclusion in the client record:
 - 1. Before the end of the shift in which restraint or seclusion occurs; or
 - 2. If the restraint or seclusion does not end during the shift in which it began, during the shift in which restraint or seclusion ends.
- F.** Documentation of restraint or seclusion in a client record shall include:
 - 1. Each order for restraint or seclusion, as required in subsection (C);
 - 2. The times the restraint or seclusion actually began and ended;
 - 3. The time and results of the face-to-face assessment required in subsection (D);
 - 4. The emergency safety situation that required the client to be restrained or put in seclusion; and
 - 5. The names of the staff members involved in the restraint or seclusion.
- G.** A licensee shall ensure that a record is maintained at the agency of each emergency safety situation, each use of restraint or seclusion, and the outcome of each emergency safety situation or use of restraint or seclusion.
- H.** A licensee shall ensure that a client is monitored during and immediately after restraint as follows:
 - 1. Staff members are present and continually assess and monitor the client's physical and psychological well-being and safety during the restraint;
 - 2. If the emergency safety situation continues beyond the time limit of the order for the use of restraint, a nurse immediately contacts the ordering physician or medical practitioner for further instructions; and
 - 3. A medical practitioner evaluates the client's well-being immediately after the restraint is removed.
- I.** A licensee shall ensure that a client is monitored during and immediately after seclusion as follows:
 - 1. Staff members are present in, or immediately outside of, the seclusion room and shall continually assess and monitor the client's physical and psychological well-being and safety during the seclusion by means other than video monitoring alone;
 - 2. A room used for seclusion:
 - a. Allows staff members full view of the client in all areas of the room; and
 - b. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - 3. If the emergency safety situation continues beyond the time limit of the order for the use of seclusion, a nurse immediately contacts the ordering physician or medical practitioner for further instructions; and
 - 4. A medical practitioner evaluates the client's health, safety, and welfare immediately after the client is removed from seclusion.
- J.** A licensee shall ensure that:
 - 1. If a client is a minor, the parent, guardian, or custodian of the client is notified as soon as possible and no later than one day after the initiation of restraint or seclusion or as requested by the parent, guardian, or custodian of the client; and
 - 2. The notification required in subsection (J)(1) is documented in the client record and includes:

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- a. The date and time of the notification, and
 - b. The name of the staff member providing the notification.
- K.** A licensee shall ensure that after the use of restraint or seclusion, debriefings occur as follows:
- 1. Within 24 hours after the use of restraint or seclusion, staff members involved in the restraint or seclusion and the client have a face-to-face discussion that:
 - a. Includes all staff members involved in the restraint or seclusion, unless the presence of a particular staff member may jeopardize the client's well-being;
 - b. May include the client's parent, guardian, or custodian and other staff members, if directed by the clinical director or the clinical director's designee;
 - c. Is conducted in a language that is understood by the client and, if present, the client's parent, guardian, or custodian; and
 - d. Provides the client and staff members the opportunity to discuss the circumstances that resulted in restraint or seclusion and strategies that could be used by the client, staff members, or other individuals to prevent future use of restraint or seclusion;
 - 2. Within 24 hours after the use of restraint or seclusion, all staff members involved in the restraint or seclusion and supervisory and administrative staff members selected by the clinical director or the clinical director's designee review and discuss:
 - a. The emergency safety situation that required the restraint or seclusion, including the precipitating factors that led up to the restraint or seclusion;
 - b. Alternative techniques that may have prevented the use of restraint or seclusion;
 - c. The procedures that staff members are to implement to prevent any recurrence of restraint or seclusion, if any;
 - d. The outcome of the restraint or seclusion, including any injuries that may have resulted from the restraint or seclusion; and
 - e. If any individual was injured, the circumstances that caused the injury and a plan to prevent future injuries; and
 - 3. The debriefings required in subsection (K)(1) and (2) are documented in the client record, including the following for each debriefing:
 - a. The names of the individuals present;
 - b. The names of any staff members excused from the debriefing; and
 - c. Any changes to the client's treatment plan resulting from the debriefing.
- L.** A licensee shall ensure that:
- 1. If restraint or seclusion results in injury to a client, staff members immediately obtain medical treatment for the client;
 - 2. The licensee is affiliated with or develops and implements a written transfer agreement with one or more hospitals that provide acute medical services or psychiatric acute services and ensures that:
 - a. A client who is injured is transferred to a hospital in time to meet the client's medical or psychiatric needs;
 - b. A client's medical record or other information needed for the client's treatment is exchanged between the hospital and the licensee according to the requirements in R9-20-211(A)(3) and (B); and
 - c. Medical services or psychiatric services provided by a hospital are available to a client at all times; and
 - 3. All injuries that occur as a result of a client's restraint or seclusion, including injuries to staff members, are documented in the client record.
- M.** A licensee shall ensure that:
- 1. A written report of a serious occurrence is submitted, in writing, to the OBHL and the Arizona Center for Disability Law within one working day after the serious occurrence and includes:
 - a. The name of the client involved in the serious occurrence;
 - b. A description of the occurrence; and
 - c. The name, street address, and telephone number of the agency;
 - 2. If a client involved in a serious occurrence is a minor, the client's parent, guardian, or custodian is notified as soon as possible and no later than 24 hours after the serious occurrence; and
 - 3. A serious occurrence is documented in the client record to include:
 - a. Documentation that the serious occurrence was reported as required in subsection (M)(1), including a copy of the written report; and
 - b. The name of the individual to whom the serious occurrence was reported under subsection (M)(2) and the date and time of notification.
- N.** A licensee shall ensure that any staff member, including a medical practitioner, who is involved in ordering restraint or seclusion, performing restraint or seclusion, monitoring a client during restraint or seclusion, or evaluating a client after restraint or seclusion:
- 1. Before participating in restraint or seclusion, completes education and training:
 - a. That includes:

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- i. Techniques to identify staff member and client behaviors, events, and environmental factors that may trigger emergency safety situations;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in a client who is restrained or secluded; and
 - iv. Training exercises in which staff members successfully demonstrate in practice the techniques that they have learned for managing emergency safety situations; and
 - b. Taught by individuals who have education, training, and experience in preventing and using restraint or seclusion;
 2. Completes refresher education and training including the subject areas in subsection (N)(1)(a) at least once every six months;
 3. Successfully completes CPR training that includes a demonstration of the staff member's ability to perform CPR at least once every 12 months; and
 4. Has documentation in the staff member's personnel file indicating compliance with the training requirements of subsections (N)(1) through (3) and including:
 - a. The date training was completed; and
 - b. The name of the individual verifying the staff member's completion of the training.
- O.** A licensee shall ensure that all training materials related to restraint or seclusion used by the licensee are available for review at the agency.
- P.** If a client is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, a licensee shall ensure that, in addition to meeting the requirements in this Section, the licensee meets the requirements for restraint or seclusion in 9 A.A.C. 21.

R9-20-603. Level I Behavioral Health Facilities Providing Restrictive Behavior Management Repealed

A. General requirements:

- ~~1. Restrictive behavior management techniques shall be authorized only in Level I behavioral health facilities.~~
- ~~2. Use of such techniques by unauthorized agencies shall result in suspension or revocation of a behavioral health license.~~
- ~~3. Level I behavioral health facilities authorized to employ restrictive behavior management practices shall provide, or have available through agreement, ambulance services for transport of a client in psychiatric emergency to a hospital or more secure facility if it becomes necessary.~~
- ~~4. Level I behavioral health facilities shall have equipment and staff available to provide initial care for medical emergencies or have an agreement with a nearby hospital to provide such care.~~

B. Policies and Procedures:

- ~~1. The agency shall develop and maintain policies and procedures, which incorporate standards set forth in these rules, for the use of restrictive behavior management practices, including locked seclusion, mechanical restraints or the administration of medication.~~
- ~~2. The agency shall not use restrictive behavior management practices as punishment, for the convenience of staff members, or as a substitute for a treatment program. It shall be used only to prevent the client from injuring self or others or to prevent serious disruption of the therapeutic environment.~~
- ~~3. Staff shall immediately notify a supervisor of any psychiatric emergency requiring restrictive behavior management and clear other clients from the immediate area.~~
- ~~4. If the client is dangerous to self or others or to prevent serious disruption of the therapeutic environment, and less restrictive methods of crisis management are not effective, staff may intervene by using restrictive behavior management or lockable seclusion until the crisis is resolved or the client is transported to a secure facility.~~

C. Treatment provided in locked seclusion:

- ~~1. Use of a locked seclusion room shall be initiated only upon the written, dated and signed order from a physician.~~
 - ~~a. If the order is given by telephone, it shall be entered into the client's record and signed and dated by the physician within 24 hours of the telephone call.~~
 - ~~b. Such orders shall be time-limited, shall not exceed 24 hours, and shall not be extended without examination of the client by the physician initiating the extension order.~~
 - ~~e. Standing or PRN orders for locked seclusion shall not be used.~~
- ~~2. Staff shall attempt to verbally convince the client to enter the locked seclusion room voluntarily. If the client refuses to cooperate, a team effort shall be used to safely escort the client to the seclusion room.~~
- ~~3. All items shall be removed from the client which, in the clinical judgement of staff, might be a danger to the client. The use of tobacco products shall not be allowed in a locked seclusion room.~~
- ~~4. Staff shall provide an explanation to the client as to the reason locked seclusion is required, inform the client of the expected behavior necessary to be released, and document such conversation and client response in the client record.~~

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5. ~~When a client is placed in locked seclusion, the staff member in charge of the agency at the time of such seclusion shall be responsible to ensure that the client is observed and findings documented in the client's record a minimum of every 15 minutes. Staff shall not enter the locked seclusion room if it is occupied unless accompanied by another staff member.~~
 6. ~~If the client has a history of seizure activity, the client shall be monitored a minimum of every five minutes.~~
 7. ~~If the client displays seizure activity while in locked seclusion, monitoring staff shall:~~
 - a. ~~Request assistance from additional agency staff trained in the care of clients having seizures;~~
 - b. ~~Provide seizure care;~~
 - c. ~~Immediately bring the client's seizure activity to the attention of the physician who shall complete a clinical assessment of the client's seizure activity and the need to continue locked seclusion; and~~
 - d. ~~Document the incident and resulting actions in the client's record.~~
 8. ~~As deemed necessary, but not less than every hour, staff shall conduct a clinical assessment of the client's behavior and physical condition to determine if the crisis has abated and whether the physician should be notified. Results of the assessment shall be documented in the client record.~~
 9. ~~The client shall be offered fluids and the opportunity to use toilet facilities a minimum of every two hours while in locked seclusion. This shall be documented in the client record.~~
 10. ~~Nutritious meals shall be provided to a client in locked seclusion if mealtimes fall during the time period of seclusion. Staff shall supervise all meals provided to the client while in locked seclusion.~~
 11. ~~Upon abatement of the crisis, and upon clinical assessment that indicates the client is ready for release, staff shall request the physician to discontinue the order for locked seclusion. If the order to discontinue locked seclusion is received by telephone, the order must be signed and dated by the ordering physician within 24 hours.~~
 12. ~~A complete description of the psychiatric emergency shall be immediately entered into the client record and include:~~
 - a. ~~Documentation of the incident;~~
 - b. ~~Staff actions and rationale for the method employed and a description of the client's response to staff actions;~~
 - c. ~~All orders by the physician to utilize restrictive behavior management;~~
 - d. ~~Summary of seclusion check reports every 15 minutes, staff hourly assessments of behavior and physical condition and other required documentation of staff attention while the client was secluded;~~
 - e. ~~The resolution of the psychiatric emergency; and~~
 - f. ~~Any changes to be implemented in the client's treatment plan.~~
 13. ~~Every incident of locked seclusion shall be reviewed at agency staffing or quality assurance meetings. Resulting recommendations for change in policy or procedures shall be forwarded to the agency governing authority for approval and implementation.~~
- D. Treatment provided to clients using mechanical restraints:**
1. ~~Use of mechanical restraints shall be initiated only upon written, dated and signed orders from a physician.~~
 - a. ~~If the order is given by telephone, it shall be entered into the client record and signed and dated by the physician within 24 hours.~~
 - b. ~~Such order shall be time limited, shall not exceed 24 hours, and shall not be extended without examination of the client by the physician initiating the extension order.~~
 - c. ~~Standing or PRN orders for mechanical restraint shall not be used.~~
 2. ~~Restraints may be applied when the client is suicidal or a danger to self or others.~~
 3. ~~Staff shall provide an explanation to the client as to the reason physical restraint is required, inform the client of the expected behavior necessary to be released and document such conversation and client response in the client record.~~
 4. ~~Clients in mechanical restraints shall have a staff member assigned each shift to monitor the client for the duration of the time the restraints are in place.~~
 5. ~~If the client displays seizure activity while in mechanical restraints, monitoring staff shall:~~
 - a. ~~Request assistance from additional agency staff trained in care of a seizing client;~~
 - b. ~~Remove the client from the restraints and provide seizure care;~~
 - c. ~~Immediately bring the client's seizure activity to the attention of the physician who shall complete a clinical assessment of the client's seizure activity and the need to continue the use of mechanical restraints; and~~
 - d. ~~Document incident and resulting actions in the client record.~~
 6. ~~Staff supervising the client in mechanical restraints shall loosen such restraints, one at a time, a minimum of every two hours to provide active range of motion exercises and any required skin care for periods of restraint lasting two hours or more. The procedure shall be documented in the client record.~~
 7. ~~Staff shall assess the client's behavior and physical condition a minimum of every hour that the client is in mechanical restraints. Results of the assessment shall be documented in the client record.~~
 8. ~~The client shall be offered fluids and the opportunity to use toilet facilities a minimum of every two hours while in mechanical restraints. This shall be documented in the client record.~~

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9. ~~Nutritious meals shall be provided to a client in mechanical restraints if mealtimes fall during the time period of restraint. Staff shall supervise all meals provided to the client while in restraints.~~
10. ~~Upon abatement of the crisis, and upon clinical assessment indicating the client is ready for release, staff shall request a physician to discontinue the mechanical restraint order. If the order to discontinue restraints is received by telephone, the order must be signed and dated by the ordering physician within 24 hours.~~
11. ~~A complete description of the psychiatric emergency shall be immediately entered into the client record and include:~~
 - a. ~~Documentation of the incident;~~
 - b. ~~Staff actions and rationale for the method employed and a description of the client's response to staff actions;~~
 - c. ~~All orders by the physician to utilize restrictive behavior management;~~
 - d. ~~Summary of one to one supervision of the client in restraint, staff hourly assessments of behavior and physical condition and other required documentation of staff attention while the client was in restraints;~~
 - e. ~~The resolution of the psychiatric emergency; and~~
 - f. ~~Any changes to be implemented in the client's treatment plan.~~
12. ~~Every incident of the use of mechanical restraints shall be reviewed at agency staffing or quality assurance meetings. Resulting recommendations for change in policy or procedures shall be forwarded to the agency governing authority for approval and implementation.~~
13. ~~A summary of every incident of the use of mechanical restraints which exceeds four hours and which occurs in a Level I behavioral health facility shall be reported to Behavioral Health Services.~~
- E.** ~~Staff qualifications and staffing ratio requirements shall provide restrictive behavior management services and comply with requirements of this rule without jeopardizing staffing of the primary program.~~
- F.** ~~Physical facility and safety requirements for lockable seclusion rooms.~~
 1. ~~The room to be used for seclusion purposes shall:~~
 - a. ~~Be no less than 64 square feet and located within close proximity of the nurse's station or staff office.~~
 - b. ~~Be furnished with only a bed, bolted to the floor and a fire retardant mattress.~~
 - c. ~~Be ventilated, kept at a temperature no less than 64° F. and no more than 85° F. Heating and cooling vents shall be out of reach of the client.~~
 - d. ~~Have no electrical outlets or exposed wiring located on any wall or ceiling of the room.~~
 - e. ~~Have walls, floor and ceiling which are solidly and smoothly constructed, to be cleaned easily, and have no rough or jagged portions.~~
 2. ~~The door to the room shall have a shatterproof glass viewing window which is located at a convenient viewing level of staff.~~
 3. ~~Nonbreakable viewing discs may be used to provide a panorama of all areas of the room.~~
 4. ~~Rooms that have a lock which can be opened only from the outside hallway shall have a smooth metal plate on the back of the lock located in the room to stop the client from jamming the lock and thereby creating a fire and safety hazard.~~
 5. ~~Lighting shall be provided to eliminate shadows and allow for the comfort of the client and for staff observation of the entire room.~~
 6. ~~New construction or modification of lockable seclusion rooms shall, at a minimum, meet the requirements set forth in the Life Safety Code, Standard 101, Chapter 14, which is adopted in A.A.C. R9-1-412.~~
 7. ~~Existing lockable seclusion rooms shall, at a minimum, meet the requirements set forth in paragraphs (1) through (5) above, or obtain an approved variance from the Arizona State Fire Marshal.~~
 8. ~~Agencies licensed pursuant to this Chapter and providing services to SMI clients are subject to the provisions of A.A.C. Title 9, Chapter 21.~~

R9-20-604. Level I Behavioral Health Facilities Providing Psychiatric Acute Care Repealed

- A.** ~~Required psychiatric acute care services.~~
1. ~~A Level I behavioral health facility which provides psychiatric acute care shall maintain a highly structured treatment setting with 24 hour supervision for clients who have severe or acute behavioral health issues.~~
 2. ~~Assessment and evaluation services shall be available at the agency directly or through contract including triage services, psychiatric evaluation, psychological testing, physical examination, medication assessment, laboratory services, pharmacological services and observational assessment.~~
 - a. ~~An agency shall not retain a client for more than 23 hours without being admitted or referred to another agency.~~
 - b. ~~A physical examination and psychiatric evaluation shall be provided within 24 hours of admission.~~
 - c. ~~Medical orders shall be implemented and medications shall be administered to the client only upon direct order from a physician, physician assistant or nurse practitioner.~~
 3. ~~The agency shall have the capability and qualified staffing pattern to provide:~~
 - a. ~~Emergency reception and initial evaluation;~~
 - b. ~~Medication stabilization services;~~

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- e. Crisis counseling including individual, group and family counseling;
 - d. Court ordered mental health evaluation and treatment;
 - e. Activity therapy to involve the client in reality oriented events and interpersonal interactions;
 - f. Restrictive behavior management services; and
 - g. Referral to other service components or another appropriate care agency.
- 4. Prior to the client's discharge, staff shall coordinate with the client's family, friends, employers, designated representative and case manager, as appropriate, to prepare the client for returning to a less restrictive setting.
 - 5. The agency shall have an agreement with a local hospital or, if none are located in the locality of the agency, a hospital in the nearest community, for access to an inpatient unit to assure that referred clients are admitted within 24 hours of referral by the primary physician.
 - 6. Clients who also require treatment for an acute medical condition shall be transferred and admitted to an inpatient hospital or other health care facility.
 - 7. The agency shall provide, or have access to, transportation to a hospital inpatient unit on an emergency basis.
 - 8. The agency shall have written policies and procedures governing treatment activities provided by the agency, overdose management and methodologies to be used in cases of medical emergency or death.

B. Minimum staffing requirements.

- 1. Every Level I behavioral health facility providing psychiatric acute care shall have a minimum of one psychiatrist who shall be on call 24 hours per day and shall make rounds a minimum of five days per week.
- 2. Backup coverage may be provided by a licensed physician who shall consult with the psychiatrist.
- 3. An agency located in a city, town or unincorporated area with a population of less than 100,000 and located 30 miles from a metropolitan area may utilize a licensed physician for on-call activities and daily rounds if the physician has postgraduate training and experience in diagnosis and treatment of behavioral health issues and disorders.
- 4. The agency shall provide, or make available through contract, adequate qualified staff to provide services necessary to meet the treatment plan requirements for all clients, which may include psychiatric and psychological services, recreational and occupational therapy, educational, vocational and specialized counseling services.
- 5. The agency shall provide, through employment or contract, services of a dietitian to review and approve annually all special diet menus and regular daily menus.

R9-20-605. Level I Behavioral Health Facilities Providing Intensive Services Repealed

A. Required intensive services.

- 1. The agency shall provide a structured treatment setting with daily 24 hour supervision for clients who have serious and/or acute behavioral health issues which require intensive therapeutic counseling and activity, intensive staff supervision, support and assistance.
- 2. Assessment and evaluation services shall be provided by the agency, or through a contract, including psychiatric evaluation, psychological testing, physical examination, medication assessment, laboratory services, pharmacological services, and observational assessment.
 - a. Such services should not be repeated upon admission if they have been provided for the client within the prior 45 days or there has not been a break in service delivery for a period greater than three days immediately prior to admission unless clinical indications are documented clearly and in detail in the client record.
 - b. Copies of all assessment and evaluation reports shall be used in service planning and filed in the client's record.
- 3. Therapeutic service shall be provided in accordance with the individualized client treatment plan. Such services provided to children shall include psychosocial rehabilitation but shall not include educational services.
- 4. Social and recreational activities shall be provided, or a referral of clients to recreational and social activities, during the hours they are not involved in other planned or structured activities. Recreational and social activities shall be planned with client participation and posted in a conspicuous location.
- 5. Opportunity shall be provided for all clients to participate in religious services and other religious activities within the framework of their individual and family interests.
- 6. Agencies that provide services to children shall have an education component approved by the Arizona Department of Education, or arrange for the educational needs of the clients through the local school district.
- 7. Every client, within 24 hours of admission to an agency, shall be provided an orientation which includes, at a minimum, the following:
 - a. Explaining the agency's services, activities, performance expectations, rules and regulations, including providing to the client written agency rules.
 - b. Familiarizing the client with the agency's premises and, if not contraindicated, the neighborhood and public transportation systems.
 - e. Scheduling the client's activities.
 - d. Explaining client rights and grievance procedures.
 - e. Introduction to agency personnel and other clients.

