

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF PROPOSED EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

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

PREAMBLE

1. Sections Affected

Rulemaking Action

R9-20-101	Amend
R9-20-102	Amend
R9-20-103	Amend
R9-20-104	Amend
R9-20-106	Amend
R9-20-201	Amend
R9-20-202	Amend
R9-20-203	Amend
R9-20-204	Amend
R9-20-206	Amend
R9-20-207	Amend
R9-20-208	Amend
R9-20-209	Amend
R9-20-211	Amend
R9-20-212	Amend
R9-20-214	Amend
R9-20-215	Amend
R9-20-301	Amend
R9-20-405	Amend
R9-20-505	Amend
R9-20-601	Amend
R9-20-602	Amend
R9-20-701	Amend
R9-20-802	Amend
R9-20-803	Amend
Article 9	Amend
R9-20-902	Amend
R9-20-904	Amend
R9-20-1001	Amend
R9-20-1003	Amend
R9-20-1008	Amend
R9-20-1010	Amend
R9-20-1013	Amend
R9-20-1014	Amend
R9-20-1101	Amend
R9-20-1202	Amend
R9-20-1301	Amend
R9-20-1401	Amend
R9-20-1501	Amend
R9-20-1502	Amend
R9-20-1504	Amend
R9-20-1506	Amend

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

Authorizing statutes: A.R.S. §§ 36-104(3), 36-132(A)(17), 36-136(F), and 36-405(A) and (B)(1)

Implementing statutes: A.R.S. §§ 36-204(1) and (4) through (5), 36-502(A) through (B), 36-2003(A)(6), 36-2003(B)(1) and (3), 36-2052, 36-3005(4), 36-3707(B)(1), and 13-3601.01(A)

3. The proposed effective date of the rules:

To be determined—upon filing of the Notice of Final Exempt Rulemaking with the Office of the Secretary of State.

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

Notice of Public Information: 9 A.A.R. 1509, May 16, 2003

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 E. Morten, 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

E-mail: kphilli@hs.state.az.us

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 incorporate changes that clarify meaning and reflect statutory changes and current standards of practice.

The changes will be promulgated in rule under exempt rulemaking procedures according to Laws 2001, Ch. 367 (SB 1353).

7. A reference to any study relevant to the rule that the agency reviewed and either relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

Not applicable

8. 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

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

Laws 2001, Ch. 367 (SB 1353) provides exemption from the provisions of Title 41, Chapter 6.

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

Not applicable

11. A summary of the comments made regarding the rule and the agency response to them:

The Department has scheduled the following oral proceedings:

Date: June 16, 2003

Time: 10:00 a.m.

Address: 1647 E. Morten
Hearing Room
Phoenix, AZ 85020

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Date: June 17, 2003
Time: 10:00 a.m.
Address: 400 W. Congress
North Building, Room 158
Tucson, AZ 85701

Date: June 18, 2003
Time: 10:00 a.m.
Address: East Flagstaff Public Library
3000 N. 4th Street, Suite 5
Community Room
Flagstaff, AZ 86004

Persons interested in submitting written formal comments should submit them to one of the persons listed in item #5 by 5:00 p.m., June 18, 2003.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting one of the persons listed in item #5. Requests should be made as early as possible to allow time to arrange the accommodation.

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

Not applicable

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

The following is incorporated by reference in R9-20-211(A):

42 CFR 2.11 through 42 CFR 2.67 (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954.

14. Was this rule previously made as an emergency rule?

No

15. The full text of the rules 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. Agency Subclasses and Required and Authorized Services
R9-20-103. Initial License Application
R9-20-104. License Renewal
R9-20-106. Changes Affecting a License

ARTICLE 2. UNIVERSAL RULES

Section

R9-20-201. Administration
R9-20-202. Required Reports
R9-20-203. Client Rights
R9-20-204. Staff Member and Employee Qualifications and Records
R9-20-206. Orientation and Training
R9-20-207. Staffing Requirements
R9-20-208. Admission Requirements
R9-20-209. Assessment and Treatment Plan
R9-20-211. Client Records
R9-20-212. Transportation

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- R9-20-214. Environmental Standards
- R9-20-215. Time Out and Emergency Safety Response

ARTICLE 3. OUTPATIENT CLINIC REQUIREMENTS

- Section
- R9-20-301. Universal Outpatient Clinic Requirements

ARTICLE 4. RESIDENTIAL AGENCY REQUIREMENTS

- Section
- R9-20-405. Environmental Standards

ARTICLE 5. INPATIENT TREATMENT PROGRAM REQUIREMENTS

- Section
- R9-20-505. Supplemental Requirements for a Level 1 RTC

ARTICLE 6. USE OF RESTRAINT OR SECLUSION

- Section
- R9-20-601. Definitions
- R9-20-602. Requirements for Use of Restraint or Seclusion

ARTICLE 7. LEVEL 1 SPECIALIZED TRANSITIONAL AGENCY

- Section
- R9-20-701. Supplemental Requirements for a Level 1 Specialized Transitional Agency

ARTICLE 8. COURT-ORDERED SERVICES

- Section
- R9-20-802. Supplemental Requirements for Court-Ordered Evaluation
- R9-20-803. Supplemental Requirements for Court-Ordered Treatment

ARTICLE 9. DUI SERVICES

- Section
- R9-20-902. Supplemental Requirements for DUI Screening
- R9-20-904. Supplemental Requirements for DUI Treatment

ARTICLE 10. OPIOID TREATMENT

- Section
- R9-20-1001. Definitions
- R9-20-1003. Admission
- R9-20-1008. ~~Detoxification~~ Withdrawal Treatment
- R9-20-1010. Diverse Populations
- R9-20-1013. Community Relations
- R9-20-1014. Diversion Control

ARTICLE 11. MISDEMEANOR DOMESTIC VIOLENCE OFFENDER TREATMENT

- Section
- R9-20-1101. Misdemeanor Domestic Violence Offender Treatment Standards

ARTICLE 12. LEVEL 4 TRANSITIONAL AGENCY

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

ARTICLE 13. SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE

- Section
- R9-20-1301. Standards for a Shelter for Victims of Domestic Violence

ARTICLE 14. RURAL SUBSTANCE ABUSE TRANSITIONAL AGENCY

- Section
- R9-20-1401. Standards for a Rural Substance Abuse Transitional Agency

ARTICLE 15. ADULT THERAPEUTIC FOSTER HOME

Section

- R9-20-1501. Management
- R9-20-1502. Licensee Qualifications and Requirements
- R9-20-1504. Admission
- R9-20-1506. Client Records

ARTICLE 1. GENERAL

R9-20-101. Definitions

- A. The following definitions apply in this Chapter unless otherwise specified:
1. "Abuse" means:
 - a. For an adult:
 - i. The intentional infliction of physical harm or allowing another individual to inflict physical harm;
 - ii. Causing injury by negligent acts or omissions;
 - iii. Unreasonable or unlawful confinement;
 - iv. Sexual abuse, sexual assault, sexual misconduct, molestation, incest or prostitution;
 - 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 misconduct, 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.
 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" or "sponsor" means an agency that provides behavioral health services and ancillary services to at least one and no more than three adults and where the clients live in the home with, and are integrated into the family of, the individuals providing behavioral health services to the clients.
 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 an individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901, and who is one of the following with at least one year of full-time behavioral health work experience:
 - a. A physician;

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- b. A physician assistant; or
 - c. A nurse practitioner.
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;
 - c. Is a physician assistant who is not working as a medical practitioner;
 - d. Has a bachelor's degree and at least one year of full-time behavioral health work experience;
 - e. Has an associate's degree and at least two years of full-time behavioral health work experience;
 - f. Has a high school diploma or high school equivalency diploma and a combination of education in a field related to behavioral health and full-time behavioral health work experience totaling at least two years;
 - g. 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
 - h. 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 and that provides counseling.
20. "Child" means an individual younger than 18 years of age.
21. "Client" means an individual who is accepted by ~~the~~ an 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 behavioral 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 more than one family; 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,

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- Chapter 33, Article 6;
- b. Until October 3, 2003, an individual who is certified by the National Board of Certified Counselors; or
 - c. An individual who is licensed or certified to provide counseling by a government entity in another state if the individual:
 - i. Has documentation of submission of an application for certification as a professional counselor or associate counselor according to A.R.S. Title 32, Chapter 33, Article 6; and
 - ii. Is certified as a professional counselor or associate counselor according to A.R.S. Title 32, Chapter 33, Article 6 within two years after submitting the application.
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 or to stabilize or resolve an acute behavioral health issue; and
 - b. At a Level 1 psychiatric acute hospital or a Level 1 sub-acute a agency.
 37. "Current" means up-to-date, extending to the present time.
 38. "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.
 39. "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.
 40. "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.
 41. "Day" means calendar day.
 42. "Department" means the department of health services.
 43. "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.
 44. "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
 - b. At a Level 1 psychiatric acute hospital or a Level 1 sub-acute agency.
 45. "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.
 46. "Discharge" means the written termination of a client's affiliation with an agency, according to R9-20-210.
 47. "Discharge summary" means an analysis of the treatment provided to a client and the client's progress in treatment.
 48. "Documentation" means written or electronic supportive evidence.
 49. "Drug used as a restraint" means a medication pharmacological restraint as used in A.R.S. § 36-513 that is not standard treatment for a client's medical condition or behavioral health issue and is administered:
 - a. ~~Is administered to~~ To manage a client's behavior in a way that reduces the safety risk to the client or others, and
 - b. ~~Has the temporary effect of restricting~~ To temporarily restrict the client's freedom of movement, ~~and,~~
 - e. ~~Is not a standard treatment for the client's medical condition or behavioral health issue.~~