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8. ~~The agency shall have written policies and procedures governing staff responsibilities and duties in cases of medical or psychiatric emergency or death.~~
- B. Minimum staffing requirements for facilities providing intensive treatment services:**
1. ~~The agency shall have the capability and qualified staff to provide intensive counseling and treatment services and, if specified in the agency program description:
 - a. ~~Court-ordered mental health treatment,~~
 - b. ~~Restrictive behavior management services,~~
 - e. ~~Other services as defined in the agency program description.~~~~
 2. ~~The agency shall have available a minimum of one psychiatrist who shall be on call 24 hours per day and shall make rounds as needed.~~
 3. ~~Backup coverage may be provided by a licensed physician who shall consult with the psychiatrist.~~
 4. ~~An agency located in a city, town or unincorporated area with a population of less than 100,000 and located 30 miles from a metropolitan area may utilize a licensed physician for on-call activities and daily rounds if the physician has postgraduate training and experience in diagnosis and treatment of behavioral health issues and disorders.~~
 5. ~~The agency shall be staffed to acuity. If restrictive behavior management practices are used, the agency shall provide additional staffing to meet requirements specified in R9-20-603.~~
 6. ~~The agency shall have enough qualified staff to meet the treatment needs of its clients and provide services described in its program description.~~
 7. ~~The agency shall provide directly or through contract one behavioral health professional for each 20 clients or fraction thereof.~~
 8. ~~The agency shall provide, or make available through contract, adequate qualified staff to meet other requirements of the treatment plan for the agency clients including psychological services, recreational and occupational therapy, educational, vocational and specialized counseling services.~~
 9. ~~The agency shall provide, through employment or contract, services of a dietitian to review and approve all special diet menus and, annually, regular daily menus.~~

ARTICLE 7. LEVEL II BEHAVIORAL HEALTH SERVICE AGENCIES
LEVEL 1 SPECIALIZED TRANSITIONAL AGENCY

R9-20-701. Level II General Licensure Requirements Supplemental Requirements for a Level 1 Specialized Transitional Agency

- A.** ~~In addition to requirements specified in R9-20-101 through R9-20-506, Level II behavioral health facilities shall comply with the applicable requirements of this Article.~~
- B.** ~~If Level II services are provided for clients who are 17 years of age or younger, such clients shall receive services and be housed in a separate unit or separate facilities than the unit serving clients 18 years of age or older excluding those clients as referenced in R9-20-301(I).~~
1. ~~Children shall not share a sleeping room with any client over age 17;~~
 2. ~~Meals shall be served separately from clients over age 17;~~
 3. ~~Treatment services and program activities shall be provided separately from clients over age 17.~~
- C.** ~~The agency shall have written policies and procedures governing staff responsibilities and duties in cases of medical or psychiatric emergency or death.~~
- A.** A licensee of a level 1 specialized transitional agency shall ensure compliance with:
1. A.R.S. Title 36, Chapter 37;
 2. R9-20-402;
 3. R9-20-403; and
 4. R9-20-407.
- B.** A licensee of a level 1 specialized transitional agency shall ensure that policies and procedures are developed, implemented, and complied with that include:
1. A description of the clothing that a client is required and permitted to wear;
 2. The process for the issuance and return of a razor or other potentially hazardous object;
 3. Requirements regarding locking a client in the client's bedroom, including:
 - a. The training required for a staff member who locks a client in the client's bedroom;
 - b. The criteria for locking a client in the client's bedroom;
 - c. A requirement that the need for a client to be locked in the client's bedroom be evaluated and adjusted, if necessary, by a psychiatrist or psychologist each time the client's treatment plan is reviewed as required by subsection (D)(3);
 - d. The procedures that may be used to lock a client in the client's bedroom;
 - e. The monitoring that is required while a client is locked in the client's bedroom; and
 - f. The criteria for releasing a client from the client's bedroom;
 4. The process and criteria for determining whether a client is capable of and eligible to self administer medication;

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5. A client's visitation privileges; and
6. The criteria for using a locking mechanism to restrict a client's movement during transport.
- C.** A licensee of a level 1 specialized transitional agency shall ensure that, in addition to the staffing requirements contained in R9-20-207, staffing is provided as follows:
 1. A medical practitioner is present at the facility at least ten hours a week;
 2. A psychiatrist is present at the facility at least ten hours a week;
 3. A registered nurse is present at the facility at all times;
 4. Each of the following staff members is present at the facility full time:
 - a. A psychologist;
 - b. A social worker;
 - c. A registered nurse with overall responsibility for the provision of nursing services; and
 - d. An individual who provides educational activities and social, recreational, or rehabilitative activities;
 5. Between 7:00 a.m. and 11:00 p.m., at least one behavioral health paraprofessional is present at the facility for every 15 clients;
 6. Between 11:00 p.m. and 7:00 a.m., at least one behavioral health paraprofessional is present at the facility for every 30 clients;
 7. At least two employees responsible for maintaining a safe and secure facility are located outside the facility at all times; and
 8. At least one employee for every 30 clients is responsible for maintaining a safe and secure facility and is located inside the facility at all times.
- D.** A licensee of a level 1 specialized transitional agency shall ensure that:
 1. Within seven days after the date that an individual is committed to the custody of the Department for treatment:
 - a. The client receives a physical examination,
 - b. Medical records are provided indicating that the client received a physical examination within 12 months before the date of the client's admission and are reviewed and verified as current and complete by a medical practitioner, or
 - c. The client's refusal of a physical examination is documented in the client record;
 2. A client's assessment and treatment plan is initiated within 30 days after the date the client is admitted for treatment and is completed within 90 days after that date;
 3. A client's treatment is reviewed, and the client's treatment plan is updated according to the requirements in R9-20-209(I)(7) and at least once every 30 days; and
 4. Progress notes are written in a client record at least:
 - a. Once every shift for the first seven days after the date of the client's admission for treatment, and
 - b. Once each day thereafter.
- E.** A licensee of a level 1 specialized transitional agency shall ensure that:
 1. A client receives treatment in a secure facility;
 2. A client's rights are denied only if necessary to protect the safety of the client or others as determined pursuant to A.R.S. § 36-507(E);
 3. Transportation of a client is provided according to the agency's policy and procedure and R9-20-212 and as follows:
 - a. Sufficient staff members are present during transportation to meet the health, safety, and security needs of the client, other individuals, and the community; and
 - b. A locking mechanism may be used to restrict a client's physical movement during transportation to another portion of the facility, another facility, or another entity to ensure the health and safety of the client, other individuals, and the community.
- E.** A licensee of a level 1 specialized transitional agency shall ensure that a premises has:
 1. An indoor common area that is not used as a sleeping area and that has:
 - a. A working telephone that allows a client to make a private telephone call;
 - b. A distortion-free mirror;
 - c. A current calendar and an accurate clock;
 - d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of clients;
 - e. A working television and access to a radio; and
 - f. Space sufficient to accommodate the social and recreational needs of clients;
 2. A dining room or dining area that:
 - a. Is lighted and ventilated,
 - b. Contains tables and seats, and
 - c. Is not used as a sleeping area;
 3. An outdoor area that:

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- a. Is accessible to clients.
- b. Has sufficient space to accommodate the social and recreational needs of clients, and
- c. Has shaded and unshaded areas; and
- 4. Bathrooms that contain at least:
 - a. One working bathtub or shower, with a slip resistant surface, for every 12 clients; and
 - b. One working flushable toilet, with a seat, for every ten clients.
- G.** A licensee of a level 1 specialized transitional agency shall ensure that a client's sleeping area is in a bedroom that:
 - 1. Is a private bedroom that contains at least 60 square feet of floor space, not including the closet;
 - 2. Contains a door that opens into a corridor, common area, or the outside;
 - 3. Is constructed and furnished to provide unimpeded access to the door;
 - 4. Is not used as a passageway to another bedroom or a bathroom unless the bathroom is for the exclusive use of the individual occupying the bedroom; and
 - 5. Contains the following for each client:
 - a. An individual storage space, such as a dresser or chest;
 - b. A bed that:
 - i. Consists of at least a mattress and frame;
 - ii. Is in good repair, clean, and free of odors and stains; and
 - iii. Is at least 36 inches wide and 72 inches long; and
 - c. A pillow and linens that are clean, free of odors, and in good repair, including:
 - i. A mattress pad;
 - ii. A top sheet and a bottom sheet that are large enough to tuck under the mattress;
 - iii. A pillow case;
 - iv. A waterproof mattress cover, if needed; and
 - v. A blanket or bedspread sufficient to ensure the client's warmth.
- H.** A licensee of a level 1 specialized transitional agency shall ensure that:
 - 1. The supply of hot water is sufficient to meet:
 - a. Each client's daily personal hygiene needs; and
 - b. The laundry, cleaning, and sanitation requirements in this Chapter;
 - 2. Clean linens and bath towels are provided to a client as needed and at least once every seven days;
 - 3. One of the following is available to ensure that client clothing can be cleaned:
 - a. A working washing machine and dryer on the premises,
 - b. An agency-provided process for cleaning clothing, or
 - c. An agency-provided process for transporting a client to a building with washing machines and dryers that a client can use;
 - 4. Soiled linen and clothing stored by the licensee are in covered containers or closed plastic bags away from a food preparation or storage area or a dining area; and
 - 5. Pets and animals, except for service animals, are prohibited on the premises.
- I.** A licensee of a level 1 specialized transitional agency shall ensure that:
 - 1. A facility meets the fire safety requirements of the local jurisdiction,
 - 2. A fire inspection is conducted by the local fire department having jurisdiction or the Office of the State Fire Marshal according to the requirements of the local jurisdiction, and
 - 3. The most recent fire inspection report and documentation of any corrections stated on the inspection report are maintained on the premises or at the administrative office.

R9-20-702. Level II Behavioral Health Facility Providing Structured Services Repealed

- A.** ~~Services required in a Level II behavioral health facility.~~
 - 1. ~~A structured treatment setting with daily 24-hour supervision for clients who require extensive therapeutic counseling and activity, staff supervision, training in activities of daily living or support and assistance.~~
 - 2. ~~Assessment and evaluation services which may be provided by the agency or through a contract, including psychiatric evaluation, psychological testing, physical examination, medication assessment, laboratory services, pharmacological services and observational assessment, if applicable.~~
 - a. ~~Such services shall not be repeated upon admission if they have been provided for the client within the prior 45 days or there has not been a break in service delivery for a period greater than three days immediately prior to admission unless clinical indications are documented clearly and in detail in the client record.~~
 - b. ~~All available assessment and evaluation reports shall be used in service planning and filed in the client's record.~~
 - 3. ~~Counseling or therapeutic services shall be provided in accordance with the individualized client treatment plan. Such services provided to children shall include psychosocial rehabilitation but shall not include educational services.~~

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4. ~~Agencies that provide extensive residential services to SMI clients shall ensure the availability of a full range of support services, including vocational services, peer support, recreation, daily living and counseling.~~
5. ~~Social and recreational activities shall be provided, or clients shall be referred to recreational and social activities, during the hours they are not involved in other planned or structured activities. Recreational and social activities shall be planned with client participation and posted in a conspicuous location.~~
6. ~~Opportunity shall be provided for all clients to participate in religious services and other religious activities within the framework of client and family interests.~~
7. ~~Orientation shall be provided to every client within 24 hours of admission to an agency and shall include the following:~~
 - a. ~~An explanation of the agency's services, activities, client performance expectations, agency policies and procedures, and agency rules;~~
 - b. ~~An orientation of the agency's premises and, if not contraindicated, the neighborhood and public transportation systems;~~
 - e. ~~A schedule of the client's activities;~~
 - d. ~~An explanation of the client rights and grievance procedures;~~
 - e. ~~A copy of the agency rules and client rights; and~~
 - f. ~~An introduction to agency personnel and other clients.~~
8. ~~Agencies that provide supervised residential care shall ensure that transportation is available for clients to obtain the required services or treatment specified in the client's individual treatment plan.~~

B. ~~Minimum staffing requirements for Level II facilities:~~

1. ~~The agency shall have the capability and qualified staff to provide counseling and treatment services specified in the agency's program description.~~
2. ~~The agency shall have an agreement or contract with a psychiatrist or physician to provide coverage or on-call consultation and services.~~
3. ~~The agency shall be staffed to acuity and have qualified staff to meet the treatment needs of its clients and provide services described in its program description.~~
4. ~~The agency shall provide, directly or through contract, qualified staff to meet other requirements of the treatment plan for all clients which may include psychological services, recreational and occupational therapy, and educational, vocational and specialized counseling services.~~
5. ~~The agency shall provide, through employment or contract, services of a dietitian to review and approve, annually, all special diet menus and regular daily menus.~~

ARTICLE 8. ~~LEVEL III BEHAVIORAL HEALTH SERVICE AGENCIES COURT-ORDERED SERVICES~~

R9-20-801. ~~Level III General Licensure Requirements Supplemental Requirements for Pre-petition Screening Services~~

- A.** ~~In addition to requirements specified in R9-20-101 through R9-20-506, Level III behavioral health facilities shall comply with the applicable requirements of this Article.~~
- B.** ~~If Level III services are provided for clients who are 17 years of age or younger, such clients shall receive services and be housed in a separate unit or separate facilities than the unit serving clients 18 years of age or older excluding those clients referenced in R9-20-301(I).~~
1. ~~Children shall not share a sleeping room with any client over age 17;~~
 2. ~~Meals shall be served separately from clients over age 17;~~
 3. ~~Treatment services and program activities shall be provided separately from clients over age 17.~~
- C.** ~~The agency shall have written policies and procedures governing staff responsibilities and duties in cases of medical or psychiatric emergency or death.~~
- A.** ~~A licensee of an agency that only provides pre-petition screening is not required to comply with the following provisions in this Chapter:~~
1. ~~R9-20-208 and other requirements related to admission.~~
 2. ~~R9-20-209 and other requirements related to a client's assessment or treatment plan, and~~
 3. ~~R9-20-210 and other requirements related to a client's discharge.~~
- B.** ~~A licensee of an agency that provides pre-petition screening shall ensure compliance with the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.~~
- C.** ~~A licensee of an agency that provides pre-petition screening shall ensure that:~~
1. ~~Policies and procedures are developed, implemented, and complied with for conducting a pre-petition screening;~~
 2. ~~Assistance is provided to an individual filing an application for a court-ordered evaluation, according to A.R.S. § 36-520(D);~~
 3. ~~If an application for a court-ordered evaluation is not acted upon because it has been determined that the proposed client does not need an evaluation, the application for a court-ordered evaluation and any evidence of the application for a court-ordered evaluation are destroyed according to A.R.S. § 36-520(I);~~

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4. A pre-petition screening is conducted according to the definition in A.R.S. § 36-501 and according to A.R.S. §§ 36-520(E) and (F) and 36-521(A);
5. After a pre-petition screening is conducted, a written report is prepared and reviewed according to A.R.S. § 36-521(B) and (C);
6. A petition for a court-ordered evaluation:
 - a. Is prepared according to A.R.S. § 36-521(D), and
 - b. Contains the information required according to A.R.S. § 36-523 (A) through (C);
7. Before a petition for court-ordered evaluation that alleges danger to others is filed, the county attorney is contacted to review the petition according to A.R.S. § 36-521(G);
8. An evaluation agency is notified of an individual requiring a voluntary evaluation, according to A.R.S. § 36-522(A);
9. A petition for a court-ordered evaluation that is not filed and all reports annexed to the petition are destroyed according to A.R.S. § 36-523(E); and
10. An application for emergency admission meets the requirements in A.R.S. § 36-524.

R9-20-802. Level III Behavioral Health Facilities Providing Supervised Services Supplemental Requirements for Court-Ordered Evaluation

A. Services required in a Level III behavioral health facility:

1. ~~The agency shall provide a safe, healthy and therapeutic environment with daily 24-hour supervision for clients. At a minimum, the agency shall provide supportive, protective oversight or behavior management or psychosocial rehabilitation to assure that clients receive required medications, obtain needed therapeutic services, and have transportation to outside therapeutic services when indicated.~~
2. ~~The agency may provide directly, or by contract with a licensed qualified provider, necessary assessment and evaluation services including psychiatric evaluation, psychological testing, physical examination, medication assessment, laboratory services and pharmacological services, if applicable.~~
3. ~~Assessment and evaluation reports shall be used in service planning and copies of such reports shall be filed in the client's record.~~
4. ~~Services shall be obtained for clients as specified in the client's individual treatment plan.~~
5. ~~Level III behavioral health facilities providing supervised residential care shall provide, or arrange for, transportation as necessary for clients to attend such services specified in the client's individual service plan.~~
6. ~~Life skills training, social and recreational activities, and milieu activities shall be provided, directly or by referral, during the hours when clients are not involved in other structured activities. Recreational and social activities shall be planned with client participation and posted in a conspicuous location.~~
7. ~~Opportunity shall be provided for all clients to participate in religious services and other religious activities within the framework of their individual and family interests.~~
8. ~~Orientation shall be provided to every client within 24 hours of admission to an agency and shall include the following:~~
 - a. ~~An explanation of the agency's services, activities, client performance expectations, agency policies and procedures, and agency rules;~~
 - b. ~~An orientation of the agency's premises and, if not contraindicated, the neighborhood and public transportation systems;~~
 - c. ~~A schedule of the client's activities;~~
 - d. ~~An explanation of the client rights and grievance procedures;~~
 - e. ~~A copy of the agency rules and client rights; and~~
 - f. ~~An introduction to agency personnel and other clients.~~
9. ~~Agencies that provide supervised residential care shall ensure that transportation is available for clients to obtain the required services or treatment specified in the client's individual service plan.~~

B. Minimum staffing requirements for Level III facilities:

1. ~~The agency shall have, at a minimum, the capability and staff to provide protective oversight and shall be staffed to the acuity of its clients.~~
2. ~~The agency shall have an agreement or contract with a behavioral health emergency service provider to provide on-call consultation and intervention services as needed.~~
3. ~~The agency shall contract for the services of a dietitian to review and approve all special diet menus and, annually, regular daily menus.~~

C. If an agency providing this level of service to a client population under 18 years of age is licensed by DES, such license shall be deemed adequate for behavioral health funding purposes.

A. A licensee of an agency that only provides court-ordered evaluation is not required to comply with the following provisions in this Chapter:

1. R9-20-208 and other requirements related to admission.
2. R9-20-209 and other requirements related to a client's assessment or treatment plan.

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3. R9-20-210 and other requirements related to a client's discharge.
- B.** A licensee of an agency that provides court-ordered evaluation shall ensure compliance with the court-ordered evaluation requirements in A.R.S. Title 36, Chapter 5.
- C.** A licensee of an agency that provides court-ordered evaluation shall ensure that:
 1. Policies and procedures are developed, implemented, and complied with for conducting a court-ordered evaluation;
 2. A medical director is appointed who:
 - a. Meets the definition of a medical director of an evaluation agency in A.R.S. § 36-501, and
 - b. May deputize an individual according to A.R.S. § 36-503;
 3. If a client is receiving an evaluation according to A.R.S. §§ 36-520 through 36-531, the following persons are immediately notified according to A.R.S. § 31-504(B):
 - a. The client's guardian or, if the client does not have a guardian, a family member of the client; and
 - b. The client's agent, if applicable;
 4. A staff member or employee does not deprive a client of a client right identified in A.R.S. §§ 36-504(A), 36-506(A) or (B), 36-507, 36-512, 36-514, 36-520 (H), or 36-528(D);
 5. If a petition for a court-ordered evaluation is not filed because the individual for whom the evaluation is sought requests a voluntary evaluation, a voluntary evaluation is not conducted unless:
 - a. For a voluntary inpatient evaluation, informed consent is obtained according to A.R.S. § 36-518; and
 - b. For a voluntary outpatient evaluation, informed consent is obtained according to A.R.S. § 36-522(C);
 6. A client admitted to an agency for an evaluation under an emergency admission does not receive treatment unless consent is obtained according to A.R.S. § 36-528(A), except as otherwise provided according to A.R.S. § 36-528(A);
 7. A client's records and information are confidential and are not disclosed except according to A.R.S. §§ 12-2292, 36-504, 36-509, and 36-517.01;
 8. An evaluation is conducted according to the definition in A.R.S. § 36-501 and according to A.R.S. §§ 36-511(A), 36-513, and 36-530;
 9. If a client is evaluated on an inpatient basis and does not make application for further care and treatment:
 - a. The client is discharged according to A.R.S. §§ 36-506(D), 36-531(A) and (D), and 36-534; or
 - b. A petition for court-ordered treatment is prepared and filed according to A.R.S. §§ 36-531(B) and (C) and 36-533;
 10. Before a hearing on a petition for court-ordered treatment, information is provided to:
 - a. The client's attorney, according to A.R.S. § 36-537(A); and
 - b. The physicians treating the client, according to A.R.S. § 36-539(A);
 11. At the hearing on a petition for court-ordered treatment, testimony is provided by the physicians who conducted the evaluation, according to A.R.S. § 36-539 (B);
 12. If a petition for court-ordered evaluation is not filed because it has been determined that the proposed client will voluntarily receive an evaluation and is unlikely to present a danger to self or others pending the voluntary evaluation, a voluntary evaluation is conducted according to the requirements in A.R.S. §§ 36-518 and 36-522;
 13. If a client admitted voluntarily according to A.R.S. § 36-522 is discharged, the discharge meets the requirements in A.R.S. § 36-519; and
 14. A client receives an emergency evaluation according to:
 - a. The admission requirements in A.R.S. §§ 36-524, 36-526, and 36-527(A);
 - b. The consent requirements in A.R.S. § 36-528(A);
 - c. The notification requirements in A.R.S. § 36-528(B) and (D);
 - d. The requirements for protection of personal property in A.R.S. § 36-528(C); and
 - e. The discharge requirements in A.R.S. § 36-527(B).

R9-20-803. Supplemental Requirements for Court-Ordered Treatment

- A.** A licensee of an agency that provides court-ordered treatment shall ensure compliance with the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5, Article 5.
- B.** A licensee of an agency that provides court-ordered treatment shall ensure that:
 1. Policies and procedures are developed, implemented, and complied with for providing court-ordered treatment;
 2. A medical director is appointed who:
 - a. Meets the definition of a medical director of a mental health treatment agency in A.R.S. § 36-501, and
 - b. May deputize an individual according to A.R.S. § 36-503;
 3. If a client is receiving court-ordered treatment according to A.R.S. §§ 36-533 through 36-544, the following persons are immediately notified according to A.R.S. § 36-504(B):
 - a. The client's guardian or, if the client does not have a guardian, a family member of the client; and
 - b. The client's agent, if applicable;
 4. A staff member or employee does not deprive a client of a client right identified in A.R.S. §§ 36-504(A), 36-506(A) or (B), 36-507, 36-510, 36-512, 36-514, or 36-520(H);

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5. The property of a client receiving court-ordered treatment is protected according to A.R.S. § 36-508;
6. Client records and information are confidential and are not disclosed except according to A.R.S. §§ 12-2292, 36-504, and 36-517.01;
7. Treatment:
 - a. Is provided according to the requirements in A.R.S. §§ 36-511, 36-540(E) and (K), and 36-540.01;
 - b. Is documented according to the requirements in A.R.S. § 36-511(A);
 - c. Is provided without the use of restraint or seclusion, except as provided in A.R.S. § 36-513;
8. A client who has been found to be gravely disabled and who is undergoing court-ordered treatment receives an annual examination and review to determine whether the continuation of court-ordered treatment is appropriate according to A.R.S. § 36-543(D) through (F);
9. A client is discharged according to A.R.S. §§ 36-506(D), 36-519, 36-541.01, 36-542, and 36-543(A) and (B); and
10. If a client seeks judicial review, the medical director complies with the requirements in A.R.S. § 36-546.

ARTICLE 9. EMERGENCY/CRISIS BEHAVIORAL HEALTH SERVICES

DUI

R9-20-901. General Licensure Requirements for Emergency/Crisis Behavioral Health Services Exceptions for a Licensee of an Agency That Only Provides DUI Screening or DUI Education or Both

- ~~**A.** In addition to requirements specified in R9-20-101 through R9-20-501, agencies providing emergency/crisis behavioral health services shall comply with the applicable requirements of this Article.~~
- ~~**B.** Emergency/crisis behavioral health services shall be provided by, or under the direction of, a behavioral health professional.~~

A licensee of an agency that only provides DUI screening or DUI education or both is not required to comply with the following:

1. R9-20-208.
2. R9-20-209, and
3. R9-20-210.

R9-20-902. Emergency/Crisis Behavioral Health Services Supplemental Requirements for DUI screening

- ~~**A.** The agency shall develop and put into effect written procedures that govern the provision of the agency's emergency/crisis behavioral health services including the provision of services in a timely manner consistent with the presenting issue.~~
- ~~**B.** Service requirements for agencies which provide emergency behavioral health services:~~
1. ~~Emergency services for clients who require a protected, supervised environment to reduce or eliminate an emergency situation and need to be kept overnight in an out-of-home setting, but who are not violent, suicidal or in need of medication stabilization, may be provided in a shelter agency. Such agencies shall, at a minimum, meet requirements of R9-20-801.~~
 2. ~~Emergency services for clients who are not violent, suicidal or in need of medication stabilization but who require protected, supervised out-of-home environment which offers short-term counseling and therapeutic activities to reduce or eliminate an emergency situation may be provided in a shelter agency. Such agencies shall, at a minimum, meet requirements of R9-20-701.~~
 3. ~~Emergency crisis services for clients who have been determined to be violent, in danger of harming themselves or others, or who are in need of medication stabilization and need to be kept overnight shall be provided only in a Level I behavioral health facility licensed to provide psychiatric acute care.~~
 4. ~~The agency shall have 24-hour staff coverage and on-call behavioral health professional consultation staff available to provide immediate telephone service.~~
 5. ~~Agency staff shall have the ability to contact, and provide clear concise information about the client and the emergency situation to, the client's physician, case manager, counselor and/or family as necessary.~~
 6. ~~The agency shall have service agreements with the nearest emergency medical service transport agency, a local hospital, and law enforcement for assistance when determined to be necessary.~~
 7. ~~The agency shall determine circumstances under which definitive care should not be provided and procedures that should be followed in referring an individual to a more appropriate agency.~~
 8. ~~During regular operation hours, at least one member of the emergency service staff on duty shall have the education and training to perform first aid and cardiopulmonary resuscitation and to counsel clients who are experiencing acute distress due to behavioral health issues.~~
- ~~**C.** Staff members providing emergency service assessment, triage and counseling shall meet the qualification requirements of a behavioral health technician as stated in R9-20-306(C) under clinical supervision of a behavioral health professional pursuant to R9-20-306(B) or a clinical supervisor pursuant to R9-20-307(B).~~
- ~~**D.** Emergency services shall be documented in the client record, to the extent the information is available, in accordance with the requirements in R9-20-407.~~