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50. "DSM-IV" means DSM-IV: Diagnostic and Statistical Manual of Mental Disorders (4th ed. 1994), incorporated by reference in subsection (45)(a).
51. "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.
52. "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, as defined in A.R.S. § 28-1301(3).
53. "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, as defined in A.R.S. § 28-1301(6).
54. "DUI treatment" means a program that provides at least 20 hours of group counseling in addition to the 16 hours of DUI education, as defined in A.R.S. § 28-1301(7).
55. "Emergency safety response" means physically holding a client, by a trained staff member in an emergency, to safely manage a sudden, intense, or out-of-control client behavior to prevent harm to the client or another individual: but does not include physically holding a client who is an inmate in a correctional facility by a security officer.
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, step-parent, foster parent, spouse, sibling, child, grandparent, grandchild, aunt, uncle, niece, nephew, or significant other; or
 - b. For pre-petition 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 documented 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:
 - 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. "Informed consent" has the same meaning as in A.R.S. § 36-501.
72. "Initial assessment" means the assessment of a client made by a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional during the client's first visit with the behavioral health professional or behavioral health technician under supervision of a behavioral health professional.
73. "Initial treatment plan" means a document that identifies the behavioral health services and ancillary services an agency shall provide a client until the agency develops a treatment plan according to R9-20-209(J).
74. "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,

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- b. Provides accommodations for a client to stay overnight at the agency, and
 - c. May provide restraint or seclusion.
- 72-75. “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.
- 73-76. “Level 1 psychiatric acute hospital” means an inpatient treatment program that:
- a. Is located in a general hospital, rural general hospital, or special hospital licensed according to 9 A.A.C. 10, unless:
 - i. The agency was licensed as a level one psychiatric acute care behavioral health facility before the effective date of this Chapter; and
 - ii. The agency does not receive Medicaid funds under Title XIX of the Social Security Act;
 - 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.
- 74-77. “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.
- 75-78. “Level 1 RTC” means a Level 1 residential treatment center.
- 76-79. “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.
- 77-80. “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;
 - b. To be a danger to self, a danger to others, or gravely disabled; or
 - c. To suffer severe and abnormal mental, emotional, or physical harm that impairs judgment, reason, behavior, or the capacity to recognize reality.
- 78-81. “Level 2 behavioral health residential agency” means a residential agency that provides:
- a. Counseling;
 - b. Continuous onsite or on-call availability of a behavioral health professional; and
 - c. 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.
- 79-82. “Level 3 behavioral health residential agency” means a residential agency that provides 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.
- 80-83. “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.
- 81-84. “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 four transitional agency.
- 82-85. “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.
- 83-86. “Licensee” means a person authorized by the Department to operate an agency.
- 84-87. “Marriage and family therapist” means:
- a. An individual who is certified as a marriage and family therapist or associate marriage and family therapist according to A.R.S. Title 32, Chapter 33, Article 7;
 - b. Until October 3, 2003, an individual who is a clinical member of the American Association of Marriage and Family Therapy; or
 - c. An individual who is licensed or certified to provide marriage and family therapy by a government entity in another state if the individual:
 - i. Has documentation of submission of an application for certification as a marriage and family therapist or associate marriage and family therapist according to A.R.S. Title 32, Chapter 33, Article 7; and
 - ii. Is certified as a marriage and family therapist or associate marriage and family therapist according to A.R.S. Title 32, Chapter 33, Article 7 within two years after submitting the application.
- 85-88. “Mechanical restraint” means any device, article, or garment 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 but

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- does not include ~~devices~~ a device, article, or garment used for surgical or orthopedic purposes; :
- a. Used for surgical or orthopedic purposes, or
 - b. Necessary to allow a client to heal from a medical condition or to participate in a treatment program.
- ~~86-89.~~ “Medical emergency” means a situation that requires immediate medical intervention to prevent death, hospitalization, or serious physical harm.
- ~~87-90.~~ “Medical practitioner” means a:
- a. Physician;
 - b. Physician assistant; or
 - 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.~~
- ~~88-91.~~ “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.
- ~~89-92.~~ “Medication” means a prescription medication as defined in A.R.S. § 32-1901 or nonprescription drug, as defined in A.R.S. § 32-1901.
- ~~90-93.~~ “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.
- ~~91-94.~~ “Medication adjustment” means a change made by a medical practitioner in the medication used to treat a client’s behavioral health issue.
- ~~92-95.~~ “Medication monitoring” means the determination, made by a medical practitioner or registered nurse, of whether a client’s medication is achieving the desired effect.
- ~~93-96.~~ “Medication organizer” means a container divided according to date or time increments and designated to hold medication.
- ~~94-97.~~ “Medication services” means one or more of the following:
- a. Medication administration,
 - b. Medication monitoring, or
 - c. Medication adjustment.
- ~~95-98.~~ “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.
- ~~96-99.~~ “Mental health care power of attorney” means a written designation of an agent to make mental health care decisions that meets the requirements of section 36-3281.
- ~~97-100.~~ “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.
- ~~98-101.~~ “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.
- ~~99-102.~~ “NFPA” means National Fire Protection Association.
- ~~100-103.~~ “Nurse” means an individual licensed as a registered nurse or a practical nurse according to A.R.S. Title 32, Chapter 15.
- ~~101-104.~~ “Nurse practitioner” means an individual certified as a registered nurse practitioner according to A.R.S. Title 32, Chapter 15.
- ~~102-105.~~ “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.
- ~~103-106.~~ “OBHL” means the Department’s Office of Behavioral Health Licensure.
- ~~104-107.~~ “On-call” means the immediate availability of an individual in person, by telephone, or other electronic means.
- ~~105-108.~~ “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.
- ~~106-109.~~ “Orientation” means familiarizing an individual with a new setting or situation.
- ~~107-110.~~ “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.
- ~~108-111.~~ “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.
- ~~109-112.~~ “Owner” means a person who appoints, elects, or otherwise designates a health care institution’s governing authority.

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- ~~110-113.~~ "Partial care" means a day program that provides counseling or medication services at an outpatient clinic.
- ~~111-114.~~ "Person" has the same meaning as in A.R.S. § 1-215.
- ~~112-115.~~ "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 for a level one RTC or a Level one sub-acute agency 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.
- ~~114-116.~~ "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.
- ~~115-117.~~ "Pharmacist" means an individual licensed according to A.R.S. Title 32, Chapter 18.
- ~~116-118.~~ "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.
- ~~117-119.~~ "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.
- ~~120.~~ "Physical 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:
- a. For a level 1 RTC or a Level 1 sub-acute agency does not include:
 - i. Holding, without undue force, a client in order to calm or comfort the client; or
 - ii. Holding a client's hand to escort the client from one area to another; and
 - b. For a correctional facility, does not include physically holding a client, who is an inmate of the correctional facility, by a security officer.
- ~~118-121.~~ "Physician" means an individual licensed according to A.R.S. Title 32, Chapter 13 or 17.
- ~~119-122.~~ "Physician assistant" means an individual licensed according to A.R.S. Title 32, Chapter 25.
- ~~120-123.~~ "Premises" means a licensed facility and the facility's contiguous grounds or a branch office where behavioral health services are provided.
- ~~121-124.~~ "Prepetition screening" has the same meaning as in A.R.S. Title 36, Chapter 5.
- ~~122-125.~~ "Presenting issue" means one or more behavioral health issues that are the reason for an individual's seeking or needing behavioral health services.
- ~~123-126.~~ "PRN" means pro re nata or given as needed.
- ~~124-127.~~ "Professionally recognized treatment" means a behavioral health service that is:
- a. Supported by research results published in a nationally recognized journal, such as the Journal of the American Psychiatric Association, the Journal of the American Medical Association, or the Journal of Psychiatric Rehabilitation; or
 - b. A generally accepted practice as determined by a Department approved psychiatrist or psychologist.
- ~~125-128.~~ "Progress note" means documentation of:
- a. A behavioral health service or medical service provided to a client and the client's response that is observed,
 - b. A client's significant change in condition, or
 - c. Staff member observations of client behavior.
- ~~126-129.~~ "Psychiatrist" has the same meaning as in A.R.S. § 36-501.
- ~~127-130.~~ "Psychologist" means an individual licensed according to A.R.S. Title 32, Chapter 19.1.
- ~~128-131.~~ "Referral" means assistance or direction provided to an individual to enable the individual to obtain information, behavioral health services, medical services, or ancillary services.
- ~~129-132.~~ "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.
- ~~130-133.~~ "Registered nurse" means an individual licensed as a graduate nurse, professional nurse, or registered nurse according to A.R.S. Title 32, Chapter 15.
- ~~131-134.~~ "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.
- ~~132-135.~~ "Research" means the systematic study of a field of knowledge.
- ~~133-136.~~ "Residential agency" means a:
- a. Level 2 behavioral health residential agency, or
 - b. Level 3 behavioral health residential agency.
- ~~134-137.~~ "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;
 - f. A domestic violence shelter, or
 - g. If provided by an outpatient clinic, a client's residence.
- ~~135-138.~~ "Restraint" means personal restraint, mechanical restraint, or drug used as a restraint.
- ~~136-139.~~ "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.
- ~~137-140.~~ "Seclusion" means the involuntary confinement of a client in a room or an area from which the client cannot leave, but does not include the confinement of a client, who is an inmate in a correctional facility, in the correctional facility.
- ~~138-141.~~ "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.
- ~~139-142.~~ "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.
- ~~140-143.~~ "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.
- ~~141-144.~~ "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.
- ~~142-145.~~ "Significant other" means an individual whose participation the client considers to be essential to the effective provision of behavioral health services to the client.
- ~~143-146.~~ "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;
 - b. Until October 3, 2003, an individual who is certified by the National Association of Social Workers; or
 - c. An individual who is licensed or certified to practice social work by a government entity in another state if the individual:
 - i. Has documentation of submission of an application for certification as a baccalaureate social worker, master social worker, or independent social worker according to A.R.S. Title 32, Chapter 33, Article 5; and
 - ii. 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 within two years after submitting the application.
- ~~144-147.~~ "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.
- ~~145-148.~~ "Subclass" means a type of behavioral health service agency listed in R9-20-102(A).
- ~~146-149.~~ "Substance abuse" means the misuse 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.
- ~~147-150.~~ "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.
- ~~148-151.~~ "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.
- ~~149-152.~~ "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.
- ~~150-153.~~ "Transfer" means moving a client from one agency to another agency that assumes responsibility for the treatment of the client.
- ~~151-154.~~ "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