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- A.** A licensee of an agency that provides DUI screening shall ensure that policies and procedures are developed, implemented, and complied with for:
1. Conducting DUI screening.
 2. Tracking and referring a DUI client to DUI education or DUI treatment, and
 3. Communicating with and reporting information to a referring court.
- B.** A licensee of an agency that provides DUI screening shall ensure that:
1. The following information is reported to the referring court:
 - a. The results of a DUI client's DUI screening;
 - b. The agency's recommendations, based upon the DUI screening, for DUI education or DUI treatment;
 - c. The name of the licensed agency selected by the client to provide DUI education or DUI treatment; and
 - d. If the DUI client is enrolled in DUI education or DUI treatment, the DUI client's compliance, progress, and completion; and
 2. The referring court receives written notification within five working days, unless otherwise specified by the court, when a DUI client:
 - a. Fails to obtain or complete DUI screening;
 - b. Fails to pay the cost of DUI screening;
 - c. Fails to comply with or to complete DUI education or DUI treatment; or
 - d. Completes DUI screening, DUI education, or DUI treatment.
- C.** A licensee of an agency that provides DUI screening shall ensure that a client's DUI screening:
1. Occurs within 30 days after the date of the court order, unless otherwise required in the court order;
 2. Is conducted by a behavioral health professional or a behavioral health technician;
 3. Consists of a face-to-face interview that lasts at least 30 minutes but not more than three hours;
 4. Includes administering at least one standardized instrument for measuring alcohol dependency or substance abuse, such as the Driver Risk Inventory, the Michigan Alcoholism Screening Test, the Minnesota Multiphasic Personality Inventory, the Mortimer-Filkins, or the Substance Abuse Subtle Screening Inventory; and
 5. Is documented in the client record.
- D.** A licensee of an agency that provides DUI screening shall ensure that a DUI client is given the following information in writing before DUI screening is conducted and that the DUI client's receipt of the information is documented:
1. The procedures for conducting DUI screening;
 2. The timeline for initiating and completing DUI screening;
 3. The consequences to the DUI client for not complying with the procedures and timeline; and
 4. The cost and methods of payment for DUI screening, DUI education, and DUI treatment.
- E.** A licensee of an agency that provides DUI screening shall classify a DUI client based upon the information obtained in the DUI screening as follows:
1. A level 1 DUI client:
 - a. Meets at least one of the following:
 - i. Has previously been arrested or convicted two or more times for alcohol or drug-related offenses;
 - ii. Had an alcohol concentration of .15 or higher at the time of the arrest that led to the current referral;
 - iii. Has been unable to control use of alcohol or drugs or has habitually used alcohol or drugs;
 - iv. Admits a problem controlling alcohol or drug use;
 - v. Has been diagnosed with substance abuse or organic brain disease resulting from substance abuse;
 - vi. Has experienced symptoms of withdrawal from alcohol or drug use that included visual, auditory, or tactile hallucinations; convulsive seizures; or delirium tremens; or
 - vii. Has been diagnosed with alcoholic liver disease, alcoholic pancreatitis, or alcoholic cardiomyopathy by a medical practitioner; or
 - b. Meets at least three of the following:
 - i. Provided responses during DUI screening that indicated substance abuse;
 - ii. Had an alcohol concentration of .08 or higher at the time of the arrest that led to the current referral;
 - iii. Has previously been arrested or convicted one time for an alcohol-or drug-related offense;
 - iv. Has experienced a decrease in attendance or productivity at work or school as a result of drug or alcohol use;
 - v. Has experienced family, peer, or social problems associated with drug or alcohol use;
 - vi. Has previously participated in substance abuse education or treatment for problems associated with alcohol or drug use;
 - vii. Has experienced blackouts as a result of alcohol or drug use;
 - viii. Has passed out as a result of drug or alcohol use;
 - ix. Has experienced symptoms of withdrawal from alcohol or drug use including shakes or malaise relieved by resumed alcohol or drug use; irritability; nausea; or anxiety;
 - x. Exhibits a psychological dependence on drugs or alcohol;

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- ~~1. The agency shall have mobile crisis service coverage provided by teams staffed to operate 24 hours a day, 365 days a year.~~
 - ~~2. On-call behavioral health professional consultation staff shall be immediately available for direct consulting 24 hours a day.~~
 - ~~3. Agency staff providing emergency services shall evaluate the physical and psychological status of clients, the urgency of the situation, and the type of service available to best meet the client's needs.~~
 - ~~4. Emergency service staff shall have the ability to perform first aid, cardiopulmonary resuscitation, and counsel clients who are experiencing acute distress due to behavioral health issues.~~
 - ~~5. Agencies which provide non-ambulance transportation services to emergency service clients shall meet requirements specified in R9-20-413.~~
 - ~~6. Ambulance services shall be licensed by the Department.~~
- B. Minimum staff requirements for mobile crisis services:**
- ~~1. Mobile crisis teams shall consist of at least two individuals; one member shall be a behavioral health technician pursuant to R9-20-306(C).~~
 - ~~2. Emergency service staff shall have the training in first aid and cardiopulmonary resuscitation.~~
- A. A licensee of an agency that provides DUI education shall ensure that a DUI client is given the following information in writing before DUI education is conducted and that the DUI client's receipt of the information is documented:**
1. The procedures for conducting DUI education;
 2. The timeline for initiating and completing DUI education;
 3. The consequences to the DUI client for not complying with the procedures and timeline;
 4. The information that will be contained in a report to the DUI screening agency or the referring court; and
 5. The cost and methods of payment for DUI education and DUI treatment.
- B. A licensee of an agency that provides DUI education shall ensure that:**
1. DUI education is provided in a classroom setting;
 2. A current written schedule of DUI education classes is maintained at the agency;
 3. DUI education consists of at least 16 hours in the classroom setting;
 4. DUI education is scheduled to be completed within eight weeks from the date of the first class;
 5. The number of DUI clients enrolled in a class of DUI education does not exceed 30; and
 6. DUI education is provided by a behavioral health professional or behavioral health technician.
- C. Participation in a self-help group or peer support program, such as Alcoholics Anonymous or Narcotics Anonymous, is not DUI education and does not count toward required hours in DUI education.**
- D. A licensee of an agency that provides DUI education shall ensure that:**
1. A written pre-test is administered to a DUI client before receiving DUI education to measure the DUI client's knowledge of the subject areas listed in subsection (D)(2);
 2. DUI education includes information on:
 - a. The physiological effects of alcohol and drug use;
 - b. How alcohol use and drug use affect an individual's ability to operate a vehicle, including how an individual's alcohol concentration is measured and how alcohol concentration impacts an individual's ability to operate a vehicle;
 - c. Alternatives to operating a motor vehicle while impaired by alcohol or drug use;
 - d. The psychological and sociological effects of alcohol and drug use;
 - e. The stages of substance abuse;
 - f. Self-assessment of alcohol or drug use;
 - g. Criminal penalties and statutory requirements for sentencing DUI clients;
 - h. Alternatives to alcohol or drug use;
 - i. Identification of different approaches to the treatment of substance abuse;
 - j. Resources, programs, and interventions available in the community for treatment of substance abuse; and
 - k. Orientation to the process and benefits of group counseling and self-help groups such as Alcoholics Anonymous and Narcotics Anonymous; and
 3. A written post-test is administered to a DUI client after receiving DUI education to measure the DUI client's knowledge of the subject areas listed in subsection (D)(2).
- E. A licensee of an agency that provides DUI education shall ensure that a policy and procedure is developed, implemented, and complied with for using the results of pre-tests and post-tests required under subsection (D) for analyzing the licensee's DUI education program.**
- E. A licensee of an agency that provides DUI education shall ensure that a DUI client who completes DUI education receives written documentation that indicates satisfactory completion of DUI education and includes:**
1. The name of the agency providing the DUI education,
 2. The date of completion, and
 3. The name of the DUI client.

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- G.** A licensee of an agency that provides DUI education shall ensure that a policy and procedure is developed, implemented, and complied with for providing written notification of the following events to the DUI screening agency and, if applicable, the referring court within five working days after the event:
1. A DUI client's failure to enroll in DUI education by the deadline established by the DUI screening agency or the referring court;
 2. A DUI client's failure to comply with the requirements of DUI education, including failure to attend DUI education or failure to pay required costs; and
 3. A DUI client's completion of DUI education.
- H.** A licensee of an agency that provides DUI education shall ensure that, for each DUI client, a written report is prepared and provided to the DUI screening agency and, if applicable, the referring court that includes:
1. Whether the DUI client:
 - a. Enrolled in DUI education and the date of enrollment;
 - b. Complied with the requirements of DUI education; and
 - c. Completed DUI education and, if so, the date of completion; and
 2. Any recommendation for additional DUI education or for DUI treatment.
- I.** A licensee of an agency that provides DUI education may refer a DUI client back to the DUI screening agency:
1. If the DUI education agency determines that a DUI client's treatment needs cannot be met by the DUI education agency because the DUI client:
 - a. Requires behavioral health services that the DUI education agency is not authorized or able to provide.
 - b. Has a physical or other disability that the DUI education agency is unable to accommodate, or
 - c. Requires education to be provided in a language in which instruction is not provided by the DUI education agency; and
 2. With written documentation of the reason that the DUI education agency is unable to meet the DUI client's treatment needs and a recommendation for additional or alternative DUI education that would meet the DUI client's treatment needs.
- J.** A licensee of an agency that provides DUI education shall maintain a record for each DUI client that contains:
1. Documents received from the DUI screening agency or referring court regarding the DUI client;
 2. Documentation that the DUI client received the information contained in subsection (A);
 3. The pre-test and post-test completed by the DUI client;
 4. The dates of the DUI client's attendance at DUI education;
 5. A copy of the documentation indicating the DUI client's satisfactory completion of DUI education as described under subsection (F);
 6. A copy of the report provided to the DUI screening agency or referring court as required in subsection (H);
 7. A copy of the written documentation provided to the DUI screening agency or court as described in subsection (I); and
 8. Documentation of any written information or verbal contact regarding the DUI client with the DUI screening agency; the referring court, if any; a Department of Motor Vehicles; or another agency authorized to provide DUI education or DUI treatment.

R9-20-904. Supplemental Requirements for DUI Treatment

- A.** A licensee of an agency that provides DUI treatment shall ensure that a policy and procedure is developed, implemented, and complied with for providing written notification of the following events to the DUI screening agency and, if applicable, the referring court within five working days after the event:
1. A DUI client's failure to enroll in DUI treatment by the deadline established by the DUI screening agency or the referring court;
 2. A DUI client's failure to comply with the requirements of DUI treatment, including failure to attend DUI treatment or failure to pay required costs; and
 3. A DUI client's completion of DUI treatment.
- B.** A licensee of an agency that provides DUI treatment shall ensure that a DUI client is given the following information in writing before DUI treatment is conducted and that the DUI client's receipt of the information is documented:
1. The procedures for conducting DUI treatment,
 2. The timeline for initiating and completing DUI treatment,
 3. The consequences to the DUI client for not complying with the procedures and timeline,
 4. The information that will be contained in a report to the DUI screening agency or the referring court, and
 5. The cost and methods of payment for DUI treatment.
- C.** A licensee of an agency that provides DUI treatment shall ensure that DUI treatment:
1. Is based upon the information and results obtained from the DUI screening agency or referring court; and
 2. Includes at least 20 hours of group counseling that:
 - a. Is provided by a behavioral health technician or behavioral health professional;
 - b. Is provided in at least ten sessions that last between 90 and 120 minutes each;

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- c. Includes no more than 15 DUI clients or, if family members participate in group counseling, 20 individuals; and
 - d. Is documented in a client record.
- D.** Participation in a self-help group or peer support program, such as Alcoholics Anonymous or Narcotics Anonymous, is not DUI treatment and does not count toward required hours in DUI treatment.
- E.** A licensee of an agency that provides DUI treatment shall ensure that, for each DUI client, a written report is prepared and provided to the DUI screening agency and, if applicable, the referring court according to the timeline established by the DUI screening agency and the DUI treatment agency that includes:
 - 1. Whether the DUI client:
 - a. Enrolled in DUI treatment and the date of enrollment;
 - b. Complied with the requirements of DUI treatment; and
 - c. Completed DUI treatment and, if so, the date of completion;
 - 2. The DUI client's progress in DUI treatment; and
 - 3. Any recommendation for additional DUI treatment.
- F.** A licensee of an agency that provides DUI treatment shall ensure that a DUI client, after completing DUI treatment, receives an exit interview from a staff member that includes a review of the information contained in the report required in subsection (E).
- G.** A licensee of an agency that provides DUI treatment may refer a DUI client back to the DUI screening agency:
 - 1. If the DUI treatment agency determines that the DUI client's treatment needs cannot be met by the DUI treatment agency because the DUI client:
 - a. Requires behavioral health services that the DUI treatment agency is not authorized or able to provide,
 - b. Has a physical or other disability that the DUI treatment agency is unable to reasonably accommodate, or
 - c. Requires treatment to be provided in a language in which instruction is not provided by the DUI treatment agency; and
 - 2. With written documentation of the reason that the DUI treatment agency is unable to meet the DUI client's treatment needs and a recommendation for additional or alternative DUI treatment that would meet the DUI client's treatment needs.
- H.** A licensee of an agency that provides DUI treatment shall ensure that a record is maintained for each DUI client that contains:
 - 1. Information and documents received from the screening agency or the referring court regarding the DUI client, if any;
 - 2. The DUI client's assessment and treatment plan required in R9-20-209;
 - 3. Documentation of each group counseling session in which the DUI client participated, including:
 - a. The date of the group counseling session,
 - b. The topics discussed, and
 - c. The DUI client's progress in meeting treatment goals;
 - 4. Documentation of the DUI client's exit interview required in subsection (F);
 - 5. A copy of the report provided to the DUI screening agency or referring court as required in subsection (E); and
 - 6. Documentation of any other written information from or verbal contact with the DUI screening agency or the referring court, if any.

ARTICLE 10. ~~OUTPATIENT SERVICES~~ OPIOID TREATMENT

R9-20-1001. ~~Outpatient Clinic Definitions~~

- A.** ~~In addition to requirements specified in R9-20-101 through R9-20-410, R9-20-413, and R9-20-501, agencies providing outpatient clinic services shall comply with the requirements of this rule.~~
- B.** ~~Required services shall include the following:-~~
 - 1. ~~Screening, assessment and evaluation services shall be provided by the agency or through a contract, including psychiatric evaluation, psychological testing, physical examination, medication assessment, laboratory services, pharmacological services, and observational assessment as indicated in the service plan:~~
 - a. ~~Such services should not be repeated upon admission if they have been provided for the client within the prior 45 days or there has not been a break in service delivery for a period greater than three days immediately prior to admission unless clinical indications are documented clearly and in detail in the client record.~~
 - b. ~~Copies of all assessment and evaluation reports shall be used in service planning and filed in the client's record.~~
 - c. ~~After hours of operation, the agency shall have a method to refer clients who are in need of an assessment or emergency/ crisis counseling to an agency which provides such services on a 24-hour basis.~~
 - 2. ~~Psychotherapy or counseling services for a range of behavioral health issues including individual counseling, group therapy and family counseling.~~
- C.** ~~The agency may also provide the following services:-~~

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1. Medication administration, adjustment and monitoring;
2. Emergency or crisis counseling;
3. Partial care programs; and
4. Transportation services.

D. Minimum staff requirements for services.

1. Assessment services shall be provided by staff members licensed or certified to provide applicable services. Behavioral health technicians may provide initial screening and assessment functions.
2. Counseling services or partial care shall be provided by a staff member licensed or certified under A.R.S. Title 32, or a behavioral health technician.
3. Medication monitoring and medication adjustment shall be provided by a licensed physician or psychiatrist, or other allied health professionals licensed or certified under A.R.S. Title 32 to provide such services.

In addition to the definitions in R9-20-101, the following definitions apply in this Article, unless otherwise specified:

1. “Administrative withdrawal” means a client’s detoxification treatment coinciding with the client’s involuntary discharge from opioid treatment, typically resulting from non-payment of fees, violent or disruptive behavior, or incarceration or other confinement.
2. “Comprehensive initial assessment” means the collection and analysis of a client’s social, medical, and treatment history.
3. “Comprehensive maintenance treatment” means:
 - a. Dispensing or administering an opioid agonist treatment medication at stable dosage levels for a period in excess of 21 days to an individual for opioid addiction, and
 - b. Providing medical and therapeutic services to the individual with opioid addiction.
4. “Detoxification treatment” means dispensing or administering an opioid agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects of withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug-free state.
5. “Dispense” has the same meaning as in A.R.S. § 32-1901.
6. “Diversion” means the unauthorized transfer of an opioid agonist treatment medication, such as a street sale.
7. “Dosage” means the amount, frequency, and number of doses of medication for an individual.
8. “Dose” means a single unit of opioid agonist treatment medication.
9. “Illicit opiate drug” means an illegally obtained opioid drug that causes addiction and reduces or destroys an individual’s physical, social, occupational, or educational functioning, such as heroin.
10. “Intake screening” means determining whether an individual meets the criteria for receiving opioid treatment.
11. “Long-term detoxification treatment” means detoxification treatment for a period of more than 30 days but less than 180 days.
12. “Opioid treatment” means:
 - a. Detoxification treatment,
 - b. Short-term detoxification treatment,
 - c. Long-term detoxification treatment, or
 - d. Comprehensive maintenance treatment.
13. “Opioid agonist treatment medication” means a prescription medication, such as methadone or levo-alpha-acetyl-methadol, that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opiate addiction.
14. “Physiologically dependent” means physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug.
15. “Program sponsor” means the person named in the application for licensure as responsible for the operation of the opioid treatment program and who assumes responsibility for the acts and omissions of staff members or employees of the opioid treatment program.
16. “Short-term detoxification” means detoxification treatment that occurs over a continuous period of 30 days or less.
17. “Take-home medication” means one or more doses of an opioid agonist treatment medication dispensed to a client for use off the premises.

R9-20-1002. Outpatient Rehabilitation Agency Administration

- A.** In addition to requirements specified in R9 20 101 through R9 20 410, R9 20 413, R9 20 501, and R9 20 1001, agencies providing outpatient rehabilitation services shall comply with the requirements of this rule.
- B.** Outpatient rehabilitation agencies shall provide all required services as specified in requirements for outpatient clinics plus one or more of the following services:
 1. Intensive in-home services, if it is determined that the client requires intervention and there is a need for behavioral health treatment services which are more intensive than traditional outpatient services; due to the risk of family dissolution; to minimize the need for out of home care or other more intensive services; or to facilitate family reunification during the transition period following out of home treatment services.
 - a. Intensive in-home counseling shall be provided by a team of no less than two qualified staff members.

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- b. ~~Intensive in-home individual and family counseling services shall be available to the client and the client's family members in the magnitude indicated as necessary based on the client assessment, evaluation and diagnosis, and which is specified in the individual treatment plan. Services shall be provided, at any given time, based upon the acuity of the family system and condition.~~
- e. ~~The agency shall have a method to refer clients who are in need of emergency/ crisis counseling to an agency which provides such services on a 24-hour basis if the client's assigned in-home counselor is not available.~~
- 2. ~~Home-based counseling, provided in the client's residence other than a hospital, or a Level I or II behavioral health facility when the client cannot obtain services at an outpatient clinic or when it is determined to be more beneficial in attaining goals and objectives in the client's treatment plan.~~
 - a. ~~Home-based counseling shall be provided by one or more qualified staff members who, at a minimum, meet requirements of a behavioral health technician.~~
 - b. ~~Home-based counseling shall be provided as specified by the individualized treatment plan.~~
 - e. ~~The agency shall have a method to refer clients who are in need of emergency/ crisis counseling to an agency which provides such services on a 24-hour basis if the client's assigned in-home counselor is not available.~~
- 3. ~~In-home supportive services which allow the client the opportunity to function as part of a household.~~
 - a. ~~Such services shall assist the client in developing independence in daily living.~~
 - b. ~~Such services may include vocational, educational, community and recreational opportunities.~~

A program sponsor shall ensure that:

- 1. The program sponsor designates a physician to serve as medical director and to have authority over all medical aspects of opioid treatment;
- 2. Written policies and procedures are developed, implemented, complied with, and maintained at the agency and include:
 - a. Procedures to prevent a client from receiving opioid treatment from more than one agency or physician concurrently;
 - b. Procedures to meet the unique needs of diverse populations, such as pregnant women, children, individuals with HIV or AIDS, or individuals involved in the criminal justice system;
 - c. Procedures for relapse prevention;
 - d. Procedures for conducting a physical examination, assessment, and laboratory test;
 - e. Procedures for establishing substance abuse counselor caseloads, based on the intensity and duration of counseling required by each client;
 - f. Criteria for when the level of opioid agonist treatment medication in a client's blood should be checked and procedures for having the test performed;
 - g. A requirement that a client who is physiologically dependent as a result of chronic pain receives consultation with or a referral for consultation with a medical practitioner who specializes in chronic pain;
 - h. Procedures for performing laboratory tests, such as urine drug screens or toxicological tests, including procedures for collecting specimens for testing;
 - i. Procedures for addressing and managing a client's concurrent abuse of alcohol or other drugs;
 - j. Procedures for providing take-home medication to clients;
 - k. Procedures for conducting detoxification treatment;
 - l. Procedures for conducting an administrative withdrawal;
 - m. Procedures for voluntary discharge, including a requirement that a client discharged voluntarily be provided or offered follow-up services, such as counseling or a referral for medication for depression or sleep disorders;
 - n. Procedures to minimize the following adverse events:
 - i. A client death.
 - ii. A client's loss of ability to function.
 - iii. A medication error.
 - iv. Harm to a client's family member or another individual resulting from ingesting a client's medication.
 - v. Sales of illegal drugs on the premises.
 - vi. Diversion of a client's medication.
 - vii. Harassment or abuse of a client by a staff member or another client, and
 - viii. Violence on the premises;
 - o. Procedures to respond to an adverse event, including:
 - i. A requirement that the program sponsor immediately investigate the adverse event and the surrounding circumstances;
 - ii. A requirement that the program sponsor or the program sponsor's designee develop and implement a plan of action to prevent a similar adverse event from occurring in the future; monitor the action taken; and take additional action, as necessary, to prevent a similar adverse event;
 - iii. A requirement that action taken under the plan of action be documented; and

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- iv. A requirement that the documentation be maintained at the agency for at least two years after the date of the adverse event;
- p. Procedures for infection control; and
- q. Procedures to ensure that the facility's physical appearance is clean and orderly and that facility operations do not impede pedestrian or traffic flow; and
- 3. A written quality assurance plan is developed and implemented and includes:
 - a. Procedures for providing staff members training;
 - b. Procedures for developing, administering, and reviewing client satisfaction surveys;
 - c. Procedures for monitoring and measuring treatment outcomes;
 - d. Procedures to ensure that opioid agonist treatment medications are not diverted or used for purposes other than a client's treatment; and
 - e. A requirement that the policies and procedures described in this Section are reviewed and updated, as appropriate, at least once every 12 months.