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- b. For court-ordered alcohol treatment, the same as in A.R.S. § 36-2021.
- ~~152-155.~~ "Treatment goal" means the desired result or outcome of treatment.
- ~~153-156.~~ "Treatment method" means the specific approach used to achieve a treatment goal.
- ~~154-157.~~ "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.
- ~~155-158.~~ "Volunteer" means an individual who provides a behavioral health service or ancillary service at an agency without compensation.
- ~~156-159.~~ "Working day" means Monday, Tuesday, Wednesday, Thursday, or Friday, excluding state and federal holidays.

R9-20-102. Agency Subclasses and Required and Authorized Services

A. A person may apply for an agency to be licensed in one or more 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. 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~~ Shall request authorization to provide one or more of the following:
 - i. Counseling according to R9-20-302,
 - ii. Medication services according to R9-20-303,
 - iii. Assistance in the self-administration of medication according to R9-20-408,
 - iv. Pre-petition screening according to R9-20-801,
 - v. Court-ordered evaluation according to R9-20-802,
 - vi. Court-ordered treatment according to R9-20-803,
 - vii. DUI screening according to R9-20-901 and R9-20-902,
 - viii. DUI education according to R9-20-901 and R9-20-903,
 - ix. DUI treatment according to R9-20-904,
 - x. Opioid treatment according to Article 10, or
 - xi. Misdemeanor domestic violence offender 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,

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- 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, or
 - v. Court-ordered treatment according to R9-20-803;
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,
 - ii. Medication services according to R9-20-303, and
 - iii. If the agency is certified under Title XIX of the Social Security Act, restraint or seclusion according to Article 6; 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,
 - v. Court-ordered treatment according to R9-20-803; or
 - vi. If the agency is not certified under Title XIX of the Social Security Act, restraint or seclusion according to Article 6;
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,
 - ii. Medication services according to R9-20-303, and
 - iii. Restraint or seclusion according to Article 6; and
 - c. May request authorization to provide:
 - i. Assistance in the self-administration of medication according to R9-20-408,
 - 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;
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,
 - ii. Medication services according to R9-20-303, and
 - iii. If the agency is certified under Title XIX of the Social Security Act, restraint or seclusion according to Article 6; and
 - 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. If the agency is not certified under Title XIX of the Social Security Act, 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~~ R9-20-201,

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- ii. R9-20-202.
- iii. R9-20-204 through R9-20-215.
- ~~ii-iv.~~R9-20-501, and
- ~~iii-v.~~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, or
 - 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.
- C. A licensee shall only operate a subclass or provide a behavioral health service listed on the agency's license.

R9-20-103. Initial License Application

- A. According 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 according 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, telephone number and fax 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 or subclasses for which licensure is requested and if more than one subclass is requested, the location of each subclass on the premises;
 - vii. Whether the person applying for a license or a person with a 10 percent 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 percent 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 percent or greater interest in the agency has had civil penalties assessed against a health care institution operated in any state by the person applying for a license or the owner;
 - x. Whether the person applying for a license or a person with a 10 percent 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 percent 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 percent 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 percent 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;

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- e. Owner information including:
 - i. The type of organization, if applicable;
 - ii. The owner's address;
 - iii. The name, title, and address of the owner's statutory agent, members of the board of directors, or of the individual designated by the owner to accept service of process and subpoenas; and
 - iv. A copy of the bylaws and articles of incorporation, partnership or joint venture documents, or limited liability company 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;
 - iii. The number of toilets, sinks, showers, and tubs at the agency;
 - 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 fire inspection conducted by the local fire department or the Office of the State Fire Marshal, and any plan of correction in effect;
 - n. If the agency is required to have a food establishment license according to 9 A.A.C. 8, Article 1, a copy of the most recent food establishment inspection report for the agency and any plan of correction in effect;
 - o. Whether the licensee is requesting, for the agency, certification under Title XIX of the Social Security Act;
 - p. Whether the agency is accredited by a nationally recognized accreditation organization, and if so:
 - i. The name of nationally recognized accreditation organization that accredited the agency;
 - ii. If accredited by the Joint Commission on Accreditation of Health Care Organizations, whether the agency was accredited under the inpatient standards or community behavioral health standards;
 - iii. If the applicant is submitting an accreditation report in lieu of all licensing inspections conducted by the Department, a copy of the accreditation report; and
 - iv. The dates of the accreditation period;
 - q. Whether the agency has a contract with a:
 - i. Regional behavioral health authority and, if so, the name of the contracted regional behavioral health authority; and
 - ii. Government entity, such as the Administrative Office of the Courts, Department of Juvenile Justice, the Department of Economic Security, or a tribal government;
 - r. The name of each staff member, intern, or volunteer employed or under contract with the agency; whether each staff member is a behavioral health professional, behavioral health technician, or behavioral health paraprofessional; the professional or occupational license or certification number of each behavioral health professional; and the number on each staff member's fingerprint clearance card, if applicable;
 - s. The licensee's organizational chart showing all staff member positions and the lines of supervision, authority, and accountability for the agency; and
 - t. Whether the facility, or portion of the facility, used by clients is a secure facility and, if so:
 - i. The number of beds in the secure facility; and
 - ii. The number of beds in the secure facility that are designated for children and adults; 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. License Renewal

- 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:
- 1. An application packet that ~~complies with R9-20-103(A)(1)~~ includes the items in:
 - a. R9-20-103(A)(1)(a) through R9-20-103(A)(1)(e)(iii);
 - b. R9-20-103(A)(1)(f) through R9-20-103(A)(1)(t);
 - c. R9-20-103(A)(2); and
 - d. If a change has been made to an item in R9-20-104(A)(1)(e)(iv), each item in R9-20-104(A)(1)(e)(iv) to which a change has been made.
 - 2. The fees required in 9 A.A.C. 10, Article 1.

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- 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.

R9-20-106. Changes Affecting a License

- 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; ~~or~~
 - 4. An intended change in the status of an agency's accreditation, including a change in the date scheduled for an inspection of the agency by an accrediting entity.
- 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
 - 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.

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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.
- F. A licensee shall not implement any change described in this Section until the Department issues a changed license or a new license.

ARTICLE 2. UNIVERSAL RULES

R9-20-201. Administration

- 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(B) 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; ~~;~~
 - i. The agency's administrative offices are open, and
 - ii. Behavioral health services are available at the agency.
 - 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, including an involuntary discharge,
 - 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;
 - l. The accommodations made to the premises for individuals with a mobility impairment, sensory impairment, or other physical disability;
 - m. If an outpatient clinic provides partial care, the days and times that counseling or medication services are available; and
 - n. For an inpatient treatment program, ~~or a residential agency, a level 4 transitional agency, or a domestic violence shelter:~~
 - i. Whether the agency provides treatment in a secure facility,
 - ii. The client-to-staff ratios for day, evening, and night shifts, and
 - iii. Whether the agency chooses to manage client funds through a personal funds account;
 3. Approve, sign, and date initial and updated policies and procedures required by this Chapter;
 4. Establish minimum qualifications for an administrator;

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5. Designate an administrator who:
 - a. Meets the qualifications established by the licensee;
 - b. Has the authority and responsibility to operate the agency according to the requirements in this Chapter;
 - c. Has access to all areas of the premises; and
 - d. Appoints ~~a designee~~, in writing, a designee who meets the requirements in subsection (A)(5)(a) to act as the administrator when the administrator is not on the premises;
 6. Designate a clinical director who:
 - a. Oversees behavioral health services;
 - b. Is one of the following:
 - i. A behavioral health professional, or
 - ii. 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; and
 - c. If the individual meets the qualifications in subsections (A)(5)(a) and (A)(6)(b), ~~May~~ may be the same individual as the administrator;
 7. Notify the OBHL if the administrator or clinical director changes and provide to the OBHL, in writing, the new individual's name and qualifications within 30 days after the effective date of the change;
 8. Ensure that the Department is allowed immediate access to:
 - a. The premises, an administrative office, or a branch office; or
 - b. A client; and
 9. Ensure that a record, report, or document required to be maintained by this Chapter or 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 current client;
 - b. Three working days after the time of a request, for a former client; or
 - c. Two hours after the time of a request for a record, report, or document that does not directly concern a client, such as a staffing schedule or a fire inspection report.
- B.** A licensee shall ensure that:
1. The administrator or clinical director develops, implements, and complies with policies and procedures that:
 - a. Ensure the health, safety, and welfare of a client on the premises; on an agency-sponsored activity off the premises; and on an outing;
 - b. Ensure that client records and information are maintained and protected according to R9-20-211;
 - c. Establish specific steps and deadlines for:
 - i. Responding to and resolving client grievances; and
 - ii. Obtaining documentation of fingerprint clearance, if applicable; and
 - iii. Filing a grievance or an appeal by a client;
 - d. Ensure that incidents listed in R9-20-202(A)(1) are reported and investigated;
 - e. Address whether pets and animals are allowed on the premises;
 - f. Require an agency that is involved in research to establish or use a Human Subject Review Committee;
 - g. Explain the process for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian; and
 - h. For a residential agency, ~~or an inpatient treatment program, a level 4 transitional agency, or a domestic violence shelter:~~
 - i. Establish the process for obtaining client preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - ii. Ensure the security of a client's possessions that are allowed on the premises;
 - iii. Address smoking on the premises;
 - iv. Address requirements regarding pets or animals on the premises; and
 - v. Ensure the safety of clients;
 2. The clinical director develops, implements, and complies with policies and procedures that:
 - a. Establish minimum qualifications, duties, and responsibilities of staff members, interns, and volunteers;
 - b. Establish a process for determining whether a staff member has the qualifications, training, experience, and skills and knowledge necessary to provide the behavioral health services that the agency is authorized to provide and to meet the treatment needs of the populations served by the agency;
 - c. Establish a code of ethical conduct for staff members, interns, and volunteers and consequences for violating the code of ethical conduct;
 - d. Establish a process for orientation of staff members;
 - e. Ensure that staffing is provided according to the requirements in this Chapter;
 - f. Ensure that a staff member receives sufficient direction to perform the staff member's job duties;
 - g. Describe the processes for providing the behavioral health services listed in the program description required in R9-20-201(A)(2);