R9-20-1003. Outpatient Detoxification Services Admission

- A.** In addition to requirements specified in R9-20-101 through R9-20-410, R9-20-413, R9-20-501, and R9-20-1001, agencies providing outpatient detoxification services shall comply with the requirements of this rule.
- B.** Required detoxification services:
 - 1. ~~An outpatient behavioral health facility which provides detoxification services shall state in its program description the types of detoxification services available through the agency.~~
 - 2. ~~The agency shall maintain a structured treatment setting of managing the physiological manifestations and distress for clients who are experiencing symptoms of withdrawal from chemical dependency.~~
 - 3. ~~The agency shall have written policies and procedures governing the detoxification process utilized by the agency, overdose management, and methodologies to be used in cases of medical emergency.~~
 - 4. ~~The client's medical status and needs shall be assessed upon arrival at the agency.~~
 - 5. ~~Chemical dependency and detoxification services shall begin only upon a direct order from a physician defining the medical regimen to be followed. These services shall be available at the agency and shall include the following:~~
 - a. ~~Triage services to determine the need for medical care and transport to a hospital;~~
 - b. ~~Physical examination and chemical dependency assessment prior to initiation of the detoxification process. The agency may provide pharmacological services and medication administration;~~
 - c. ~~Close observational assessment and regular monitoring of vital signs;~~
 - d. ~~Nursing services during all hours of operation by licensed nurses in accordance with the Nurse Practice Act;~~
 - e. ~~Counseling, including individual, group, and family counseling;~~
 - f. ~~Activities to involve the client in interpersonal interactions;~~
 - g. ~~Psychiatric or psychological evaluation which shall be available as needed; and~~
 - h. ~~Referral to other service components or another appropriate treatment agency upon completion of detoxification.~~
 - 6. ~~Telephone numbers for poison control shall be readily available in the staff or nurse's station.~~
 - 7. ~~Clients who require treatment for an acute medical condition beyond the scope of the agency shall be referred to an inpatient hospital.~~
 - 8. ~~The agency shall provide, or have access to, transportation to a hospital inpatient unit on an emergency basis. Telephone numbers of ambulance services and other resources to provide transportation shall be posted in a conspicuous location in the facility.~~
- C.** Minimum staffing requirements:
 - 1. ~~Every outpatient behavioral health facility providing detoxification services shall have a physician on-site or on-call at all times, and the availability of the physician shall be documented.~~
 - 2. ~~Behavioral health personnel providing services to clients withdrawing from chemical dependency shall be knowledgeable of chemical dependency and symptomatology of withdrawal from the range of substances for which the agency provides detoxification. Personnel shall also be knowledgeable of symptoms of complications and medical problems associated with chemical dependency, effects and side effects of medications used in detoxification.~~
 - 3. ~~The agency shall provide, or make available through contract, other staff to provide services necessary to meet the treatment plan requirements for all clients, including psychiatric and psychological services and specialized counseling services.~~
- A.** A program sponsor shall ensure that an individual is only admitted for opioid treatment after an agency medical practitioner determines and documents that:
 - 1. Opioid treatment is medically necessary;
 - 2. The individual meets the definition of opioid dependence contained in the DSM-IV;
 - 3. The individual has received a physical examination as required by subsection (E);

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4. If the individual is requesting maintenance treatment, the individual has been physiologically dependent for at least 12 months before the admission, unless the individual receives a waiver of this requirement from an agency physician because the individual:
 - a. Was released from a penal institution within the last six months;
 - b. Is pregnant, as confirmed by the agency physician;
 - c. Was treated for opioid dependence within the last 24 months; or
 - d. Is under the age of 18; has had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period; and has consent for treatment from a parent, guardian, or custodian; and
 5. If the individual is requesting long-term or short-term detoxification treatment, the individual has not been admitted for detoxification services within the past 12 months.
- B.** A program sponsor shall ensure that an individual requesting long-term or short-term detoxification treatment who has had two or more unsuccessful detoxification treatment episodes within a 12-month period is assessed by an agency physician for other forms of treatment.
- C.** An agency physician shall ensure that each client at the time of admission:
1. Provides written, voluntary, agency-specific consent to treatment using one of the following:
 - a. U.S. Food and Drug Administration, U.S. Department of Health and Human Services, Form FDA 2635, Consent to Treatment With an Approved Narcotic Drug (July 1993), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at <http://www.fda.gov/opacom/morechoices/fdaforms/default.html>; or
 - b. U.S. Food and Drug Administration, U.S. Department of Health and Human Services, Form FDA 2635a, Consentimiento Para El Tratamiento Con Un Narcotico Aprobado (May 1996), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at <http://www.fda.gov/opacom/morechoices/fdaforms/default.html>;
 2. Is informed of all services that are available to the client through the agency and of all policies and procedures that impact the client's treatment;
 3. Is informed of the following:
 - a. The progression of opioid addiction and the client's apparent stage of opioid addiction;
 - b. The goal and benefits of opioid treatment;
 - c. The signs and symptoms of overdose and when to seek emergency assistance;
 - d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with non-opioid agonist treatment medications or illicit drugs;
 - e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
 - f. The requirement for a staff member to comply with the confidentiality requirements of 42 CFR Part 2 (2000), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from Government Institutes Division, 4 Research Place, Rockville, MD 20850;
 - g. Drug screening and urinalysis procedures;
 - h. Take-home medication requirements;
 - i. Testing and treatment available for HIV and other communicable diseases; and
 - j. The client's right to file a grievance with the agency for any reason, including involuntary discharge, and to have the client's grievance handled in a fair and timely manner.
- D.** A program sponsor shall ensure that a written plan of relapse prevention is developed and implemented for each client admitted for opioid treatment and requires:
1. That the client continue to receive opioid treatment as long as opioid treatment is medically necessary and acceptable to the client;
 2. That the client's other behavioral health issues be identified in the client's treatment plan and addressed;
 3. If the client is receiving detoxification treatment, that counseling or other behavioral health services be offered to the client;
 4. That the client's treatment plan be reviewed and adjusted, if necessary, at the first signs of the client's relapse or impending relapse; and
 5. That the client's family members be provided opportunities to be involved in the client's opioid treatment.
- E.** A program sponsor shall ensure that an agency medical practitioner conducts a physical examination of an individual who requests admission to an agency before the individual receives a dose of opioid agonist treatment medication and that the physical examination includes:
1. Reviewing the individual's bodily systems;
 2. Determining whether the individual shows signs of addiction, such as old and fresh needle marks, constricted or dilated pupils, an eroded or perforated nasal septum, or a state of sedation or withdrawal;

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3. Evaluating the observable or reported presence of withdrawal signs and symptoms, such as yawning, chills, restlessness, irritability, perspiration, nausea, or diarrhea;
4. Obtaining a medical and family history and documentation of current information to determine chronic or acute medical conditions such as diabetes; renal diseases; hepatitis B, C, or Delta; HIV infection; tuberculosis; sexually transmitted disease; pregnancy; or cardiovascular disease;
5. Obtaining a history of behavioral health issues and treatment, including any diagnoses and medications;
6. Obtaining the following information on the client's family:
 - a. The sex and date of birth of the client's children;
 - b. Whether the client's children are living with parents;
 - c. Family medical history; and
 - d. Family history of illicit drug use and alcohol abuse;
7. Initiating the following laboratory tests:
 - a. A Mantoux skin test;
 - b. A test for syphilis;
 - c. A urine drug screen for at least the following:
 - i. Opiates,
 - ii. Methadone,
 - iii. Amphetamines,
 - iv. Cocaine, and
 - v. Barbiturates; and
8. Recommending additional tests based upon the individual's history and physical condition, such as:
 - a. Complete blood count,
 - b. EKG, chest X-ray, pap smear, or screening for sickle cell disease;
 - c. A test for Hepatitis B and C; or
 - d. HIV testing.

E. A program sponsor shall ensure that the results of a client's physical examination are documented in the client record.

R9-20-1004. Assessment and Treatment Plan

A. A program sponsor shall ensure that:

1. A client receives an assessment conducted according to the requirements in R9-20-209(A), (C), and (D);
2. An assessment is conducted by a behavioral health professional or a behavioral health technician;
3. A behavioral health professional reviews and approves a client assessment completed by a behavioral health technician to ensure that the assessment is complete and accurate and identifies whether the client may need medical services;
4. An assessment is documented in the client record within five working days after completing the assessment and includes:
 - a. A description of the client's presenting issue;
 - b. An identification of the client's behavioral health symptoms and the behavioral health issue or issues that require treatment;
 - c. A list of the medical services, including medication, needed by the client, as identified in the physical examination conducted under R9-20-1003(E);
 - d. Recommendations for further assessment or examination of the client's needs;
 - e. Recommendations for treatment needed by the client, such as counseling;
 - f. Recommendations for ancillary services or other services needed by the client;
 - g. The signature and date signed, or documentation of the refusal to sign, of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian; and
 - h. The signature and date signed of:
 - i. The staff member conducting and developing the assessment; and
 - ii. If the assessment was completed by a behavioral health technician, the behavioral health professional approving the assessment.

B. A program sponsor shall ensure that a treatment plan is developed for each client and that the treatment plan is:

1. Based upon the results of the client's physical examination and assessment;
2. Developed by a behavioral health professional or a behavioral health technician;
3. Developed with the participation of the client, the client's guardian, or the client's agent or, if the client is a child, the client's parent, guardian, or custodian;
4. If the treatment plan was completed by a behavioral health technician, reviewed and approved by a behavioral health professional to ensure that the treatment plan is complete and accurate and meets the client's treatment needs;
5. Documented in the client record within five working days after completion, to include:
 - a. The client's presenting issue;

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- b. One or more treatment goals;
 - c. One or more treatment methods and the frequency of each treatment method;
 - d. The date when the client's treatment plan will be reviewed;
 - e. The method and frequency of communicating the client's progress to:
 - i. The client;
 - ii. The client's parent, guardian, custodian, agent, family member, or designated representative;
 - iii. The individual who coordinates behavioral health services and ancillary services for the client; and
 - iv. Other agencies, individuals, or entities that provide treatment to the client;
 - f. If a discharge date has been determined, the treatment needed after discharge;
 - g. The signature and date signed, or documentation of the refusal to sign, of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian; and
 - h. The signature and date signed of:
 - i. The staff member conducting and developing the treatment plan; and
 - ii. If the treatment plan was completed by a behavioral health technician, the behavioral health professional approving the treatment plan; and
6. Reviewed and updated on an on-going basis:
- a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changes,
 - c. When additional information that affects the client's assessment is identified,
 - d. When a client has a significant change in condition or experiences an event that affects treatment, and
 - e. At least once every three months during the client's first year of opioid treatment and at least once every six months after the client's first year of opioid treatment.

R9-20-1005. Dosage

A program sponsor shall ensure that:

- 1. A dose of opioid agonist treatment medication is administered only after an order from a medical practitioner;
- 2. A client's dosage of opioid agonist treatment medication is individually determined;
- 3. A dose of opioid agonist treatment medication is sufficient to produce the desired response in a client for the desired duration of time and with consideration for client safety;
- 4. A dose of opioid medication is prescribed to meet a client's treatment needs by:
 - a. Preventing the onset of subjective or objective signs of withdrawal for 24 hours or more;
 - b. Reducing or eliminating the drug craving that is experienced by opioid addicted individuals who are not in opioid treatment; and
 - c. Blocking the effects of any self-administered opioid drugs without inducing persistent euphoric or other undesirable effects that are reported by the client or observed by other individuals;
- 5. A client receiving comprehensive maintenance treatment receives an initial dose of opioid agonist treatment medication based upon the medical practitioner's physical examination and with consideration for local issues, such as the relative purity of available illicit opioid drugs;
- 6. A client receiving methadone in comprehensive maintenance treatment receives an initial dose of methadone that does not exceed 30 milligrams and:
 - a. If the client's withdrawal symptoms are not suppressed three hours after the initial dose of 30 milligrams, a client receives an additional dose that does not exceed 10 milligrams only if an agency nurse documents in the client record that 30 milligrams did not suppress the client's withdrawal symptoms; and
 - b. If the client's withdrawal symptoms are not suppressed by a total dose of 40 milligrams, a client receives an additional dose only if an agency physician documents in the client record that 40 milligrams did not suppress the client's withdrawal symptoms;
- 7. A client receiving levo-alpha-acetyl-methadol in comprehensive maintenance treatment receives an initial dose according to the instructions on the opioid agonist treatment medication package insert, and any deviation from the instructions is documented by the medical practitioner in the client record; and
- 8. A client receives subsequent doses of opioid agonist treatment medication:
 - a. Based on the client's individual needs and the results of the physical examination and assessment;
 - b. Sufficient to achieve the desired response for at least 24 hours, with consideration for day-to-day fluctuations and elimination patterns;
 - c. That are not used to reinforce positive behavior or punish negative behavior;
 - d. As long as the client benefits from and desires comprehensive maintenance treatment; and
 - e. That are adjusted if an agency changes from one type of opioid agonist treatment medication to another.

R9-20-1006. Drug Screening

A program sponsor shall ensure that:

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1. Staff members have knowledge of the benefits and limitations of urine drug screening and other toxicological testing procedures;
2. At least eight random urine drug screens are completed each year for a client in comprehensive maintenance treatment, and other toxicological tests are performed according to written orders from a medical practitioner;
3. Urine and other toxicological testing specimens are collected in a manner that minimizes falsification;
4. Urine samples are tested for:
 - a. Opiates;
 - b. Methadone;
 - c. Amphetamines;
 - d. Cocaine;
 - e. Barbiturates;
 - f. Benzodiazepines; and
 - g. Other substances based upon the client record; and
5. The results of a client's urine drug screen or other toxicological test and any action taken relating to the results are documented in the client record.

R9-20-1007. Take-Home Medication

- A.** A program sponsor shall ensure that policies and procedures are developed, implemented, and complied with for the use of take-home medication and include:
1. Criteria for determining when a client is ready to receive take-home medication;
 2. Criteria for when a client's take-home medication is increased or decreased;
 3. A requirement that take-home medication be dispensed according to federal and state law;
 4. A requirement that a medical practitioner review a client's take-home medication regimen at intervals established in the client's treatment plan and adjust the client's dosage, as needed; and
 5. Procedures for safe handling and secure storage of take-home medication in a client's home.
- B.** Except as provided in subsection (C), a program sponsor shall ensure that a client is permitted to have take-home medication only upon the determination and written permission of the agency medical director, based upon the following:
1. Absence of abuse of drugs, including alcohol;
 2. Regularity of agency attendance;
 3. Length of time in comprehensive maintenance treatment;
 4. Absence of criminal activity;
 5. Absence of serious behavioral problems at the agency;
 6. Special needs of the client such as physical health needs;
 7. Assurance that take-home medication can be safely stored in the client's home;
 8. Stability of the client's home environment and social relationships;
 9. The client's work, school, or other daily activity schedule;
 10. Hardship experienced by the client in traveling to and from the agency; and
 11. Whether the benefit the client would receive by decreasing the frequency of agency attendance outweighs the potential risk of diversion.
- C.** A client in comprehensive maintenance treatment may receive a single dose of take-home medication for each day that an agency is closed for business, including Sundays and state and federal holidays.
- D.** A program sponsor shall ensure that take-home medication is only issued to a client in compliance with the following restrictions:
1. During the first 90 days of comprehensive maintenance treatment, a client may receive a maximum of one dose of take-home medication each week in addition to any doses received as described in subsection (C);
 2. During the second 90 days of comprehensive maintenance treatment, a client may receive a maximum of two doses of take-home medication each week in addition to any doses received as described in subsection (C);
 3. During the third 90 days of comprehensive maintenance treatment, a client may receive a maximum of three doses of take-home medication each week in addition to any doses received as described in subsection (C);
 4. In the remaining months of the client's first year, a client may receive a maximum of four doses of take-home medication each week in addition to any doses received as described in subsection (C);
 5. After one year of comprehensive maintenance treatment, a client may receive a maximum of six doses of take-home medication for each week;
 6. After two years of comprehensive maintenance treatment, a client may receive a maximum of 14 doses of take-home medication every two-weeks; and
 7. After three years of comprehensive maintenance treatment, a client may receive a maximum of 31 doses of take-home medication for a month, but shall visit the agency at least once each month.
- E.** A program sponsor shall ensure that a client receiving take-home medication receives:
1. Take-home medication in a child-proof container; and
 2. Written and verbal information on the client's responsibilities in protecting the security of take-home medication.

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- E.** The program sponsor shall ensure that a medical director's determination made under subsection (B) and the reasons for the determination are documented in the client record.

R9-20-1008. Detoxification Treatment

A licensee shall ensure that:

1. Policies and procedures are developed, implemented, and complied with for detoxification treatment and:
 - a. Are designed to promote successful detoxification treatment;
 - b. Require that dose reduction occur at a rate well tolerated by the client;
 - c. Require that a variety of ancillary services, such as self-help groups, be available to the client through the agency or through referral;
 - d. Require that the amount of counseling available to the client be increased before discharge; and
 - e. Require that a client be re-admitted to the agency or referred to another agency if relapse occurs;
2. A client's detoxification treatment:
 - a. For a client involved in comprehensive maintenance treatment, is only initiated as administrative withdrawal or when requested by the client and approved by an agency medical practitioner; and
 - b. Is planned and supervised by an agency medical practitioner;
3. Before a client begins detoxification treatment, whether with or against the advice of an agency medical practitioner, the client:
 - a. Is informed by an agency medical practitioner or a staff member:
 - i. That the client has the right to leave opioid treatment at any time, and
 - ii. Of the risks of detoxification treatment; and
 - b. Receives a schedule for detoxification treatment that is developed by an agency medical practitioner with input from the client;
4. If a client who is receiving detoxification treatment, other than a client experiencing administrative withdrawal, appears to a staff member to relapse, the client is permitted to begin comprehensive maintenance treatment, if otherwise eligible;
5. If a client who has completed detoxification treatment within the past 30 days appears to a staff member to relapse, the client is re-admitted into the agency without a physical examination or assessment;
6. A client experiencing administrative withdrawal is referred or transferred to an agency that is capable of or more suitable for meeting the client's needs, and the referral or transfer is documented in the client record; and
7. The following information is documented in the client record:
 - a. The reason that the client sought detoxification treatment or was placed on administrative withdrawal; and
 - b. The information and assistance provided to the client in detoxification treatment or administrative withdrawal.

R9-20-1009. Counseling and Medical Services

A. A program sponsor shall ensure that:

1. Counseling is provided to each client based upon the client's individual needs and treatment plan; and
2. The agency has substance abuse counselors in a number sufficient:
 - a. To ensure that clients have access to counselors,
 - b. To provide the treatment in clients' treatment plans, and
 - c. To provide unscheduled treatment or counseling to clients.

B. A program sponsor shall ensure that a client has access to a self-help group or support group, such as Narcotics Anonymous, either at the agency or through referral to a community group.

C. A program sponsor shall ensure that a client is provided medical services, including psychiatric services, if needed, either at the agency or through referral. If a client receives medical services, including psychiatric services, from a person not affiliated with the agency, agency staff members shall communicate and coordinate with the person that provides medical services to the client, according to the requirements for the release of client records or information in R9-20-211(A)(3).

R9-20-1010. Diverse Populations

A. A program sponsor shall ensure that:

1. Opioid treatment is provided regardless of race, ethnicity, gender, age, or sexual orientation;
2. Opioid treatment is provided with consideration for a client's individual needs, cultural background, and values;
3. Agency staff members are culturally competent;
4. Unbiased language is used in the agency's print materials, electronic media, and other training or educational materials;
5. HIV testing and education are available to clients either at the agency or through referral;
6. A client who is HIV-positive and who requests treatment for HIV or AIDS:
 - a. Is offered treatment for HIV or AIDS either at the agency or through referral, and
 - b. Has access to an HIV- or AIDS-related peer group or support group and to social services either at the agency or through referral to a community group; and

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7. The agency has a procedure for transferring a client's opioid treatment to the medical practitioner treating the client for HIV or AIDS when HIV or AIDS becomes the client's primary health concern.
- B.** A program sponsor shall ensure that:
 1. An individual who requires administration of opioid agonist treatment medication only for relief of chronic pain is:
 - a. Identified during the physical examination or assessment,
 - b. Not admitted for opioid agonist medication treatment, and
 - c. Referred for medical services; and
 2. A client with a chronic pain disorder who is also physically dependent is treated by a multi-disciplinary team of medical practitioners that includes specialists in addiction medicine and pain management.
- C.** A program sponsor shall ensure that:
 1. A client who may have a mental disorder is identified during the physical examination or assessment.
 2. A client who may have a mental disorder is referred for treatment for the mental disorder, and
 3. The agency has a procedure to communicate and collaborate with a client's behavioral health professional to monitor and evaluate interactions between the client's opioid agonist treatment medication and medications used to treat the client's mental disorder.
- D.** A program sponsor shall ensure that a policy and procedure is developed, implemented, and complied with for the treatment of female clients, to include:
 1. A requirement that staff members be educated in the unique needs of female clients.
 2. A requirement that each female client be informed about or referred to a same sex support group at the agency or in the community, and
 3. A requirement that breast feeding be encouraged during comprehensive maintenance treatment unless medically contraindicated.
- E.** A program sponsor shall ensure that a policy and procedure is developed, implemented, and complied with for the treatment of pregnant clients, to include:
 1. A requirement that priority be given to pregnant individuals seeking opioid treatment;
 2. A requirement that the reasons for a pregnant individual's denial of admission to an agency be documented;
 3. A requirement that a pregnant client be offered prenatal care either at the agency or through referral to a medical practitioner;
 4. A requirement that the agency establish a written agreement with a medical practitioner who is providing prenatal care to a pregnant client, to include a procedure for exchanging opioid treatment and prenatal care information in accordance with R9-20-211(A)(3);
 5. A requirement that a staff member educate a pregnant client who does not obtain prenatal care services on prenatal care;
 6. A requirement that a staff member obtain a written refusal of prenatal care services from a pregnant client who refuses prenatal care services offered by the agency or a referral for prenatal care;
 7. A requirement that a pregnant client receiving comprehensive maintenance treatment before pregnancy be maintained at the pre-pregnancy dose of opioid agonist medication, if effective, and that the dosage requirements of R9-20-1005 be applied;
 8. A requirement that R9-20-1005 be followed for a pregnant client's initial and subsequent doses of opioid agonist treatment medication;
 9. A requirement that a pregnant client be monitored by an agency medical practitioner to determine if pregnancy induced changes in the elimination or metabolization of opioid agonist treatment medication may necessitate an increased or split dose;
 10. A requirement that detoxification treatment not be initiated before 14 weeks or after 32 weeks of gestation and that a pregnant client receiving detoxification treatment be referred to a medical practitioner for supervision of withdrawal that includes fetal assessments; and
 11. A requirement that a pregnant client discharged from the agency be referred to a medical practitioner and that a staff member document the name, address, and telephone number of the medical practitioner in the client record.
- F.** A program sponsor shall ensure that:
 1. Agreements and procedures are established with the criminal justice system to allow the agency to continue providing opioid treatment to clients who are incarcerated, on probation, or on parole; and
 2. Staff members advocate to the criminal justice system for continuous opioid treatment for clients who are incarcerated, on probation, or on parole.

R9-20-1011. Preparedness Planning

- A.** A program sponsor shall ensure that:
 1. The program sponsor has a written agreement with at least one other agency for the provision of opioid agonist treatment medication to agency clients in the event that the agency is unable to provide services,
 2. An agency has 24-hour telephone answering service, and
 3. A list of all clients and the clients' dosage requirements is available and accessible to agency on-call staff members.

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B. A program sponsor shall ensure that a written plan is developed and implemented for continuity of client services if the agency is voluntarily or involuntarily closed and:

1. Includes steps for the orderly transfer of clients to other agencies, individuals, or entities that provide opioid treatment;
2. Includes procedures for securing, maintaining, and transferring client records according to federal and state law; and
3. Is reviewed and updated, as appropriate, at least once every 12 months.

R9-20-1012. Client Records

A program sponsor shall ensure that client records are maintained in compliance with R9-20-211 and that each client record includes:

1. The results of the physical examination conducted according to R9-20-1003;
2. The results of the assessment conducted according to R9-20-1004;
3. The results of laboratory tests and a description of any action taken based upon the results;
4. Documentation of the client's current dose and dosage history;
5. Documentation of counseling provided to the client;
6. Dates and results of meetings or conferences regarding the client's treatment;
7. Documentation of the process used and factors considered in making decisions that impact a client's treatment, such as whether to allow take-home medication and the frequency of urine drug screens; and
8. Documentation of the agency's efforts to learn of multiple opioid treatment program enrollment.

R9-20-1013. Community Relations

A. A program sponsor shall ensure that policies and procedures are developed, implemented, and complied with to educate the community about opioid treatment and to promote understanding in the surrounding community and include:

1. A mechanism for eliciting input from the community about the agency's impact on the community,
2. A requirement that the program sponsor or medical director interface with community leaders to foster positive relations,
3. A requirement that the program sponsor establish a liaison with community representatives to share information about the agency,
4. A requirement that the agency have information on substance abuse and related health and social issues available to the public, and
5. A mechanism for addressing and resolving community concerns about opioid treatment or the agency's presence in the community.

B. A program sponsor shall ensure that community relations efforts are documented and are evaluated at least once every 12 months.

R9-20-1014. Diversion Control

A program sponsor shall ensure that a written plan is developed, implemented, and complied with to prevent diversion of opioid agonist treatment medication from its intended purpose to illicit use and that the written plan includes:

1. Procedures to hold staff members accountable for diversion,
2. A requirement that treatment and administrative activities be continuously monitored to reduce the risk of diversion, and
3. A procedure for stopping identified diversion and for preventing future diversion.

**ARTICLE 11. BEHAVIORAL HEALTH CASE MANAGEMENT AGENCY
MISDEMEANOR DOMESTIC VIOLENCE OFFENDER TREATMENT**

R9-20-1101. Behavioral Health Case Management Agency Misdemeanor Domestic Violence Offender Treatment Standards

In addition to requirements specified in R9-20-101 through R9-20-410, R9-20-413, and R9-20-501, behavioral health case management agencies shall comply with the applicable requirements of this Article.

A. A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that:

1. The agency's program description includes, in addition to the items listed in R9-20-201(A)(2), the agency's method for providing misdemeanor domestic violence offender treatment;
2. The agency's method for providing misdemeanor domestic violence offender treatment:
 - a. Is professionally recognized treatment for which supportive research results have been published within the five years before the date of application for an initial or renewal license;
 - b. Does not emphasize or exclusively include one or more of the following:
 - i. Anger or stress management,
 - ii. Conflict resolution,
 - iii. Family counseling, or
 - iv. Education or information about domestic violence;

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- c. Emphasizes personal responsibility;
 - d. Identifies domestic violence as a means of asserting power and control over another individual;
 - e. Does not require the participation of a victim of domestic violence;
 - f. Includes individual counseling, group counseling, or a combination of individual counseling and group counseling according to the requirements in R9-20-302; and
 - g. Does not include more than 15 clients in group counseling; and
 - 3. Misdemeanor domestic violence offender treatment is not provided at a location where a victim of domestic violence is sheltered.
- B.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that, for each referring court, a policy and procedure is developed, implemented, and complied with for providing misdemeanor domestic violence offender treatment that:
- 1. Establishes:
 - a. The process for a client to begin and complete misdemeanor domestic violence offender treatment;
 - b. The timeline for a client to begin misdemeanor domestic violence offender treatment;
 - c. The timeline for a client to complete misdemeanor domestic violence offender treatment, which shall not exceed 12 months; and
 - d. Criteria for a client's successful completion of misdemeanor domestic violence offender treatment, including attendance, conduct, and participation requirements;
 - 2. Requires the licensee that provides misdemeanor domestic violence offender treatment to notify a client of the consequences to the client, imposed by the referring court or the licensee, if the client fails to successfully complete misdemeanor domestic violence offender treatment;
 - 3. Requires the licensee to notify the referring court in writing within a timeline established with the referring court when any of the following occur:
 - a. The licensee determines that a client referred by the referring court has not reported for admission to the misdemeanor domestic violence offender treatment program,
 - b. The licensee determines that a client referred by the referring court is ineligible or inappropriate for the agency's misdemeanor domestic violence offender treatment program,
 - c. A client is admitted to the agency's misdemeanor domestic violence offender treatment program,
 - d. A client is voluntarily or involuntarily discharged from the agency's misdemeanor domestic violence offender treatment program,
 - e. A client fails to comply with misdemeanor domestic violence offender treatment, or
 - f. A client completes misdemeanor domestic violence offender treatment;
 - 4. Is reviewed by the referring court before the agency provides misdemeanor domestic violence offender treatment;
 - 5. Requires that the referring court's review be documented, to include:
 - a. The date of the review;
 - b. The name and title of the individual performing the review for the referring court; and
 - c. Changes to the policy and procedure requested by the referring court, if applicable;
 - 6. Requires the licensee to contact the referring court at least once every 12 months after the date the licensee begins to provide misdemeanor domestic violence offender treatment to determine whether the referring court has made any changes in its procedures or requirements that necessitate changes to the licensee's policy and procedure;
 - 7. Is reviewed and revised as necessary by the licensee at least once every 12 months; and
 - 8. Is maintained at the agency.
- C.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that misdemeanor domestic violence offender treatment is provided by a staff member who:
- 1. Is either:
 - a. A behavioral health professional, or
 - b. A behavioral health technician with at least an associate's degree;
 - 2. Satisfies one of the following:
 - a. Has at least six months of full-time work experience with domestic violence offenders or other criminal offenders, or
 - b. Is visually observed and directed by a staff member with at least six months of full-time work experience with domestic violence offenders or other criminal offenders; and
 - 3. Has completed at least 40 hours of education or training in one or more of the following areas within the four years before the date the individual begins providing misdemeanor domestic violence offender treatment:
 - a. Domestic violence offender treatment,
 - b. The dynamics and impact of domestic violence and violent relationships, or
 - c. Methods to determine an individual's potential to harm the individual or another.
- D.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that:

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1. In addition to meeting the training requirements in R9-20-206(B), a staff member completes at least eight hours of training, every 12 months after the staff member's starting date of employment or contract service, in one or more of the areas listed in subsection (C)(3); and
 2. Training required in this Section is documented according to R9-20-206(B)(4).
- E.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that a staff member completes an assessment of each client that includes, in addition to the requirements of R9-20-209, the following:
1. Obtaining the case number or identification number assigned by the referring court;
 2. Determining whether the client has any past or current orders for protection or no-contact orders issued by a court;
 3. Obtaining the client's history of domestic violence or family disturbances, including incidents that did not result in arrest;
 4. Obtaining the details of the misdemeanor domestic violence offense that led to the client's referral for misdemeanor domestic violence offender treatment; and
 5. Determining the client's potential to harm the client or another.
- F.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that a client who has completed misdemeanor domestic violence offender treatment receives a certificate of completion that includes:
1. The case number or identification number assigned by the referring court;
 2. The client's name;
 3. The date of completion of misdemeanor domestic violence offender treatment;
 4. The name, address, and telephone number of the agency providing misdemeanor domestic violence offender treatment; and
 5. The signature of an individual authorized to sign on behalf of the licensee.
- G.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall:
1. Provide the original of a client's certificate of completion to the referring court according to the timeline established in the licensee's policy and procedure.
 2. Provide a copy of the client's certificate of completion to the client, and
 3. Maintain a copy of the client's certificate of completion in the client record.

R9-20-1102. Service Requirements for Case Management Agencies Repealed

- A.** ~~Case management and case coordination services shall be provided by a licensed behavioral health agency that specializes in case management and case coordination services.~~
1. ~~Case management and case coordination services must be available 24 hours a day, 365 days a year.~~
 2. ~~Assessment, evaluation and diagnosis services may be provided by the same agency if the agency is in substantial compliance with requirements of R9-20-1201.~~
- B.** ~~The agency shall develop and put into effect policies and procedures to govern all operational functions which meet requirements of this rule.~~
- C.** ~~Case managers and case coordinators shall be in compliance with the requirements in R9-20-306(F) and shall demonstrate competency in the following areas prior to providing case management and case coordination services:~~
1. ~~Managed care systems;~~
 2. ~~Provider networks;~~
 3. ~~Allocation of resources;~~
 4. ~~Philosophy of behavioral health programs;~~
 5. ~~Case management and case coordinator roles and responsibilities;~~
 6. ~~Case management and case coordination procedures and resources; and~~
 7. ~~Characteristics of behavioral health issues and levels of severity.~~
- D.** ~~Case management or case coordination may be done by a behavioral health professional or behavioral health technician employed by a case management or case coordination agency.~~
- E.** ~~Every case manager and case coordinator shall be supervised pursuant to R9-20-307(B).~~
- F.** ~~Qualifications and demonstrated competency shall be documented in the employee's personnel record.~~
- G.** ~~Every case manager and case coordinator shall obtain training to meet any unique needs of the clients assigned to the case manager's or case coordinator's caseload.~~
- H.** ~~Case management and case coordination services shall be staffed to acuity and shall be limited if the caseload consists of clients who are determined to be seriously mentally ill or require 24 hour supervision or are in need of intensive intervention or intensive case management services.~~
- I.** ~~Case management services may be provided through face to face contact, telephone contact, collateral contacts, and support.~~
- J.** ~~If direct treatment services are provided, the agency shall meet the additional requirements of Article 10 of this Chapter.~~
- K.** ~~Psychiatrists and other behavioral health professionals providing SMI clinical case management services shall meet the requirements of R9-20-306(B).~~

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ARTICLE 12. ASSESSMENT, EVALUATION, AND DIAGNOSIS SERVICE AGENCIES
LEVEL 4 TRANSITIONAL AGENCY

R9-20-1201. Assessment, Evaluation, and Diagnosis Service Agency Definitions

- A.** Agencies which provide assessment, evaluation, and diagnosis services shall comply with R9-20-101 through R9-20-403, R9-20-405, R9-20-406, R9-20-409, R9-20-410, and R9-20-501 in addition to this Article.
- B.** Such services shall be provided under the direction of the clinical director who shall be a psychiatrist, licensed physician if the physician has postgraduate training and experience in diagnosis and treatment of behavioral health issues and disorders, or behavioral health professional.
- C.** Upon completion of assessment, evaluation and diagnosis, clients shall be referred to a licensed behavioral health service agency or hospital for treatment services determined to be needed by the client and to a case management agency.
- D.** Services may be provided at the agency offices or at the client's location.
- E.** An agency providing assessment, evaluation and diagnosis services shall be licensed under Article 10 of this Chapter if providing treatment services.

The following definitions apply in this Article unless otherwise specified:

1. "Client profile" means documentation of a client's individual information and goals.
2. "Substance abuse program" means a self-help group or peer support group, such as Alcoholics Anonymous or Narcotics Anonymous.
3. "Supportive intervention" means interaction between a client and a level 4 transitional staff member to assist the client in addressing a behavioral health issue, a crisis situation, or another need.

R9-20-1202. Standards for a Level 4 Transitional Agency

A. A licensee of a level 4 transitional agency shall:

1. Ensure that the licensee complies with this Article and applicable federal, state, and local law;
2. Ensure that a record, report, or document required to be maintained by this Article or applicable federal, state, or local law is provided to the Department as soon as possible upon request and no later than:
 - a. Two hours after the time of a request for a client currently receiving behavioral health services at the agency,
or
 - b. Three working days after the time of a request for a client discharged from the agency;
3. Adopt and maintain a current program description that:
 - a. Meets the requirements in R9-20-201(A)(2), and
 - b. Identifies whether the level 4 transitional agency provides a substance abuse program at the facility;
4. Develop, implement, and comply with policies for a client's use and occupancy of the level 4 transitional agency;
5. Designate a manager who:
 - a. Has the authority and responsibility to operate the level 4 transitional agency according to the requirements in this Article;
 - b. Is at least 21 years old;
 - c. Has one of the following:
 - i. A bachelor's degree and at least one year of full-time behavioral health work experience or part-time behavioral health work experience equivalent to one year of full-time behavioral health work experience;
 - ii. An associate's degree and at least two years of full-time behavioral health work experience or part-time behavioral health work experience equivalent to two years of full-time behavioral health work experience;
or
 - iii. A high school diploma or a high school equivalency diploma and at least four years of full-time behavioral health work experience or part-time behavioral health work experience equivalent to four years of full-time behavioral health work experience; and
 - d. Has access to all areas of the premises;
6. Ensure that a manager designates in writing a level 4 transitional staff member who:
 - a. Is not a client;
 - b. Is required to be present at the level 4 transitional agency and in charge of operations when the manager is not present and clients are on the premises; and
 - c. Has access to all areas of the premises;
7. Ensure that at the time of admission, a client receives written notice of all fees that the client is required to pay and of the level 4 transitional agency's refund policy;
8. Notify a client at least 30 days before changing a fee that the client is required to pay by:
 - a. Conspicuously posting a notice of the fee change in the facility, or
 - b. Providing written notification to each client;
9. Develop, implement, and comply with a grievance policy and procedure that includes the steps and timeline for responding to and resolving client grievances;
10. Conspicuously post the following information in the level 4 transitional agency:

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- a. A list of the client rights in subsection (B);
 - b. The grievance policy and procedure;
 - c. The policies for a client's use and occupancy of the level 4 transitional agency;
 - d. The current telephone number and address for:
 - i. The OBHL;
 - ii. The Arizona Department of Economic Security Office of Adult Protective Services or Office of Child Protective Services, as applicable;
 - iii. 911 or another local emergency response team; and
 - iv. A poison control center; and
11. Ensure that the requirements for required reports in R9-20-202 are met.
- B.** A licensee shall ensure that a client is afforded the following rights:
1. To be treated with dignity, respect, and consideration;
 2. To receive services at the level 4 transitional agency without discrimination based upon race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, legal status, or method of payment;
 3. To submit grievances without restraint or retaliation and have grievances considered in a fair, timely, and impartial manner;
 4. To have information and records kept confidential;
 5. To have privacy in correspondence, communication, visitation, and financial affairs;
 6. To review the client's own record;
 7. To be informed at the time of admission of all fees that the client is required to pay and to receive at least 30-day's notice before a change in a fee that the client is required to pay; and
 8. To be free from abuse and exploitation.
- C.** A licensee of a level 4 transitional agency shall ensure that:
1. A manager or level 4 transitional staff member:
 - a. Is at least 21 years old;
 - b. Has current documented successful completion of first-aid and CPR training specific to adults that included a demonstration of the individual's ability to perform CPR; and
 - c. At the starting date of employment and every 12 months after the starting date of employment, submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - i. A report of a negative Mantoux skin test administered within 6 months before submitting the report; or
 - ii. If the individual has had a positive skin test for tuberculosis, a written statement from a medical practitioner, dated within 6 months before submitting the statement, indicating freedom from infectious pulmonary tuberculosis;
 2. There are a sufficient number of level 4 transitional staff members to meet the requirements of this Article;
 3. At least the manager or one level 4 transitional staff member is present on the premises when a client is at the facility;
 4. The agency has a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each level 4 transitional staff member assigned to work;
 - b. Includes documentation of the level 4 transitional staff members who work each day and the hours worked by each; and
 - c. Is maintained on the premises or at the administrative office for at least 12 months after the last date on the documentation; and
 5. For the manager and each level 4 transitional staff member, a record is maintained that:
 - a. Includes documentation of the manager's or staff member's compliance with the requirements in this Section, and
 - b. Is maintained on the premises or at the administrative office throughout the manager's or level 4 transitional staff member's period of employment and for at least two years after the manager's or level 4 transitional staff member's last date of employment.
- D.** A licensee shall ensure that:
1. An individual is admitted into and served by the level 4 transitional agency based upon:
 - a. The individual's presenting issue and needs, consistent with the services that the level 4 transitional agency is authorized and able to provide;
 - b. The agency's criteria for admission contained in the agency's program description required in subsection (A)(3); and
 - c. The applicable requirements in federal and state law and this Chapter;
 2. An individual admitted to or served by the level 4 transitional agency:
 - a. Is not a danger to self or a danger to others; and
 - b. Does not require behavioral health services, medical services, or ancillary services that the agency is not authorized or able to provide;

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3. If a client or other individual does not meet the criteria in subsection (D)(1) or (2), the client or other individual is provided with a referral to another agency or entity; and
4. Before a client is admitted to a level 4 transitional agency, the client signs and dates a written consent form.
- E.** A licensee shall ensure that within five days after the date of a client's admission, a written client profile is completed that includes:
 1. The client's name and date of birth;
 2. The name and telephone number of:
 - a. An individual to contact in case of an emergency;
 - b. The client's parent, guardian, custodian, or agent, if applicable;
 - c. The individual who coordinates the client's behavioral health services or ancillary services, if applicable; and
 - d. The client's probation or parole officer, if applicable;
 3. The client's reason for seeking admission to the level 4 transitional agency;
 4. The client's history of behavioral health issues and treatment;
 5. A list of medication the client is currently taking;
 6. The client's medical service needs, including allergies;
 7. The client's substance abuse history and current pattern of substance use;
 8. Whether the client has a physical or other disability;
 9. The client's past and current involvement in the criminal justice system;
 10. The client's goal or desired outcome while living at the level 4 transitional agency;
 11. The client's intended method of achieving the client's goals while living in the level 4 transitional agency; and
 12. The client's signature and date signed.
- F.** A licensee may provide a client with a locked area or locked container in which to store the client's medication if the client:
 1. Is independent in self-administering medication and does not require any of the following:
 - a. A reminder to take medication.
 - b. Assurance that the client is taking medication as directed by the client's medical practitioner, or
 - c. Assistance opening a medication container; and
 2. Has access to the client's medication at all times.
- G.** A licensee shall ensure that a client record is maintained that:
 1. Meets the requirements of R9-20-211(A); and
 2. Contains:
 - a. Documentation of the client's receipt of a list of the client rights in subsection (B);
 - b. The consent form signed by the client as required in subsection (D)(4);
 - c. The client profile required in subsection (E);
 - d. The dates the client was admitted to and, if applicable, discharged from the level 4 transitional agency; and
 - e. Documentation of any telephone, written, or face-to-face contacts that relate to the client's health, safety, or welfare.
- H.** A licensee shall ensure that a facility used as a level 4 transitional agency:
 1. Complies with:
 - a. The fire safety requirements of the local jurisdiction.
 - b. R9-20-406, and
 - c. R9-20-214;
 2. Contains a working telephone;
 3. Contains a common area that is not used as a sleeping area and a dining area that is not used as a sleeping area;
 4. Has a bathroom that contains:
 - a. For every six clients, at least one working toilet that flushes and has a seat and one sink with running water;
 - b. For every eight clients, at least one working bathtub or shower, with a slip resistant surface;
 - c. Lighting;
 - d. Hot and cold running water; and
 - e. An openable window or other means of ventilation;
 5. Has an area, capable of being locked, for each client's personal belongings; and
 6. Has bedrooms that are constructed and furnished to provide unimpeded access to the door and that each provide at least two means of exit in an emergency.

ARTICLE 13. SHELTERS; HALFWAY HOUSES
SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE

R9-20-1301. ~~Shelters; Shelter Services~~ Standards for a Shelter for Victims of Domestic Violence

~~In addition to requirements specified in R9-20-101 through R9-20-201, R9-20-405(A), and R9-20-505(F), shelters shall comply with the applicable requirements of this Article, if not licensed pursuant to Article 7 or 8 of this Chapter.~~

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A licensee of a shelter for victims of domestic violence shall comply with:

1. The requirements for a level 4 transitional agency in Article 12; and
2. The applicable requirements in A.R.S. Title 36, Chapter 30, including requirements for:
 - a. Fingerprinting of personnel according to A.R.S. § 36-3008; and
 - b. Ensuring, according to A.R.S. § 36-3009, that the location of a shelter for victims of domestic violence is not disclosed.

R9-20-1302. ~~Manager Qualifications and Responsibilities~~ Repealed

- ~~A. The governing authority shall appoint a manager who shall be responsible for the operation of the shelter and who shall meet one of the personnel qualification requirements in R9-20-306(C).~~
- ~~B. The manager shall be responsible for establishing and implementing policies and procedures governing:~~
- ~~1. Client rights and responsibilities;~~
 - ~~2. A fire and safety plan developed in accordance with guidelines provided by the appropriate local authority;~~
 - ~~3. Admission and discharge of clients;~~
 - ~~4. Client services, treatment, or care;~~
 - ~~5. Client confidentiality;~~
 - ~~6. Unauthorized entry to or exit from the shelter by clients, staff, or other individuals;~~
 - ~~7. Medications administration;~~
 - ~~8. Client nutrition;~~
 - ~~9. Client record confidentiality, storage, transportation, and dissemination of identifying information; and~~
 - ~~10. Periodic review of the agency's policy and procedure manual as indicated by the dated signature of the manager.~~
- ~~C. The manager shall ensure that the shelter operates on a 24-hour basis, including intake and placement and, if a vacancy does not exist, the manager shall ensure that assistance is provided to an individual seeking shelter or alternative care.~~

R9-20-1303. ~~Staffing Requirements~~ Repealed

- ~~A. Shelters shall have no less than one staff member on the premises when clients are present.~~
- ~~B. Shelter staff shall be available to provide crisis intervention, counseling, skills training, support, and recreation as needed.~~
- ~~C. During regular operation hours, no less than one member of the emergency service staff on duty shall have the education and training to perform first aid and cardiopulmonary resuscitation and to counsel clients who are experiencing acute distress due to behavioral health issues.~~

R9-20-1304. ~~Residency Requirements~~ Repealed

~~Shelter residency shall be in accordance with the client's individualized service plan and the agency's policies.~~

R9-20-1305. ~~Environmental Standards~~ Repealed

- ~~A. Every shelter shall be licensed for a specific number of residents.~~
- ~~B. The capacity of a shelter shall be based on available living space and shall take into consideration all clients and staff living on the premises.~~
- ~~C. Provision shall be made for a dining area. The dining area shall not be used as a sleeping area.~~

R9-20-1306. ~~Required Recordkeeping~~ Repealed

~~The manager shall ensure that the following records are maintained:~~

- ~~1. All current required operating licenses, permits and certificates.~~
- ~~2. Resident logs, including identifying information; the name of an emergency contact; the name and number of the resident's case manager; a list of the resident's medication; treatment plans or records, if applicable; and a forwarding address for the resident, if available. Shelters which provide behavioral health services to domestic violence victims shall not be required to maintain resident logs if the agency maintains compliance with the documentation requirements of subsection (C).~~
- ~~3. Client file documentation which shall contain:~~
 - ~~a. Information generated as a result of the client's assessment and evaluation;~~
 - ~~b. Treatment plans and updates prepared to ensure goals and objectives specified in the treatment plan are addressed;~~
 - ~~e. Treatment or staffing summaries;~~
 - ~~d. Notation of contacts or referrals, and~~
 - ~~e. Discharge summaries from the provider agency.~~
- ~~4. Reports of all inspections and reviews, including fire and sanitation reports, with documentation of all corrective actions taken.~~
- ~~5. Reports of fire drills.~~

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R9-20-1307. ~~Fire and Safety~~ Repealed

- ~~A. Smoke detectors shall be maintained in working order near every sleeping and cooking area. Battery-powered smoke detectors may be utilized.~~
- ~~B. Fire drills shall be conducted on a quarterly basis. All residents and staff shall participate in fire drills.~~
- ~~C. A first-aid kit shall be kept in the shelter and accessible to all personnel.~~
- ~~D. A list of emergency numbers and poison centers numbers shall be maintained near a telephone for easy access by staff and clients.~~

R9-20-1308. ~~Halfway Houses; Halfway House Services~~ Repealed

In addition to requirements specified in R9-20-101 through R9-20-201, R9-20-405(A) and R9-20-505(F), halfway houses shall comply with the applicable requirements of this Article, if not licensed pursuant to Article 7 or 8 of this Chapter.

R9-20-1309. ~~Manager Qualifications and Responsibilities~~ Repealed

- ~~A. The governing authority shall appoint a manager who shall be responsible for the operation of the halfway house and who shall meet one of the personnel qualification requirements in R9-20-306(C).~~
- ~~B. The manager shall be responsible for establishing and implementing policies and procedures governing:
 - 1. Client rights and responsibilities;
 - 2. A fire and safety plan developed in accordance with guidelines provided by the appropriate local authority;
 - 3. Client services, treatment, or care;
 - 4. Unauthorized entry to or exit from the shelter by clients, staff, or other individuals.~~

R9-20-1310. ~~Staffing Requirements~~ Repealed

- ~~A. Halfway house staff shall be available to provide skills training, support, and recreation as needed.~~
- ~~B. During regular operation hours, no less than one member of the emergency service staff on duty shall have the education and training to perform first aid, cardiopulmonary resuscitation, and counsel clients who are experiencing acute distress due to behavioral health issues.~~

R9-20-1311. ~~Residency Requirements~~ Repealed

Halfway house residency must be in accordance with the client's individualized service plan and the agency's policies.

R9-20-1312. ~~Environmental Standards~~ Repealed

- ~~A. Every halfway house shall be licensed for a specific number of residents.~~
- ~~B. The capacity of a halfway house shall be based on available living space and shall take into consideration all clients and staff living on the premises.~~
- ~~C. Provision shall be made for a dining area. The dining area shall not be used as sleeping area.~~

R9-20-1313. ~~Required Recordkeeping~~ Repealed

The manager shall ensure that the following records are maintained:

- 1. All current required operating licenses, permits, and certificates.
- 2. Resident logs, including identifying information; the name of an emergency contact; the name and number of the resident's case manager; and, if applicable, a list of the resident's medication, treatment plans, or records; and the residents' forwarding address, if available.
- 3. Reports of all inspections and reviews, including fire and sanitation reports, with documentation of all corrective actions taken.
- 4. Reports of fire drills.
- 5. Copies of all current contracts for health care services provided within the facility.

R9-20-1314. ~~Fire and Safety~~ Repealed

- ~~A. Smoke detectors shall be maintained in working order near every sleeping and cooking area. Battery-powered smoke detectors may be utilized.~~
- ~~B. Fire drills shall be conducted on a quarterly basis. All residents and staff must participate in fire drills.~~

**ARTICLE 14. ~~PRE-PETITION SCREENING; COURT-ORDERED SERVICES~~
RURAL SUBSTANCE ABUSE TRANSITIONAL AGENCY**

R9-20-1401. ~~Pre-petition Screening~~ Standards for a Rural Substance Abuse Transitional Agency

- ~~A. Unless there are specific provisions otherwise in this Article, each agency providing pre-petition mental health screening shall comply with A.R.S. Title 36, Chapter 5 and the provisions of this Chapter as determined by the outpatient or residential treatment setting.~~
- ~~B. The person against whom a petition has been filed shall be notified of the individual's right to select one of the physicians. A psychiatric resident in a training program approved by the American Medical Association or by the American Osteopathic Association may examine the person in place of one of the psychiatrists if supervised in the examination and preparation of the affidavit and testimony in court by a qualified psychiatrist appointed to assist in the resident's~~

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~~training, and if the supervising psychiatrist is available for discussion with the attorneys for all parties and for court appearance and testimony if requested by the court or any of the attorneys.~~

- ~~C. The pre-petition screening shall be provided within 48 hours of receipt of the application for evaluation, excluding weekends and holidays, pursuant to A.R.S. Title 36, Chapter 5.~~
- A. A licensee of a rural substance abuse transitional agency shall comply with the requirements for a level 4 transitional agency in Article 12.
- B. A licensee of a rural substance abuse transitional agency shall ensure that staffing is provided as follows:
1. A written contract is established, implemented, and complied with to ensure that a registered nurse is available as needed;
 2. A behavioral health professional is present at the agency or on-call at all times; and
 3. A level 4 transitional staff member is present and awake at the agency at all times who:
 - a. Has current documented successful completion of first-aid and CPR training specific to the populations served by the agency, such as children or adults, that included a demonstration of the staff member's ability to perform CPR;
 - b. Has documented training and skills and knowledge in recognizing and responding to the medical conditions and complications associated with substance abuse; and
 - c. Is an emergency medical technician.
- C. A licensee shall ensure that:
1. A rural substance abuse transitional agency:
 - a. Is open at all times;
 - b. Provides or obtains transportation for an individual who needs immediate medical services or behavioral health services to prevent death or imminent harm;
 - c. Provides an individual with a written referral to an agency or entity that can provide the behavioral health services or medical services that the individual needs and that the rural substance abuse transitional agency is not authorized or able to provide; and
 2. Within 24 hours after a client's admission to the rural substance abuse transitional agency, a level 4 transitional agency staff member:
 - a. Collects and documents information on the client's medical, social, and substance abuse status and history;
 - b. Consults with an agency registered nurse or behavioral health professional to determine whether the client has a substance abuse problem and, if so, the behavioral health services that will be provided to the client for the period of time that the client is expected to remain at the rural substance abuse transitional agency; and
 - c. Develops a written description of the specific behavioral health services that will be provided to the client to meet the client's needs for the period of time that the client is at the agency; and
 - d. Provides a client with an assessment completed by a medical practitioner, registered nurse, or emergency medical technician within 24 hours after the client's admission; and
 3. A client receives continuous supervision, supportive intervention, and periodic monitoring of the client's vital signs to ensure the client's health, safety, and welfare.