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- 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(B) through (C), 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,~~ a level 4 transitional agency, or a domestic violence shelter:
 - 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 residing at an agency with a client, such as a child accompanying a parent in treatment, if applicable; ~~and~~
 - iii. Establish the process for responding to a client's need for immediate and unscheduled behavioral health services or medical emergency; and
 - iv. Establish criteria for determining when a client's absence is unauthorized.
3. The administrator or clinical director reviews, approves and, if necessary, updates policies and procedures at least once every 24 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~~ A review and approval of a policy and procedure according to subsection (B)(3) is documented with the signature of the administrator or clinical director, 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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- g. The agency's refund policy and procedures; and
- 3. The following information or documents are conspicuously posted on the premises and are available upon request to a staff member or client or a client's family member, guardian, custodian, designated representative, or agent:
 - a. The client rights listed in R9-20-203, in English and Spanish;
 - b. If the agency provides behavioral health services to an individual who is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, the client rights listed in 9 A.A.C. 21 that are required to be conspicuously posted;
 - c. The current telephone number and address of:
 - i. The OBHL;
 - ii. The Department's Division of Behavioral Health Services;
 - iii. Human rights advocates provided by the Department or the Department's designee;
 - iv. The Arizona Department of Economic Security Office of Adult Protective Services, if applicable;
 - v. The Arizona Department of Economic Security Office of Child Protective Services, if applicable; and
 - vi. The local office of the regional behavioral health authority, if applicable;
 - d. The location ~~at the agency where~~ at which inspection reports required in subsection (C)(2)(b) to be on the premises of the agency are available for review or can be made available for review;
 - e. The licensee's grievance policy and procedure; and
 - f. For a residential agency or an inpatient treatment program, the days, times, and locations in the facility where a client may accept visitors and make telephone calls.
- D. A licensee shall ensure that a staff member receives a written performance review at least once every 12 months that contains:
 - 1. The name and title of the individual conducting the performance review; and
 - 2. The name, signature, and professional credential or job title of the staff member receiving the performance review and the date signed.
- E. A licensee shall ensure that:
 - 1. A client or, if applicable, a family member, guardian, custodian, designated representative, or agent receives written notice at least 30 days before the licensee changes a fee that a client is required to pay;
 - 2. The notice required in subsection (E)(1) is:
 - a. Conspicuously posted in the facility; and
 - b. Provided to a client or, if applicable, a family member, guardian, custodian, designated representative, or agent;
 - 3. Labor performed by a client for an agency is consistent A.R.S. § 36-510 and applicable state and federal law;
 - 4. A client has privacy in treatment and is not fingerprinted, photographed, or recorded without informed 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;
 - 5. A client who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
 - 6. The licensee obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a client who is a child; and
 - 7. A client who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled is assisted in enlisting a parent, guardian, family member, or agent to act upon the client's behalf.
- F. A licensee shall ensure that research or treatment that is not a professionally recognized treatment is approved by a Human Subject Review Committee before a staff member, client, or client record is involved in the research or treatment. A licensee may establish and implement a Human Subject Review Committee or may use a Human Subject Review Committee established and implemented by the Department, a regional behavioral health authority, or a state university described in A.R.S. § 15-1601. A Human Subject Review Committee established and implemented by a licensee shall:
 - 1. Establish criteria for the approval or disapproval of research or treatment;
 - 2. Protect, during each phase of research or treatment:
 - a. Client rights;
 - b. Client health, safety, and welfare;
 - c. Client privacy;
 - d. The confidentiality of client records and information; and
 - e. Client anonymity, if applicable;
 - 3. Ensure that oversight is provided by a medical practitioner, if research or treatment may impact a client's health or safety;
 - 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;