R9-20-1402. ~~Court-ordered Mental Health Evaluation and Treatment~~ Repealed

- ~~A. Unless there are specific provisions otherwise in this Article, each agency providing court-ordered evaluation or treatment shall comply A.R.S. Title 36, Chapter 5 and the provisions of this Chapter as determined by the outpatient or residential treatment setting.~~
- ~~B. The professional multidisciplinary analysis or evaluation is based on data describing the person's identity, biography, and conditions and carried out by a group of persons consisting of not less than the following:~~
- ~~1. Two licensed physicians, who shall be qualified psychiatrists, if possible, or experienced in psychiatric matters, and who shall examine the individual in a direct face to face interview and report their findings independently.~~
 - ~~2. Two other individuals, one of whom, if available, shall be a psychologist and in any event a social worker familiar with mental health and human services which may be available placement alternatives for treatment. An evaluation may be conducted on an inpatient basis, an outpatient basis, or a combination of both, and every attempt shall be made to conduct the evaluation in any language preferred by the person.~~

R9-20-1403. ~~Court-ordered Alcoholism Treatment Services~~ Repealed

~~Unless there are specific provisions otherwise in this Article, each agency providing court-ordered alcoholism treatment services shall comply with A.R.S. Title 36, Chapter 18 and the provisions of this Chapter.~~

ARTICLE 15. ~~REPEALED~~ ADULT THERAPEUTIC FOSTER HOME

R9-20-1501. ~~Repealed~~ Management

- A. A licensee of an adult therapeutic foster home is responsible for the organization and management of the adult therapeutic foster home and shall ensure compliance with:
1. This Article;

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2. Applicable federal, state, and local law;
3. R9-20-202;
4. R9-20-203;
5. R9-20-204(H)(2);
6. R9-20-206(B)(2) and (4);
7. R9-20-210;
8. R9-20-212;
9. R9-20-214(A) and (C) through (H);
10. R9-20-403;
11. R9-20-405;
12. R9-20-406; and
13. If the adult therapeutic foster home is authorized to provide assistance in the self-administration of medication, R9-20-408.

- B.** A licensee of an adult therapeutic foster home shall have in place and comply with written policies and procedures for:
1. Ensuring the health, safety, and welfare of a client on the premises or participating in an agency-sponsored activity off the premises;
 2. Maintaining client records and information;
 3. Protecting the confidentiality of client records and information;
 4. Reporting and investigating incidents listed in R9-20-202(A);
 5. Ensuring the security of possessions that a client brings to the adult therapeutic foster home;
 6. Smoking on the premises;
 7. Ensuring communication and coordination, consistent with the release of information requirements in R9-20-211(A)(3), with:
 - a. A client's family member, guardian, custodian, designated representative, or agent;
 - b. The individual who coordinates the client's behavioral health services or ancillary services, if applicable; and
 - c. Other entities or individuals from whom the client may receive treatment, medical services, or other services;
 8. Responding to a client's medical emergency or immediate need for unscheduled behavioral health services; and
 9. Responding to a client's threat of imminent serious physical harm or death to a clearly identified or identifiable individual.
- C.** A licensee of an adult therapeutic foster home shall ensure that the following documents are maintained at the adult therapeutic foster home:
1. The policies and procedures required in subsection (B),
 2. Documentation of fire drills as required in R9-20-214(H),
 3. Incident reports as required in R9-20-202, and
 4. A copy of each client's current assessment and treatment plan.
- D.** A licensee of an adult therapeutic foster home shall ensure that the Department is allowed immediate access to:
1. The adult therapeutic foster home,
 2. A client living in the adult therapeutic foster home, or
 3. A document required by this Article.
- E.** A licensee of an adult therapeutic foster home shall assist a client with a regional behavioral health authority's grievance and appeal process to resolve a client's grievance.

R9-20-1502. Licensee Qualifications and Requirements

- A.** A licensee of an adult therapeutic foster home shall:
1. Be at least 21 years old;
 2. Have the behavioral health skills and knowledge necessary to meet the unique needs of a client living at the adult therapeutic foster home, including skills and knowledge in:
 - a. Protecting the client rights listed in R9-20-203;
 - b. Providing the behavioral health services that the adult therapeutic foster home is authorized to provide and the licensee is qualified to provide;
 - c. Protecting and maintaining the confidentiality of client records and information;
 - d. Demonstrating cultural competency;
 - e. Recognizing, preventing, or responding to a situation in which a client:
 - i. May be a danger to self or a danger to others,
 - ii. Behaves in an aggressive or destructive manner,
 - iii. May be experiencing a crisis situation, or
 - iv. May be experiencing a medical emergency;
 - f. Reading and implementing a client's treatment plan; and
 - g. Recognizing and responding to a fire, disaster, hazard, or medical emergency;

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3. Have the behavioral health skills and knowledge required in subsection (A)(2) verified according to R9-20-204(F)(2);
4. Have current documented successful completion of first-aid and CPR training specific to adults that included a demonstration of the licensee's ability to perform CPR;
5. Demonstrate freedom from infectious pulmonary tuberculosis, as required in R9-20-204(H)(2); and
6. Complete at least 16 hours of training every twelve months in the topics listed in subsection (A)(2).

B. A licensee shall ensure that a personnel record is maintained at the adult therapeutic foster home that contains documentation of the licensee's compliance with subsection (A).

R9-20-1503. Supervision

A licensee of an adult therapeutic foster home shall ensure that a client receives the supervision necessary to:

1. Meet the requirements of this Article;
2. Ensure the health, safety, and welfare of the client at the adult therapeutic foster home and on an agency-sponsored activity off the premises; and
3. Meet the client's scheduled and unscheduled needs.

R9-20-1504. Admission

A licensee of an adult therapeutic foster home shall ensure that, at the time of admission to the adult therapeutic foster home, a client:

1. Consents to treatment, according to R9-20-208(E).
2. Is provided the information required in R9-20-208(G), and
3. Demonstrates freedom from infectious pulmonary tuberculosis as required in R9-20-204(H)(2).

R9-20-1505. Assessment and Treatment Plan

A licensee of an adult therapeutic foster home shall ensure that a client has an assessment and treatment plan that meets the requirements in R9-20-209.

R9-20-1506. Client Records

A licensee of an adult therapeutic foster home shall ensure that a client record:

1. Is maintained according to R9-20-211(A);
2. Contains:
 - a. The client's name and date of birth;
 - b. The name and telephone number of:
 - i. An individual to notify in cast of an emergency;
 - ii. The client's medical practitioner;
 - iii. The individual who coordinates the client's behavioral health services or ancillary services;
 - iv. The client's parent, guardian, designated representative, custodian, or agent, if applicable;
 - c. The date the client was admitted to the adult therapeutic foster home;
 - d. The client's written consent to treatment, as required in R9-20-1504(1);
 - e. Documentation of receipt of the information required in R9-20-1504(2);
 - f. The client's assessment and any updates to the assessment;
 - g. The client's treatment plan and any updates to the treatment plan;
 - h. Documentation that the client is free from infectious pulmonary tuberculosis, as required in R9-20-1504(3);
 - i. The date of the client's discharge and the name of the individual or entity to whom the client was discharged, if applicable.

R9-20-1507. Environmental Standards

A. A licensee of an adult therapeutic foster home shall ensure that the premises have:

1. A working telephone that allows a client to make a private telephone call;
2. At least one working toilet that flushes and one sink with running water;
3. At least one working bathtub or shower, with a slip resistant surface; and
4. An individual storage space, capable of being locked, for use by each client.

B. A licensee of an adult therapeutic foster home shall ensure that a client's sleeping area is in a bedroom that:

1. Meets one of the following:
 - a. Is a private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - b. Is a shared bedroom that:
 - i. Is shared by no more than four individuals;
 - ii. Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - iii. Provides at least three feet of space between beds;
2. Contains a door that opens into a corridor, common area, or the outside;
3. Is constructed and furnished to provide unimpeded access to the door;

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4. Contains the following for each client:
 - a. Individual storage space, such as a dresser or chest;
 - b. A closet, wardrobe, or equivalent space for hanging clothes;
 - c. A bed that:
 - i. Consists of at least a mattress and frame;
 - ii. Is in good repair, clean, and free of odors and stains; and
 - iii. Is at least 36 inches wide and 72 inches long; and
 - d. A pillow and linens that are clean, free of odors, and in good repair and that provide sufficient warmth to meet the needs of the client; and
 5. Contains:
 - a. Lighting sufficient for a client to read;
 - b. To provide safe egress in an emergency, a working door to the outside or an openable window to the outside that is no higher than 20 feet above grade and that:
 - i. Meets the fire safety requirements of the local jurisdiction;
 - ii. Has no dimension less than 20 inches, has an area of at least 720 square inches, and has a window sill that is no more than 44 inches off the floor; or
 - iii. Is large enough, accessible to a client, and within the capability of the client to egress in an emergency; and
 - c. Adjustable window or door covers that provide client privacy.
- C.** A licensee of an adult therapeutic foster home shall ensure that:
1. The supply of hot water is sufficient to meet:
 - a. Each client's daily personal hygiene needs; and
 - b. The laundry, cleaning, and sanitation requirements in this Article;
 2. One of the following is available to ensure that client clothing can be cleaned:
 - a. A working washing machine and dryer on the premises,
 - b. An agency-provided process for cleaning clothing, or
 - c. An agency-provided process for transporting a client to a building with washing machines and dryers that a client can use; and
 3. Soiled linen and clothing stored by the licensee are in covered containers or closed plastic bags away from a food preparation or storage area or a dining area.
- D.** A licensee shall ensure that if a client's bedroom is capable of being locked from the inside, the licensee has a key that allows access to the bedroom at all times.

R9-20-1508. Food Services

A licensee shall ensure that:

1. The meals and snacks served meet a client's nutritional needs based upon the client's age and health;
2. The meals and snacks served include a variety of foods from each food group in the Food Guide Pyramid, incorporated by reference in R9-20-301(C)(1);
3. At least a one-day supply of perishable food and at least a three-day supply of non-perishable food are maintained on the premises;
4. If a client needs a therapeutic diet, the requirements in R9-20-407(B)(10) are met; and
5. Food is obtained, prepared, served, and stored according to R9-20-407(C).

ARTICLE 16. PARTIAL CARE SERVICES REPEALED

R9-20-1601. Partial Care Licensure Requirements Repealed

- ~~**A.** Unless there are specific provisions otherwise in this Article, each agency providing partial care services shall be licensed in accordance with this Chapter as an outpatient or residential treatment or hospital setting.~~
- ~~**B.** After hours of operation, the agency shall have a method to refer clients who are in need of an assessment or emergency/ crisis counseling to an agency which provides such services on a 24-hour basis.~~

R9-20-1602. Basic Partial Care Services Repealed

- ~~**A.** Basic partial care service shall include treatment services following residential or inpatient treatment or to prevent placement in a more restrictive setting.~~
- ~~**B.** The agency shall provide and have written policies and procedures for a structured, coordinated program of goal-oriented services designed to provide therapeutic activities.~~
- ~~1. Assessment and evaluation services:~~
 - ~~a. Such services shall not be repeated upon admission if they have been provided for the client within the prior 45 days or there has not been a break in service delivery for a period greater than three days immediately prior to admission unless clinical indications are documented in detail in the client record.~~

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- b. ~~All available assessment and evaluation reports shall be used in service planning and filed in the client's record.~~
- 2. ~~Supportive counseling such as life skills training, psychosocial rehabilitation, independent living skills training, drug-free or alcohol-free alternatives with creative activities in a substance-free setting as required by the client's individualized treatment plan.~~
- 3. ~~Transportation services as indicated by the individualized client treatment plan.~~
- C.** ~~Behavioral health service agencies shall meet the following staffing requirements:~~
 - 1. ~~Assessment services shall be provided by a psychiatrist, psychologist, or behavioral health professional. Initial screening and assessment functions may be conducted by a behavioral health technician if supervised by a clinical supervisor pursuant to R9-20-307(B).~~
 - 2. ~~Counseling services shall be provided by a psychiatrist, psychologist, behavioral health professional, or behavioral health technician who is supervised pursuant to R9-20-307(B).~~
 - 3. ~~The caseload for every staff member providing partial care services shall be based on client acuity.~~
- D.** ~~Each licensed agency shall have basic partial care services available to clients for a minimum of three hours per day, three days each week.~~

R9-20-1603. Intensive Partial Care Services Repealed

- A.** ~~An agency providing intensive partial care services shall have policies and procedures covering the provision of a structured, coordinated program of intensive care which is scheduled on a regular basis, providing active treatment intended to lead to full or partial resolution of the client's acute or episodic behavioral health issues.~~
- B.** ~~Intensive partial care services shall include:~~
 - 1. ~~Individual, group and/or family therapy;~~
 - 2. ~~Treatment-related activities intended to reduce the need for more intensive services; and~~
 - 3. ~~Medication monitoring and medication adjustment.~~
- C.** ~~Agencies providing intensive partial care shall staff as follows:~~
 - 1. ~~A psychiatrist shall examine each client on-site a minimum of once every 14 days.~~
 - 2. ~~Intensive partial care services shall be provided by a behavioral health professional or a behavioral health technician supervised by a clinical supervisor pursuant to R9-20-307(B) and under the direction of a psychiatrist or psychologist.~~
- D.** ~~Each licensed agency shall have intensive partial care services available for clients for a minimum of three hours per day, three days each week.~~

ARTICLE 17. DUI SERVICE AGENCIES REPEALED

R9-20-1701. Definitions Repealed

In this Article, unless the context otherwise requires:

- 1. ~~"AC" means alcohol concentration.~~
- 2. ~~"Approval" means the certificate or license issued, by the Department, which authorizes an entity to operate as a DUI service agency.~~
- 3. ~~"Client" means an individual who is receiving DUI services because of a DUI conviction and has been ordered by the court to participate in a Department-approved screening, education, and/or treatment program pursuant to A.R.S. § 28-692.01.~~
- 4. ~~"Department" means the Department of Health Services.~~
- 5. ~~"DUI" means driving under the influence of intoxicating liquor, any drug, or vapor-releasing substance containing a toxic substance or any combination of liquor, drugs, or vapor-releasing substances.~~
- 6. ~~"DUI education agency" means an entity approved by the Department to provide DUI education services.~~
- 7. ~~"DUI education service" means the provision of alcohol and/or drug abuse information to offenders.~~
- 8. ~~"DUI screening agency" means an entity approved by the Department to provide DUI screening services.~~
- 9. ~~"DUI screening service" means the preliminary interview and assessment of an offender to determine whether education or treatment is required and referral made to a DUI education or treatment agency.~~
- 10. ~~"DUI service" means screening, education, and/or treatment services provided to offenders.~~
- 11. ~~"DUI service agency" means an entity approved by the Department to provide screening, education, and/or treatment services to offenders.~~
- 12. ~~"DUI treatment agency" means an entity approved by the Department to provide DUI treatment services.~~
- 13. ~~"DUI treatment service" means clinically recognized service interventions provided to clients who habitually abuse alcohol or drugs.~~
- 14. ~~"Facility" means the site or location at which DUI screening, education, or treatment services are provided.~~
- 15. ~~"Governing authority" means one or more individuals who are responsible for the organization, administration, and management of a DUI service agency.~~
- 16. ~~"Habitual abuse" means chronic or compulsive use of any drug or alcohol 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~~

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~~extended period of time, may cause psychological or physiological dependence or impaired mental, social, or economic functioning.~~

R9-20-1702. DUI Service Agency Requirements Repealed

- ~~**A.** A DUI service agency that is seeking to provide DUI treatment services shall submit an application provided by the Department to obtain licensure to operate as a DUI service agency pursuant to A.R.S. Title 36, Chapters 4, 5 and 18; and Article 1 of this Chapter. The application shall also include a schedule of fees for services to be provided.~~
- ~~**B.** A DUI service agency that is seeking to provide DUI screening or education services shall submit an application to the Department for approval to operate as a DUI service agency pursuant to A.R.S. Title 36, Chapter 18. The application shall also include a schedule of fees for services to be provided.~~
- ~~**C.** The DUI service agency governing authority shall be responsible for adopting organizational bylaws and policies and procedures that govern the administration and management of the agency, including:~~
- ~~1. Adopting a written operational statement of program services and activities that describe:~~
 - ~~a. Type of services offered;~~
 - ~~b. Client provisions;~~
 - ~~c. Fee policies;~~
 - ~~d. Target populations;~~
 - ~~e. Service sites, and~~
 - ~~f. Hours of operation;~~
 - ~~2. Ensuring that the DUI service agency is operating in accordance with Department approved standards;~~
 - ~~3. Appointing an administrator who shall have the authority and responsibility for the agency's operations and provision of DUI services;~~
 - ~~4. Notifying the Department of any change in administrative staff, program, or location not less than 30 days prior to any change; and~~
 - ~~5. Notifying the Department and clients of any change in the schedule of fees not less than 30 days prior to any change.~~
- ~~**D.** The provisions in this Article shall not apply to:~~
- ~~1. Drug or alcohol abuse screening, education or treatment services provided to individuals who are not DUI clients; or~~
 - ~~2. Behavioral health service agencies on military bases, other governmental agencies, or those owned or operated by Indian tribes on federally designated reservations.~~

R9-20-1703. Administration Repealed

- ~~**A.** The administrator shall be responsible for the management of the agency's administrative program operations and shall:~~
- ~~1. Establish and maintain the agency's policies and procedures;~~
 - ~~2. Establish written personnel policies and procedures describing the duties, responsibilities, and qualifications of personnel;~~
 - ~~3. Establish standards that govern the ethical conduct of personnel and confidentiality of information regarding clients and client records;~~
 - ~~4. Appoint professional staff and supporting personnel to provide DUI services;~~
 - ~~5. Ensure staff orientation, training, and development and supervision;~~
 - ~~6. Ensure that agency, program, and client records are maintained and available to the Department;~~
 - ~~7. Ensure that personnel records are maintained and include signed and dated job descriptions, personnel qualifications and documentation of orientation and annual continuing education and training;~~
 - ~~8. Ensure that clients receive a schedule of fees for DUI services provided which shall include the cost of program materials pursuant to R9-20-112;~~
 - ~~9. Ensure that client rights and client confidentiality are maintained pursuant to 42 CFR 2, October 1, 1992, which is incorporated herein by reference and on file with the Office of the Secretary of State and R9-20-201;~~
 - ~~10. Designate, in writing, an acting administrator who shall be 21 years or older and who shall have access to all areas within the agency that are related to client care when the administrator is absent;~~
 - ~~11. Ensure that performance evaluations are conducted annually and documented in personnel files; and~~
 - ~~12. Ensure that one or more staff members, who have current certification in first aid and cardiopulmonary resuscitation from Department approved programs, shall be present at all times whenever clients are present in the agency or on supervised outings.~~
- ~~**B.** The administrator shall ensure that the agency and personnel are in compliance with A.R.S. § § 13-3716 and 36-425(03). There shall be supporting documentation maintained by the agency which shall be available for inspection by the Department.~~
- ~~**C.** Volunteers who provide services to children under the direct visual supervision of staff of an approved DUI service agency are exempt from the fingerprinting requirements pursuant to A.R.S. § 36-425.03(J).~~

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R9-20-1704. Personnel Repealed

- A.** Each employee who is hired to conduct screening and education services shall:
1. Hold a bachelor's degree in a field related to behavioral health from an accredited college or university; or
 2. Hold an associate's degree in a field related to behavioral health from an accredited college or university and shall have a minimum of two years' documented experience in the clinical treatment of alcohol and/or drug abuse; or
 3. Hold a high school diploma or equivalent and have a combination of two years in behavioral health education and documented experience.
- B.** Each employee who is hired to conduct treatment services shall:
1. Hold a bachelor's degree in a field related to behavioral health from an accredited college or university; or
 2. Hold an associate's degree in a field related to behavioral health from an accredited college or university and shall have a minimum of two years' documented experience in the clinical treatment of alcohol and/or drug abuse.

R9-20-1705. Staff Supervision Repealed

- A.** The administrator shall ensure that direct clinical staff supervision is provided by one of the following:
1. A psychiatrist licensed pursuant to A.R.S. Title 32, Chapter 13 or 17;
 2. A psychologist licensed pursuant to A.R.S. Title 32, Chapter 19.1;
 3. A counselor certified by the Arizona Board for Certification of Addiction Counselors;
 4. A professional certified by the Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33;
 5. An individual who holds an associate degree in a field of study related to human services from an accredited college and who has a minimum of five years of practical experience relevant to the area of supervision;
 6. An individual who holds a bachelor's degree in a field of study related to human services from an accredited college or university and who has a minimum of three years of practical experience relevant to the area of supervision;
 7. An individual who holds a master's degree in a field of study related to human services from an accredited university and who has a minimum of two years of practical experience relevant to the area of supervision;
 8. An individual who holds a doctorate in a field related to human services from an accredited university and who has a minimum of one year of clinical experience relevant to the area of supervision; and
 9. A registered nurse who has a minimum of one year of experience in a behavioral health setting.
- B.** The administrator shall ensure that clinical staff supervision is provided as follows:
1. Each behavioral health technician employed by a residential or inpatient facility shall receive a minimum of one hour per week of clinical supervision from a behavioral health professional or clinical supervisor.
 2. Each behavioral health technician or paraprofessional employed by an outpatient facility shall receive a minimum of four hours per month of clinical supervision.
- C.** The administrator shall ensure that clinical staff supervision is documented to include the following:
1. Employee participation in counseling activities;
 2. Employee skills in client recordkeeping;
 3. Employee capabilities in providing therapeutic services to clients; and
 4. Employee training to improve job performance.

R9-20-1706. Staff Development and Training Repealed

- A.** The administrator of a DUI service agency shall ensure that staff are provided initial orientation and ongoing training. The training shall consist of a review of program policies and procedures and client recordkeeping.
- B.** Each employee who provides DUI screening and education services shall complete eight hours of initial orientation and, annually thereafter, 24 hours of continuing education or in-service training in alcohol and/or drug treatment and prevention.
- C.** Each employee who provides DUI treatment services shall meet the staff development and training requirements in R9-20-308.

R9-20-1707. DUI Screening Services Repealed

- A.** An administrator of a DUI service agency that is providing court-ordered DUI screening services shall:
1. Develop a court referral system for the completion of a screening process within 30 working days of the date of the court order for screening. The system shall include the development of written procedures for handling referrals or court orders and shall include the following information:
 - a. Date of expected completion of the screening process by the client;
 - b. Consequences, to the client, of not complying with court-ordered screening within the designated time frame;
 - c. Cost of the screening and the method by which the fee shall be paid;
 - d. Reporting to the court:
 - i. The client's AC;
 - ii. Prior DUI offenses;
 - iii. Screening results;
 - iv. Recommended education and/or treatment;
 - v. Agency selection; and

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1. A Level I client shall be referred to a licensed DUI treatment program for a minimum of 20 hours. The DUI treatment agency may order a more intensive program of treatment if the agency determines the client requires additional care. The DUI screening agency may also require that a client participate in self-help programs.
 2. The DUI Level II clients shall be referred to a Department-approved DUI education program for a minimum of 16 hours. A client may also be required to participate in self-help programs by the screening agency.
 3. Level III clients shall be referred to a Department-approved DUI education program for a minimum of eight hours. A client may also be required to participate in self-help programs by the screening agency.
- E.** The DUI screening agency shall determine if the client requires additional care or participation and shall document this information in the client's screening record.
- F.** Upon completion of the screening program, the DUI screening agency shall:
1. Document the results of the screening on Department-approved forms which shall include:
 - a. The AC level at the time of arrest;
 - b. A history of alcohol or drug use;
 - c. Previous treatment;
 - d. Impairments in medical, social, or occupational functioning due to alcohol or drug use; and
 - e. Recommendation regarding education and treatment.
 2. Provide the client with names of three or more DUI service agencies which provide the recommended education or treatment and advise the client to select an agency and schedule an appointment for education and treatment within five days from the completed date of screening.
 3. Advise the client, in writing, of the DUI screening agency's procedures, time frames, and consequences of the client's noncompliance and require the client to sign and date the document.
 4. Require the client to sign a release of information form for referral to the selected DUI education or treatment agency.
 5. Within five working days of the client's completion of the screening program, submit a written referral to the DUI education or treatment agency together with a summary of screening results and recommendations for education or treatment.

R9-20-1708. DUI Client Screening Records Repealed

- A.** An administrator shall ensure that a record is maintained for each client who receives screening services and shall include the following information:
1. Client name, address, telephone number, date of birth, citation or complaint number, and person to notify in case of emergency;
 2. A copy of the documents referring client for court-ordered screening;
 3. Documentation of any alternative referrals and program completion requirements pursuant to R9-20-1707(E) and (F);
 4. A copy of the written notification sent to the referring court regarding the screening results;
 5. Documentation, if applicable, that the court was notified within five working days that the client was in noncompliance with an education or treatment program as determined by the designated DUI education or treatment agency; and
 6. Documentation that the client and designated representative, if any, was provided information on the cost of the screening program and any subsequent fees to be incurred for education or treatment.

R9-20-1709. DUI Education Services Repealed

- A.** An administrator of a DUI service agency that is providing DUI education services shall ensure the following:
1. Policies and procedures are developed for submitting written notification to the referring DUI screening agency regarding the following:
 - a. The client's completion of the required education program. Such notification shall be sent within five working days of completion.
 - b. The client's failure to enroll in a required education program. Such notification shall be sent within five working days of the screening program completion.
 - c. The client's failure to comply with the provisions of the required education program, including attendance and nonpayment. Such notification shall be sent within five working days of the occurrence.
 2. DUI education services shall be provided in a classroom setting with not more than 30 participants for a Level II education class or 40 participants for a Level III education class.
 3. Level II group process orientation sessions shall not exceed 15 participants and one DUI staff member.
 4. Department approval shall be obtained prior to using any non-English curriculum and printed materials or any pre-program and post-program tests that measure outcome.
 5. Each client enrolled in a Level II education program shall be advised on class progress, recommendations for therapy or self-help groups, and the content of the report which shall be forwarded to the referring screening agency and court concerning the client's participation in the education program.

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6. A regular schedule of classes shall be maintained and available to the Department.
- B.** Level II education classes shall consist of 16 hours of participation which shall be completed within eight consecutive weeks. The Level II curriculum shall include the following subjects:
 1. Alcohol as a drug and its physiological effects;
 2. Effects of legal and illegal drugs on driving;
 3. Psychological and sociological consequences of use or abuse of alcohol or drugs and the stages of dependency and defense mechanisms;
 4. AC, its calculation and effects on driving performance;
 5. Criminal penalties and statutory requirements for sentencing of DUI clients;
 6. Community resources and interventions;
 7. Review of treatment approaches and various programs;
 8. Self-assessment of alcohol and drug use in an interactive or social setting;
 9. Alternatives to drinking or using drugs and driving;
 10. Orientation to therapy sessions with emphasis on group process and orientation to self-help groups such as Alcoholics Anonymous and Narcotic Anonymous; and
 11. A pre-program and post-program test capable of providing measurable outcome.
- C.** Level III education classes shall consist of a minimum of eight hours of class time which shall be completed within four consecutive weeks. The Level III curriculum shall include subsection (B)(1) through (9) only of the Level II curriculum.

R9-20-1710. DUI Client Education Records Repealed

The administrator shall ensure that a record is maintained for each client enrolled in a Level II or Level III education program and shall include the following information:

1. Screening agency referral documents;
2. Pre-program and post-program test results;
3. Program attendance and completion data;
4. Documentation that the client and designated representative, if any, was provided information on the cost of the education program and any subsequent fees to be incurred for more education or treatment;
5. Documentation of all telephone contacts and information exchanged verbally with the referring DUI screening agency, the court and, if applicable, the Department of Motor Vehicles (DMV), and any referral to the DUI treatment agency;
6. Documentation that the client was provided information pursuant to R9-20-1709(B)(1) through (B)(9); and
7. A copy of the certificate of satisfactory completion of the education program.

R9-20-1711. DUI Treatment Services Repealed

- A.** Agencies providing DUI outpatient treatment services shall comply with the requirements specified in R9-20-101 through R9-20-406, R9-20-501, and R9-20-1001 in addition to the applicable requirements of this Article.
- B.** An administrator of a DUI service agency that is providing DUI treatment services shall:
 1. Develop policies and procedures for notifying the referring DUI screening agency of the following:
 - a. The client's absence from the treatment program within five working days of the missed session.
 - b. The client's completion of the required hours of treatment within five working days of the date of completion.
 - c. The client's failure to pay the financial costs of the treatment program.
 2. Develop referrals to self-help groups such as Alcoholics Anonymous and Narcotics Anonymous shall not be substituted for participation in court-ordered treatment.
 3. Appoint a clinical director who shall supervise the provision of DUI services.
- C.** DUI treatment services shall consist of:
 1. Twenty hours of DUI treatment services for a client that are provided in a minimum of ten individual or group sessions within four months of the first treatment visit.
 2. An individualized treatment plan for each client, including the number of required outpatient sessions, based upon:
 - a. A face-to-face interview with each client to determine individual goals;
 - b. Information and screening results provided by the referring DUI screening agency; and
 - c. Intake information.
 3. Group therapy sessions that last 90 minutes or more and do not exceed 15 clients and one counselor. Client family members and significant others may participate in group sessions, but the total number of participants shall not exceed 20.
 4. An exit interview with each client to advise the client of:
 - a. Treatment progress;
 - b. Recommendations for therapy or self-help groups; and
 - c. Content of the report to the referring screening agency and court concerning the client's participation in the treatment program.

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- ~~D.~~ A DUI treatment agency may require the Level II education program as a prerequisite to admission to Level I, but the 16 hours of Level II education shall not be credited toward the 20 hours of required treatment for Level I.
- ~~E.~~ A DUI treatment agency may refer a client back to the screening agency for any of the following:
 - 1. The treatment agency has determined that the client needs specialized services in behavioral health counseling, services for the handicapped, or services in a non-English language. Hours of services provided by these agencies may be counted in the total hours required for Level I clients as ordered by the court.
 - 2. The DUI treatment agency is unable to provide the recommended treatment. It shall provide the screening agency with the reasons and recommended alternatives.
 - 3. The DUI treatment agency has determined that the client needs a more intensive treatment program in a residential, inpatient, or outpatient facility.

R9-20-1712. DUI Client Treatment Records Repealed

The administrator of a DUI service agency shall ensure that a record is maintained for each client receiving treatment services pursuant to R9-20-405 and R9-20-406 of this Chapter and shall include the following additional information:

- 1. Screening referral documents;
- 2. Attendance and participation in treatment program data;
- 3. Results of the referring screening agency's assessment and recommendations or any other evaluation, diagnostic information, or test results from other service providers which were used in developing the individualized treatment plan;
- 4. Individual progress notes describing the client's participation and progress toward meeting goals defined in the treatment plan;
- 5. Documentation of verbal contacts and written reports or correspondence with the courts, the referring screening agency, and the DMV, if applicable;
- 6. Documentation of the client's exit interview pursuant to R9-20-1711(C)(4); and
- 7. A copy of the certificate of satisfactory completion of the treatment program.

R9-20-1713. Physical Plant Requirements Repealed

- ~~A.~~ The physical plant of each DUI service agency shall conform to local building, zoning, and fire prevention authorities, where applicable.
- ~~B.~~ The building shall be clean, sanitary, and in good repair and shall contain:
 - 1. A toilet and lavatory which provides privacy and is kept clean and maintained for use by the agency staff, clients, and visitors.
 - 2. A basic emergency first aid equipment kit and supplies where client services are provided.
 - 3. Heating and cooling systems which meet state and local building codes. Unvented or open flame space heaters shall not be used.
 - 4. Rooms that allow auditory and visual privacy for client interviews, individual counseling, and other therapeutic activities and waiting rooms for clients or visitors.
- ~~C.~~ The administrator shall ensure that an emergency evacuation plan is posted where services are provided in case of fire or other disasters.

ARTICLE 18. METHADONE OR METHADONE LIKE TREATMENT AGENCIES REPEALED

R9-20-1801. Definitions

- ~~A.~~ In this Article, unless the context otherwise requires:
 - 1. "Assistant director" means the assistant director of Health and Child Care Review Services in the Department of Health Services.
 - 2. "Comprehensive maintenance treatment" means methadone or methadone like maintenance treatment which is provided in conjunction with a comprehensive range of appropriate counseling, medical, and rehabilitative services.
 - 3. "Detoxification treatment" means the dispensing of a narcotic drug in decreasing doses to an individual to alleviate adverse physiological or psychological effects incident to withdrawal from the continuous or sustained use of a narcotic drug and as a method of bringing the individual to a drug free state within such period.
 - 4. "Licensed private practitioner" means an individual licensed pursuant to A.R.S. Title 32.
 - 5. "Long term detoxification treatment" means a continuous period of treatment of not less than 31 days but which does not exceed 180 days.
 - 6. "Medical director" means a physician licensed pursuant to A.R.S. Title 32, Chapter 13 or 17, and who is responsible for the management of the agency's medical services.
 - 7. "Medication unit" means a facility established as part of a methadone or methadone like treatment program, but geographically dispersed, from which licensed private practitioners and community pharmacists are:
 - a. Permitted to administer and dispense a narcotic drug;

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- b. Authorized to collect samples for drug testing or analysis for narcotic drugs.
- 8. “Methadone or methadone-like treatment” means the dispensing of a narcotic drug in the treatment of an individual for dependence on heroin or other morphine-like drug.
- 9. “Methadone or methadone-like treatment program” means the service-delivery component of an agency licensed by the Department which administers or dispenses a narcotic drug to a narcotic addict for maintenance or short- or long-term detoxification treatment, which provides a comprehensive range of medical, counseling, and rehabilitative services, and which is approved by the Food and Drug Administration and registered with the Drug Enforcement Administration.
- 10. “Narcotic dependent” means an individual who physiologically needs heroin or a morphine-like drug to prevent the onset of signs of withdrawal.
- 11. “Program sponsor” or administrator means the individual who is responsible for the operation of a methadone or methadone-like treatment program, including all employees, practitioners, agents, or other persons providing services at the program, including its medication units.
- 12. “Services” means the medical evaluations, counseling, rehabilitative, and other social programs, vocational and educational guidance, employment placement, which will assist the client to become a productive member of society.
- 13. “Short-term detoxification treatment” means a continuous period of treatment not to exceed 30 days.

R9-20-1802. Methadone or Methadone-like Treatment Service Agency Requirements Repealed

- ~~A. In addition to the requirements of this Article agencies seeking to provide methadone or methadone-like outpatient treatment services shall comply with R9-20-101 through R9-20-410, R9-20-413, R9-20-501, R9-20-1001, and R9-20-1003.~~
- ~~B. The methadone treatment agency governing authority shall be responsible for adopting organizational bylaws and policies and procedures that govern the administration and management of the agency, including:~~
 - ~~1. Adopting a written operational statement of program services and activities that describe,~~
 - ~~a. Types of services and activities offered;~~
 - ~~b. Client provisions;~~
 - ~~c. Fee policies;~~
 - ~~d. Target populations;~~
 - ~~e. Service delivery sites;~~
 - ~~f. Hours of operation.~~
 - ~~2. Ensuring that the methadone treatment agency is operating in compliance with Department requirements;~~
 - ~~3. Submitting required documentation to the Food and Drug Administration, Drug Enforcement Agency, state and local regulatory authorities for approval prior to initial operation of a methadone treatment program and which shall include:-~~
 - ~~a. Organizational structure of the program;~~
 - ~~b. Program sponsor or administrator for each service site, if applicable;~~
 - ~~c. Medical Director with feasibility statement if the physician assumes responsibility for more than one program;~~
 - ~~d. Notification of each service delivery site’s participation within a central organization, if applicable;~~
 - ~~e. Identification of the physical location of each service delivery site;~~
 - ~~f. Determination if medication will be administered or dispensed at the service site;~~
 - ~~g. Operational statement of program services and activities;~~
 - ~~h. Names and addresses of funding sources.~~
 - ~~4. Appointing an administrator who shall have the authority and responsibility for the agency’s operations and provision of methadone or methadone-like treatment services;~~
 - ~~5. Appointing a medical director who shall have the authority and responsibility for the agency’s medical services and treatment of narcotic addiction with a narcotic drug as performed by the methadone or methadone-like treatment agency in compliance with and regulated by federal, state, and local laws;~~
 - ~~6. Notifying the Department, FDA, DEA, and all state and local regulatory authorities of deletion of a service site in which medication is administered or dispensed three weeks prior to the deletion;~~
 - ~~7. Notifying the Department, FDA, DEA, and all state and local regulatory authorities of any addition or deletion of service sites which provide services other than administering or dispensing medication not less than 30 days prior to the deletion;~~
 - ~~8. Allowing inspections by duly authorized employees of the Department, Federal Drug Administration (FDA), Drug Enforcement Administration (DEA), and the National Institute on Drug Abuse;~~

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9. ~~Complying with all federal and state reporting requirements relevant to methadone.~~
- C.** ~~The provisions in this Article shall not apply to:~~
1. ~~Agencies on military bases or those owned or operated by Indian tribes and located upon federally designated reservations.~~
 2. ~~Programs operated directly by the Veterans' Administration or any other department or agency of the United States.~~
 3. ~~Private offices and clinics of private practitioners who are licensed or certified under A.R.S. Title 32, but who are not responsible to a board of directors and who do not employ or contract with others to deliver behavioral health services.~~

R9-20-1803. Administration Repealed

- A.** ~~The administrator shall be responsible for the management of the agency's administrative program operations and shall:~~
1. ~~Establish, maintain, and enforce the agency's policies and procedures;~~
 2. ~~Appoint a clinical director who shall supervise the provision of methadone treatment services;~~
 3. ~~Establish written personnel policies and procedures describing the duties, responsibilities, and qualifications of personnel;~~
 4. ~~Establish standards that govern the ethical conduct of personnel;~~
 5. ~~Appoint professional staff and supporting personnel to provide methadone treatment services;~~
 6. ~~Ensure staff orientation, training, and development and supervision;~~
 7. ~~Ensure that agency, program, and client records are maintained in one central location and available to the Department;~~
 8. ~~Ensure that personnel records are maintained and include signed and dated job descriptions, personnel qualifications pursuant to R9-20-309 and documentation of orientation and annual continuing education and training pursuant to R9-20-308;~~
 9. ~~Ensure that clients receive a current schedule of fees prior to providing services;~~
 10. ~~Ensure that client rights, client records, and client confidentiality are maintained pursuant to 42 CFR 2, October 1, 1992, which is incorporated herein by reference and on file with the Office of the Secretary of State, and R9-20-201;~~
 11. ~~Ensure that one or more staff members has a valid driver's license at all times whenever clients are present in the agency or on supervised outings; and~~
 12. ~~Ensure that a ratio of one full-time equivalent counselor to each 60 clients is maintained.~~
- B.** ~~The medical director shall be responsible for the management of the agency's medical services and shall:~~
1. ~~Ensure that the agency is in compliance with all federal, state, and local laws and regulations regarding medical treatment of narcotic addiction.~~
 2. ~~Authorize or designate, in writing, an acting physician licensed pursuant to A.R.S. Title 32, Chapter 13 or 17, to assume responsibilities for the agency's medical treatment in the medical director's absence.~~
 3. ~~Ensure that evidence of current physiologic dependence, length and history of addiction, or exceptions to criteria for admission are documented in the client's record before the client receives the initial dose.~~
 4. ~~Ensure that a medical evaluation, including a medical history, has been taken and a physical examination has been completed before the client receives the initial dose.~~
 5. ~~Ensure that a tuberculin - Mantoux skin test or chest x-ray and rapid Plasma Reagent Serology Test have been performed and reviewed, as clinically indicated.~~
 6. ~~Ensure that laboratory studies which are performed and reviewed, as clinically indicated, including the following:~~
 - a. ~~Complete blood count and differential;~~
 - b. ~~Routine and microscopic urinalysis;~~
 - c. ~~Liver functions profile;~~
 - d. ~~Hepatitis B surface antigen testing;~~
 - e. ~~When clinically indicated, an EKG;~~
 - f. ~~When appropriate, pregnancy test and a Pap test; and~~
 - g. ~~Other tests when clinically indicated.~~
 7. ~~Ensure that the following medical orders are signed or countersigned:~~
 - a. ~~Initial admission medication orders;~~
 - b. ~~Changes in medication orders;~~
 - c. ~~All changes in the frequency of take-home medication, and~~
 - d. ~~Prescriptions of additional take-home medication for emergency situations.~~

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8. Review and countersign treatment plans not less than annually.
9. Ensure that justification is recorded in the client's record for reducing the frequency of clinic visits when:
 - a. Drug ingesting is observed;
 - b. Additional take-home medication is provided under exceptional circumstances;
 - c. There is a physical disability, and
 - d. Medication is prescribed for physical or emotional problems.
10. Ensure that drug dispensing records for each client are maintained, noting date, quantity, and batch or code marks of the drug dispensed, and are retained for a period not less than three years from the date of dispensing.
11. Ensure that the DEA required security standards for the distribution and storage of controlled substances are maintained for drug stocks including the manner in which drugs are administered and dispensed.

R9-20-1804. ~~Client Records for Methadone or Methadone-like Treatment Programs~~ Repealed

- A.** ~~In addition to the requirements specified in R9-20-406 (A), a methadone or methadone-like treatment program shall comply with the requirements of this rule.~~
- B.** ~~The client record shall also contain:~~
1. ~~A copy of FDA-2635 "Consent to Methadone Treatment" form, which is attached as Exhibit A, or FDA-approved methadone-like treatment consent form, signed and dated by the client and responsible party, if applicable;~~
 2. ~~The date of each visit in which the client receives medication(s) with any take-home medications and respective date noted;~~
 3. ~~The results of each test or analysis for drugs;~~
 4. ~~Any physical or psychological disability;~~
 5. ~~The type of rehabilitative and counseling efforts employed; and~~
 6. ~~An annual evaluation of the client's progress.~~

R9-20-1805. ~~Program Approval~~ Repealed

~~Each methadone or methadone-like treatment agency or service delivery site, whether an outpatient facility or a private practitioner, shall submit applications to the FDA and the Department, respectively, and shall require the approval of both agencies prior to initial operation.~~

R9-20-1806. ~~Admission and Discharge Criteria~~ Repealed

- A.** ~~The agency shall develop and put into effect written policies and procedures that address the agency's admission and discharge criteria and meet the requirements of this rule.~~
- B.** ~~There shall be detailed written admission criteria to assist prospective clients and referring agencies to understanding the following admission policies:~~
1. ~~It shall be the responsibility of the program sponsor or administrator to accept for admission clients whose needs do not exceed the agency's program capabilities and qualifications or the range of services for which the agency is licensed.~~
 2. ~~There shall be a description of conditions under which a client will be immediately admitted, put on waiting list, denied admission, or referred to another agency.~~
 3. ~~The client shall always report to the same treatment facility unless prior approval is obtained from the administrator for treatment at another program. Such an approval and its reasons shall be noted in the client's record.~~
 4. ~~It shall be the responsibility of the program sponsor or administrator to ensure that all relevant facts concerning the use of the narcotic drug used by the program are clearly explained to the client. Each client shall indicate full knowledge and understanding of the information by the client's dated signature and that of the responsible party, if applicable, on the FDA-2635 "Consent to Methadone Treatment" form which is attached as Exhibit A or any related methadone-like treatment consent form.~~
 5. ~~For clients under the age of 18, a parent, legal guardian, or responsible adult designated by the Department shall sign the FDA-2635 "Consent to Methadone Treatment" form which is attached as Exhibit A.~~
- C.** ~~Admission to a program shall depend upon the history of addiction and current physiologic dependence.~~
1. ~~A person may be admitted as a client for a maintenance program only if a program physician determines that the person:~~
 - a. ~~Is currently physiologically dependent upon a narcotic drug and became physiologically dependent at least one year before seeking admission for maintenance treatment; or~~
 - b. ~~Was addicted, continuously or episodically, for most of the year immediately before seeking admission to the program.~~

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2. ~~In the case of a person for whom the exact date on which physiological addiction began cannot be ascertained, the admitting physician may, in the physician's clinical judgment, admit the person to maintenance treatment.~~
 3. ~~The program physician or a designated behavioral health professional, who is supervised by the physician, shall record in the client's record the criteria used to determine the client's current physiologic dependence and history of addiction.~~
 4. ~~The program physician shall sign, date, and record a statement that all the documented evidence to support a one-year history of addiction and the current physiologic dependence has been reviewed and that, in program physician's clinical judgment, the client fulfills the requirements for admission to maintenance treatment. The program physician shall complete and record the statement before the program administers any methadone to the client.~~
- D.** ~~The admission criteria set forth in R9-20-1806(C) shall not apply to the following:~~
1. ~~A person who has resided in a penal or chronic care institution for one month or longer may be admitted to maintenance treatment within 14 days before release or discharge, or within six months after release, from such an institution without documented evidence to support findings of physiological dependence, provided the person submits evidence which indicates that the person would have been eligible for admission before the individual was incarcerated or institutionalized and, in the clinical judgment of a program physician, treatment is medically justified. The following documentation shall be maintained in the client record:~~
 - a. ~~Evidence of the prior residence in a penal or chronic care institution;~~
 - b. ~~Criteria used to determine the physiological dependence findings;~~
 - c. ~~A dated signature by the admitting physician of physiological dependence evidence before the initial dose is admitted to the client, or~~
 - d. ~~Psychological dependence findings which are documented by a behavioral health professional shall be signed and dated by the admitting physician within 72 hours of administration of the initial dose to the client.~~
 2. ~~Pregnant clients. Pregnant clients, regardless of age, who have had a documented narcotic dependency, may be placed on a maintenance regimen:~~
 - a. ~~Agencies providing maintenance services to pregnant clients shall comply with R9-20-1806(D)(1)(b) through (d).~~
 - b. ~~When a maintenance program cannot provide direct prenatal care for pregnant clients in treatment, the program shall establish a system for informing the clients of the publicly or privately funded prenatal care opportunities available.~~
 - c. ~~When the maintenance program cannot provide such services, and if there are no publicly or privately funded prenatal referral opportunities available, or the client cannot afford them or refuses them, then the program shall, at a minimum, offer her basic prenatal instruction on maternal, physical, and dietary care as part of its counseling service.~~
 - d. ~~Counseling and other appropriate record shall be required to reflect the nature of the prenatal support provided by the program.~~
 - e. ~~When the client is referred for prenatal services, the physician to whom she is referred shall be notified that she is in maintenance treatment in accordance with 42 CFR 2, October 1, 1992, which is incorporated herein by reference and on file with the Office of the Secretary of State.~~
 - f. ~~If a pregnant client refuses direct treatment or appropriate referral for treatment, the program physician shall have the client acknowledge in writing that she had opportunity for this treatment but refuses it.~~
 - g. ~~Following the birth of a client's child, the program physician, in accordance with 42 CFR 2, October 1, 1992, which is incorporated herein by reference and on file in the Office of the Secretary of State, shall request from the hospital to which a client was referred, a summary of the delivery and treatment outcome for the client and the offspring. If no response is received, the program physician shall document that such a request was made.~~
 - h. ~~Within three months after termination of pregnancy, the physician shall enter an evaluation of the client's treatment state and make a recommendation as to whether she should remain in the maintenance program or be detoxified.~~
 - i. ~~Dosage levels shall be maintained at the optimum effective dose. The physician shall be responsible for ensuring that each female client is fully informed of the possible risks to her or to her unborn child from continued use of, or withdrawal from, methadone dispensed by the program.~~
 3. ~~Previously treated clients. Clients who have received maintenance treatment may be readmitted to a program without evidence to support findings of current physiologic dependence for up to two years after discharge.~~
- E.** ~~Limitations to admission for treatment of clients under 18.~~

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1. A person under 18 shall have had two documented attempts at short-term detoxification or drug-free treatment to be eligible for maintenance treatment.
 2. A one-week waiting period shall be required after a detoxification attempt. The physician shall then document in the client's record that the client continues to be or is again physiologically dependent on narcotic drugs.
 3. In order to be admitted to a maintenance treatment program, persons under 18 years of age shall have a parent, legal guardian, or responsible adult designated by the state to complete and sign the FDA-2635 "Consent to Methadone Treatment" form which is attached as Exhibit A or FDA-approved methadone-like treatment consent form.
- F.** If, in the clinical judgment of the medical director, a particular client would not benefit from treatment with a narcotic drug, the client may be refused such treatment even if the client meets the admission standards.
- G.** Readmission Criteria:
1. There shall be a detailed written readmission criteria to assist a client in understanding requirements for readmission.
 2. If a client misses methadone medications for two weeks or more without notifying the program, the program shall terminate. If the client does return for care and is accepted into the program, this shall be considered a readmission and shall be entered in the client's record.
- H.** Agencies providing methadone maintenance or methadone-like treatment services shall discharge clients in accordance with R9-20-401(C).
- I.** Discontinuation of methadone use:
1. Involuntary termination from treatment:
 - a. The administrator shall be responsible for developing a written policy establishing criteria for involuntary termination from treatment.
 - b. A copy of this policy shall be posted in a conspicuous area accessible to all clients.
 - c. Understanding of the involuntary termination policy and procedure shall be verified by the dated signature of the client or designated representative on a form provided by the program.
 - d. Under the involuntary termination policy, information about the client shall be kept confidential in accordance with 42 CFR 2, October 1, 1992, which is incorporated herein by reference and on file in the Office of the Secretary of State.
 2. Voluntary withdrawal from methadone use:
 - a. The determination to withdraw voluntarily from methadone shall be the decision of the client and the clinical judgment of the physician.
 - b. Upon reaching a drug-free state, the client may remain in the program for as long as the treating physician determines necessary to ensure client stability in a drug-free state.
 - c. The frequency of required program visits for drug-free clients may be adjusted at the discretion of the medical director.
- J.** Multiple Enrollments: To discourage drug dependent persons from enrolling in more than one methadone treatment program, drugs shall not be administered to a client who is currently receiving drugs from another program.

R9-20-1807. Treatment Planning Repealed

Agencies providing methadone treatment services shall conduct treatment planning in accordance with R9-20-404(A) through (H).

1. A comprehensive methadone or methadone-like service agency shall develop individual client treatment plans which shall be reviewed and updated by the assigned behavioral health paraprofessional, behavioral health technician, or behavioral health professional staff when goals or objectives are accomplished, when additional client deficits that need intervention are identified, or at least every 90 days.
2. Short-term detoxification service agencies shall develop individual client treatment plans which shall be reviewed at least weekly.
3. Long-term detoxification service agencies shall develop individual client treatment plans which shall be reviewed at least every 30 days.

R9-20-1808. Drug Testing Repealed

- A.** The administrator shall ensure that an initial drug screening test is completed for each prospective client.
- B.** After admission, the testing shall be performed on each client no less than:
1. Eight additional random tests during the first year in maintenance treatment; and
 2. Quarterly random tests on each client for each subsequent year, except that a random test is performed monthly on each client who receives a six-day supply of take-home medication.

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- ~~C. When a sample is collected from each client for testing, it shall be completed in a manner that minimizes the opportunity for falsification.~~
- ~~D. Each test shall be analyzed for opiates, methadone, amphetamines, cocaine, barbiturates, benzodiazepines.~~
- ~~E. A laboratory that performs testing required under this regulation shall hold a current license issued by the Office of State Laboratory Licensure and Certification.~~
- ~~F. If a program wishes to change a laboratory used for such testing, the program shall provide to the Department evidence that the change is approved by the FDA.~~
- ~~G. Test results shall not be the sole criteria utilized to discharge a client from treatment but shall be used as a guide to change treatment approaches. Test results used shall be definitive rather than presumptive.~~

R9-20-1809. ~~Emergency Initial Medication Administration Services~~ Repealed

~~The medical director or other authorized physicians may, upon review and with medical and clinical judgment, provide a client with an initial dose of methadone prior to the initial physical only in the situation in which the client is a woman who has been determined to be pregnant. Opiate withdrawal does not constitute an emergency.~~

R9-20-1810. ~~Health Care Professionals~~ Repealed

~~Behavioral health professionals, employed by a methadone treatment or a methadone-like treatment program may perform functions which are ordinarily performed by the medical director, if it is permitted by law and if those functions are delegated by the medical director. All records shall be properly countersigned by the medical director or a licensed physician.~~

R9-20-1811. ~~Staff Authorized to Dispense or to Administer Narcotic Drugs~~ Repealed

- ~~A. Methadone may be dispensed only by a physician licensed pursuant to A.R.S. Title 32 and registered under the appropriate state and federal laws to order narcotic drugs for clients, or by an agent of the physician supervised by or under the order of the physician.~~
- ~~B. The physician shall be responsible for the amounts of methadone administered or dispensed and shall record and countersign all changes in dosage schedule.~~
- ~~C. Staff authorized to administer methadone shall be licensed as a:
 1. Licensed practical nurse,
 2. Registered nurse,
 3. Pharmacist,
 4. Nurse practitioner,
 5. Physician assistant, or
 6. Physician.~~

R9-20-1812. ~~Administration of Methadone~~ Repealed

- ~~A. Methadone treatment programs shall administer or dispense in the oral liquid form.~~
- ~~B. The oral dosage shall be formulated in such a way as to reduce its potential for parenteral abuse.~~
- ~~C. The physician or designee shall prescribe the initial dose of methadone and shall adjust the dose to the narcotic tolerance of the client. On admission and subsequent observation:
 1. For a heavy user of heroin, staff may administer initial dose of 15 to 30 milligrams of methadone with additional increments four to eight hours later.
 2. If the symptoms of abstinence continue, the physician or designee may administer an additional five to ten milligram dose, as needed.
 3. The physician or designee shall adjust the dosage, as individually tolerated and required, but shall not exceed 100 milligrams per day unless medically indicated or prior FDA approval is obtained.
 4. The physician or designee shall document the dosage exception in the client's record.~~
- ~~D. Hospitalized clients under the care of a physician shall be permitted to receive methadone in parenteral form upon written approval by the attending physician.~~
- ~~E. Take-home medication shall be labeled and shall be packaged in special packaging as required by 16 CFR 1700.14, which is incorporated herein by reference and on file in the Office of the Secretary of State and in accordance with the Poison Prevention Packaging Act to reduce the chances of accidental ingestion. The label shall include the following information:
 1. Treatment center's name, address, and telephone number;
 2. Prescription identification number;
 3. Physician's name;
 4. Client's name;~~

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5. Directions for ingestion;
6. Name of medication;
7. Dosage in milligrams;
8. Date;
9. Warning: "not for injection" or "for oral use only"; and
10. Pharmacist's initials.

~~R9-20-1813. Take-home Medication Repealed~~

- ~~**A.** Take-home medication may be given when, in the clinical judgment of the physician, the client is responsible to handle narcotic drugs. The physician or designated staff member shall record the reasons for the decision in the client's clinical record. Upon entry by designated staff, a physician shall review, countersign, and date the information in the client's record.~~
- ~~**B.** In determining whether or not a client is responsible to handling narcotic drugs, the physician shall consider the following:~~
- ~~1. Absence of recent abuse of drugs, narcotic or non-narcotic, including alcohol;~~
 - ~~2. Regularity of clinic attendance;~~
 - ~~3. Absence of serious behavioral problems at the clinic;~~
 - ~~4. Absence of known recent criminal activity;~~
 - ~~5. Stability of the client's home environment and social relationships;~~
 - ~~6. Length of time in maintenance treatment;~~
 - ~~7. Whether the take-home medication can be safely stored within the client's home; and~~
 - ~~8. Rehabilitative benefit to the client derived from decreasing the frequency of clinic attendance versus the potential risks of diversion.~~

~~R9-20-1814. Take-home Requirements Repealed~~

- ~~**A.** A client shall not be eligible for weekend take-home privileges until completion of three months of treatment. A physician may, based on clinical judgment, deny or rescind the take-home privileges of the client.~~
- ~~**B.** Take-home requirements for maintenance treatment:~~
- ~~1. Clients shall come to the clinic for observation daily or six days a week for a period of no less than three months.~~
 - ~~2. Following a period of not less than three months of continuous treatment, the physician or designee shall determine if a client may be permitted to reduce clinic attendance to five times weekly. The physician or designee shall utilize agency criteria to make the determination, which shall include, at a minimum, whether the client demonstrates the following:
 - ~~a. Adherence to program rules;~~
 - ~~b. Substantial progress in rehabilitation;~~
 - ~~c. Responsible handling of narcotic drugs, and~~
 - ~~d. Rehabilitative progress would be enhanced.~~~~
 - ~~3. Following a period of not less than six months of continuous treatment, the physician or designee shall utilize the criteria listed in R9-20-1814(B)(2) to determine if a client may be permitted to reduce clinic attendance to three times weekly. The client may receive no more than a two-day take-home supply of medication.~~
 - ~~4. If, after two years of continuous treatment, a client has complied with all the requirements of R9-20-1814(B)(2), the physician or designee may permit the client to reduce clinic attendance to twice weekly. The client may receive no more than a three-day supply of medication.~~
 - ~~5. The physician or designee may permit the client to reduce clinic attendance to once weekly only when medical judgment has determined this to be appropriate. Documentation of the medical judgment shall be entered into the client record.
 - ~~a. If a client receiving a six-day supply of take-home medication based on the medical exception as indicated in R9-20-1814(D)(2) is absent without an excuse or misses a scheduled appointment for medication or counseling, without authorization from the program staff, the physician shall increase the frequency of the client's clinic attendance until a minimum of three consecutive monthly tests that give results that are neither positive for morphine-like drugs, except from the narcotic drug administered or dispensed by the program, or other drugs of abuse, nor negative for the narcotic drug administered or dispensed by the program, and until the client is determined by a physician to be responsible in handling narcotic drugs.~~~~

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- b. ~~If a client receiving a six-day supply of take-home medication has a test which is confirmed to be positive for morphine-like drugs or other drugs of abuse, or negative for the narcotic drug administered or dispensed by the program, the physician shall:
 - i. ~~Increase the frequency of the client's clinic attendance for observation to a minimum of twice weekly.~~
 - ii. ~~Limit the client to no more than a three-day take-home supply of medication until a minimum of three consecutive monthly tests obtained from the client are neither positive for morphine-like drugs or other drugs of abuse, or negative for the narcotic drug administered or dispensed by the program, and the physician again determines that the client is responsible in handling narcotic drugs.~~~~
- 6. ~~The nurse administering medication shall observe each client whose daily dose is above 100 milligrams ingesting the drug a minimum of six days a week, irrespective of the time of treatment, unless the program has received prior approval from the FDA.~~
- ~~C. Time spent by the client in more than one program in continuous treatment is counted toward the number of years of treatment for the determination of take-home privileges.~~
- ~~D. Temporarily reduced take-home schedule requirements.
 - 1. ~~A physician may permit a client a temporarily reduced schedule upon a finding that the client is responsible for the handling of narcotic drugs and if, in the clinical judgment of the physician, the client meets one of the following conditions:-
 - a. ~~A client has a physical disability which interferes with the ability to conform to the applicable mandatory schedule.~~
 - b. ~~A client, because of exceptional circumstances such as illness or personal family crisis is unable to conform to the applicable mandatory schedule.~~
 - c. ~~A client who, after three years of continuous treatment, has continued to meet the requirements addressed in R9-20-1813 and R9-20-1814. Only those clients who have been permitted to reduce clinic attendance to once weekly and who continue to comply with R9-20-1813 and R9-20-1814 may maintain this schedule.~~
 - d. ~~A client's capacity to continue current employment is dependent on a reduced program attendance schedule. The physician or designee may grant the client only that privilege level which immediately precedes the client's current privilege level; a client who currently maintains biweekly privileges may be granted a six-day take-home supply of medication. A client shall receive such an exception only once within a one-year period and only for a duration not to exceed 90 days.~~~~
 - 2. ~~The physician shall review, countersign, and date in the client's record the decision to permit the temporary take-home privileges.~~
 - 3. ~~A client shall not be given more than one consecutive, two-week supply of narcotic drugs within a one-year period.~~~~
- ~~E. The Medical Director shall permit each client one extra take-home dose per visit and one less clinic visit per week to permit clients not to have to attend the clinic on an official state holiday or administrative clinic closure.~~

R9-20-1815. Short term Detoxification Treatment Requirements Repealed

- ~~A. Take-home medication shall not be allowed during 30-day short-term detoxification.~~
- ~~B. A history of one-year physiologic dependence shall not be required for admission to short-term detoxification.~~
- ~~C. Clients who have been determined by the program physician to be currently physiologically narcotic dependent may be placed in short-term detoxification treatment regardless of age.~~
- ~~D. No drug test shall be required for participation in short-term detoxification treatment except for the initial drug screening or analysis.~~
- ~~E. A primary counselor shall be assigned to monitor a client's progress toward the goal of short-term detoxification treatment, but an initial treatment plan and periodic treatment plan evaluations required for maintenance clients are not necessary for short-term detoxification treatment.~~

R9-20-1816. Long term Detoxification Treatment Requirements Repealed

~~The Medical Director shall ensure that methadone administered in long-term detoxification treatment is on a regimen designed to reach a drug-free state in 31 to 180 days or less. All requirements for maintenance treatment apply to long-term detoxification treatment.~~

R9-20-1817. Hospital Use of Methadone for Detoxification Treatment Repealed

- ~~A. A hospital may administer methadone in either oral or parenteral form.~~
- ~~B. A hospital may administer or dispense methadone only for the detoxification treatment of narcotic addiction.~~

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- ~~C. Any hospital which has received approval from the FDA to provide methadone treatment may serve as a temporary treatment program when an approved program has been terminated or there is no other facility immediately available in the area.~~
- ~~D. The hospital shall maintain accurate records showing dates, quantity, and batch or code marks of the drug used for client treatment. The hospital shall retain records for a minimum of three years.~~

ARTICLE 19. ~~LEVEL II RURAL COUNTY DETOXIFICATION SERVICES PILOT PROGRAM~~ REPEALED

Part A. ~~Pilot Program Requirements~~ Repealed

R9-20-A1901. ~~Definitions~~ Repealed

In this Article, unless the context otherwise requires:

1. ~~“Behavioral health professional” means the same as defined in R9-20-101(10).~~
2. ~~“Behavioral health services” means the same as defined in R9-20-101(12).~~
3. ~~“Client” means an individual who is admitted into an agency participating in the Level II rural county detoxification services pilot program.~~
4. ~~“Governing authority” means the same as defined in A.R.S. § 36-401(A)(16).~~
5. ~~“Level II behavioral health facility” or “agency” means, for purposes of Laws 1995, Ch. 275, § 10, a facility licensed pursuant to Article 7 of this Chapter or an unlicensed facility approved pursuant to this Article to provide pilot program detoxification services.~~
6. ~~“Level II rural county detoxification services pilot program” means those agencies which are participating to provide detoxification services, either directly or by contract, to individuals in accordance with Laws 1995, Ch. 275, § 10.~~
7. ~~“Manager” means the individual designated by the governing authority to act in its behalf in the overall on-site management of the agency.~~
8. ~~“Paraprofessional counseling” means treatment activities provided by individuals who are not licensed behavioral health professionals.~~
9. ~~“Supervision” means that a program’s staff is available on a 24 hour per day basis to provide detoxification services and to monitor the health and safety of the program’s clients.~~
10. ~~“Treatment plan” means the written statement of methodologies of care and provision of behavioral health services prepared by agency staff to meet the client’s needs as identified in the assessment, evaluation, and diagnosis processes.~~

R9-20-A1902. ~~Level II Rural County Detoxification Services Pilot Program~~ Repealed

- ~~A. A Level II behavioral health facility or unlicensed facility which proposes to provide detoxification services in accordance with Laws 1995, Ch. 275, § 10 shall be located only in counties having a population of 500,000 persons or less according to the most recent United States decennial census.~~
- ~~B. An unlicensed facility which desires to participate in the Level II rural county detoxification services pilot program shall be approved in accordance with Part B of this Article.~~
- ~~C. All Level II rural county detoxification services pilot program participating agencies shall comply, at a minimum, with the program requirements set forth in R9-20-B1902 through R9-20-B1908.~~

Part B. ~~Rural County Program Approval~~ Repealed

R9-20-B1901. ~~Approval Requirements~~ Repealed

- ~~A. An unlicensed program seeking to participate in the Level II rural county detoxification services pilot program as provided by Laws 1995, Ch. 275, § 10 shall comply with the requirements of R9-20-107 through R9-20-201, R9-20-308, R9-20-309 (excluding subsection (A)(7)), R9-20-405(A), and R9-20-505(F).~~
- ~~B. An unlicensed program applying for initial approval or re-approval for participation in the Level II rural county detoxification services pilot program shall submit to the Director evidence of compliance with these rules and the following additional information:
 1. Complete information regarding ownership, physical plant, staff, records, and services;
 2. Annual sanitation inspection report; and
 3. Annual fire inspection from the fire authority having jurisdiction.~~
- ~~C. An applicant for initial approval, construction of a new facility, or alteration of an existing facility shall also submit the following documents:
 1. Site plan of the facility drawn to scale and dimension showing property lines, buildings, roads, drives, parking, walkways, building entrances, and exits;~~

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2. ~~Floor plan of the facility drawn to scale and dimension showing entire floor plan, rooms, service and program areas, corridors, stairs, entry, exits, fire protection design, and systems;~~
 3. ~~Code information including statement and calculations indicating construction type, occupancy type, occupant load, fire sprinkler, fire alarm, and fire detection requirements; and~~
 4. ~~Certificate of occupancy, fire inspection, and approval report and clearance from the local authority having jurisdiction if an existing building is utilized as an agency, or a copy of the building permit and zoning clearance from the local authority having jurisdiction if a center is newly constructed or an alteration is made to an existing center.~~
- D.** ~~An approval shall be valid for a period of 1 year from the date of issuance for the owner, name, location, and number of beds specified on the application.~~
- E.** ~~An applicant shall file a request for approval or re-approval within 60 to 120 days before anticipated operation or the expiration date of the current approval.~~
- F.** ~~The Director may issue or renew an approval if an applicant meets all of the following requirements:~~
1. ~~Is in substantial compliance with these rules;~~
 2. ~~Carries out a plan acceptable to the Director to eliminate any noncompliance with the standards for approval set forth in these rules, and~~
 3. ~~Has a letter of agreement or contract with a regional behavioral health authority to participate in a Level II rural county detoxification services pilot program in accordance with this Article and Laws 1995, Ch. 275, § 10.~~

R9-20-B1902. Management Repealed

- A.** ~~An agency shall have a governing authority which shall consist of 1 or more persons responsible for organizing and managing the agency and adopting policies and procedures that govern the provision of detoxification services to clients.~~
- B.** ~~The governing authority of the agency shall designate a manager who shall have, at a minimum, 1 of the following:~~
1. ~~Bachelor's degree in a behavioral health or health-related field;~~
 2. ~~Bachelor's degree in any field, plus 1 year of work experience in behavioral health services delivery; or~~
 3. ~~High school diploma or general education diploma (GED) and a minimum of 4 years of behavioral health education or work experience involving detoxification, or a combination of the 2.~~
- C.** ~~The manager of an agency shall be responsible for establishing, implementing, and maintaining policies and procedures governing:~~
1. ~~Client rights and responsibilities;~~
 2. ~~A fire and safety plan;~~
 3. ~~Residency arrangements for clients, including admission and discharge;~~
 4. ~~Client services, treatment, or care;~~
 5. ~~Client confidentiality;~~
 6. ~~Unauthorized entry to or exit from the program by clients, staff, or other individuals;~~
 7. ~~Medications administration;~~
 8. ~~Client nutrition;~~
 9. ~~Client record confidentiality, storage, transportation, and dissemination of identifying information;~~
 10. ~~Emergency treatment procedures; and~~
 11. ~~Annual review of the agency policies and procedures which shall be documented in writing and available to the Department for review.~~
- D.** ~~The manager of an agency shall ensure that it operates on a 24-hour basis, including intake and placement. If a vacancy does not exist in the agency, the manager shall ensure that assistance and referral services are provided to individuals seeking care.~~

R9-20-B1903. Detoxification Services Repealed

- A.** ~~The manager of an agency shall ensure the provision of the following detoxification services to each client:~~
1. ~~A medical assessment performed by a physician licensed pursuant to A.R.S. Title 32, Chapters 13 and 17; a professional nurse licensed in accordance with A.R.S. Title 32, Chapter 15; or an emergency medical technician certified pursuant to A.R.S. Title 36, Chapter 21.1, within 72 hours of admission;~~
 2. ~~An assessment and development of a treatment plan within 24 hours of admission, including a determination of the need for medical care and transport to a hospital;~~
 3. ~~Chemical dependency assessment within 24 hours of admission;~~
 4. ~~Close observational assessment and regular monitoring of vital signs;~~

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5. ~~Twenty-four hour supervision and the ability to manage, either directly or by referral, a client's physiological manifestations and distress exhibited in the course of withdrawal from chemical dependency;~~
 6. ~~Supervised paraprofessional counseling or behavioral health professional counseling which may include individual, group, and family counseling and participation in motivational programs as indicated in the client's treatment plan, but which does not include peer and self-help groups;~~
 7. ~~Recreational, rehabilitation, or habilitation activities to involve the client in interpersonal interactions;~~
 8. ~~Referral to other social services or treatment agencies; and~~
 9. ~~Transportation for emergencies. Telephone numbers of ambulance services shall be available to all staff members on duty.~~
- ~~**B.** An agency shall transfer a client who requires treatment beyond the scope of the agency to another behavioral health facility or a medical facility. The agency shall assist the client in securing necessary transportation.~~
- ~~**C.** The manager shall ensure that a treatment plan and necessary updates are prepared by agency staff for each client. The manager shall ensure that the treatment plan is followed by the agency while the client is in treatment.~~

R9-20-B1904. Staffing Requirements Repealed

The manager of an agency shall ensure that:

1. ~~Staff is available to provide detoxification services and monitor the health and safety of each client at all times, and~~
2. ~~At least 1 staff member who is certified in first aid and cardiopulmonary resuscitation and who has the education to counsel clients who are experiencing acute distress due to behavioral health issues shall be available at all times.~~

R9-20-B1905. Program Description Repealed

~~An agency shall provide a program description to each client upon admission. The program description shall describe the program's residence rules and services.~~

R9-20-B1906. Facility Physical Plant Standards Repealed

- ~~**A.** An agency shall provide 40 square feet per approved bed in the sleeping area of the facility for each client.~~
- ~~**B.** If a bunk bed is used for a client in the detoxification unit, an agency shall place a client in the lower bed of the bunk bed only for the 1st 48 hours after admission. An agency shall not place a client in the upper bed of a bunk bed until 48 hours after admission.~~
- ~~**C.** There shall be a separate dining area. The agency shall not use the dining area as a sleeping area.~~
- ~~**D.** An agency shall not exceed the number of beds for which the agency is approved to provide detoxification services.~~

R9-20-B1907. Recordkeeping Repealed

The manager of an agency shall ensure that the following records are maintained:

1. ~~All required operating licenses, permits, and certificates;~~
2. ~~Client file documentation which shall contain:~~
 - a. ~~Client identifying information;~~
 - b. ~~Name of an emergency contact;~~
 - c. ~~A list of the client's medication, if applicable;~~
 - d. ~~The client's initial assessment and evaluation;~~
 - e. ~~The client treatment plan and updates;~~
 - f. ~~Treatment or staffing summaries;~~
 - g. ~~Notation of contacts or referrals;~~
 - h. ~~Discharge summaries from the provider agency; and~~
 - i. ~~A forwarding address for the client, if available.~~
3. ~~Reports of all inspections and reviews, including fire and sanitation reports, with documentation of all corrective actions taken.~~
4. ~~Reports of quarterly fire drills.~~

R9-20-B1908. Fire and Safety Repealed

- ~~**A.** An agency shall maintain smoke detectors in working order near every sleeping and cooking area. Battery-powered smoke detectors may be utilized.~~
- ~~**B.** Fire drills shall be conducted on a quarterly basis. All clients and staff shall participate in fire drills.~~
- ~~**C.** The agency shall maintain a first aid kit in the facility which is accessible to all staff.~~
- ~~**D.** A list of emergency numbers and poison centers' numbers shall be maintained near a telephone for easy access by staff and clients.~~

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R9-20-B1909. ~~Transfer to Another Classification~~ Repealed

~~An unlicensed agency which is approved for purposes of participating in the Level II rural county detoxification services pilot program and which seeks to provide treatment services as a Level II behavioral health facility shall comply with the licensure requirements in Article 7 of this Chapter.~~