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- 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. Any of the following that occurred on the premises or during a licensee-sponsored activity off the premises that resulted in the client's needing immediate medical services or immediate intervention by an emergency response team or the client's medical practitioner:
 - i. 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; or~~
 - ii. ~~Suspected or alleged abuse, neglect, or exploitation of the client or a violation of the client's rights under R9-20-203(B) or (C); or~~
 - iii-ii. ~~A suicide attempt or a self-inflicted injury that resulted in the client's needing medical services or immediate intervention by an emergency response team;~~
 - c. Suspected or alleged abuse, neglect, or exploitation of the client or a violation of the client's rights under R9-20-203(B) or (C);
 - ~~d.~~ 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
 - ~~e.~~ An unauthorized absence from a residential agency, ~~or~~ an inpatient treatment program, a level 4 transitional agency, or a domestic violence shelter;
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. Unless otherwise prohibited by law, The ~~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 or, if disclosure of the names is prohibited by law, the agency's identifier code for the 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 indicating that the clinical director or the clinical director's designee reviewed the written incident report; 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.

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- B.** A licensee:
1. Of a Level 1 psychiatric acute hospital that is certified under Title XIX of the Social Security Act, a Level 1 RTC, or a Level 1 sub-acute agency that is certified under Title XIX of the Social Security Act shall ensure that within one working day after a client's death, notification is submitted to the following entities:
 - a. The regional office of the Centers for Medicare and Medicaid Services;
 - b. The Arizona Center for Disability Law; and
 - c. The Arizona Health Care Cost Containment System;
 2. Of a Level 1 RTC or a Level 1 sub-acute agency that is certified under Title XIX of the Social Security Act shall ensure that within one working day after the occurrence of an incident listed in subsection (A)(1)(b) or subsection (A)(1)(c)(i), notification is submitted to the following entities:
 - a. The Arizona Center for Disability Law; and
 - b. The Arizona Health Care Cost Containment System; and
 3. Described in subsection (B)(1) or (B)(2) shall ensure that:
 - a. The notification includes:
 - i. Client identifying information that protects the confidentiality of the client involved;
 - ii. A description of the incident; and
 - iii. The name, street address, and telephone number of the agency; and
 - b. Documentation of the notification required in this subsection is maintained in the client's record.
- C.** 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.
- D.** 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.
- E.** 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, according to confidentiality requirements established by law or this Chapter.

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 (C); 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.
- 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 informed 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

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- 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 treatment, including the right not to be fingerprinted, photographed, or recorded without informed 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 video recordings used for security purposes that are maintained only on a temporary basis;
 12. 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);
 13. 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
 - 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;
 14. 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 behavioral health service provided to a client experiencing a crisis situation;
 15. To give informed consent to treatment, unless treatment is ordered by a court of competent jurisdiction, 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;
 16. To be offered or referred for the treatment specified in the client's treatment plan;
 17. 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;
 18. To refuse treatment or withdraw informed consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health;
 19. 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, except as established in a fee agreement signed by the client or the client's parent, guardian, custodian, or agent;
 - h. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet; and
 - i. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation;
 20. 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;
 21. To control the client's own finances except as provided by A.R.S. § 36-507(5);
 22. To participate or refuse to participate in religious activities;
 23. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene;
 24. 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;
 25. To participate or refuse to participate in research or experimental treatment;
 26. To give informed consent in writing, refuse to give informed consent, or withdraw ~~written~~ informed consent to participate in research or treatment that is not a professionally recognized treatment;
 27. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;

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28. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility; and
29. If receiving treatment in a residential agency, ~~or~~ an inpatient treatment program, a level 4 transitional agency, or a domestic violence shelter:
 - 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, unless:
 - i. The medical director or clinical director determines and documents a specific treatment purpose that justifies ~~waiving~~ restricting this right; and
 - ii. The client is informed of the reason why this right is being ~~waived~~ restricted ~~and the client's right to submit a grievance regarding this treatment decision; and~~
 - iii. The client is informed of the client's right to file a grievance and the procedure for filing a grievance;
 - c. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, unless:
 - i. The medical director or clinical director determines and documents a specific treatment purpose that justifies ~~waiving~~ restricting this right; and
 - ii. The client is informed of the reason why this right is being ~~waived~~ restricted ~~and the client's right to submit a grievance regarding this treatment decision; and~~
 - iii. The client is informed of the client's right to file a grievance and the procedure for filing a grievance;
 - d. To send and receive uncensored and unopened mail, unless restricted by court order; ~~or unless:~~
 - i. The medical director or clinical director determines and documents a specific treatment purpose that justifies restricting this right;
 - ii. The client is informed of the reason why this right is being restricted; and
 - iii. The client is informed of the client's right to file a grievance and the procedure for filing a grievance;
 - e. To maintain, display, and use personal belongings, including clothing, unless restricted by court order or according to A.R.S. § 36-507(5) and as documented in the client record;
 - f. To be provided storage space, capable of being locked, on the premises while the client receives treatment;
 - g. To be provided meals to meet the client's nutritional needs, with consideration for client preferences;
 - h. To be assisted in obtaining clean, seasonably appropriate clothing that is in good repair and selected and owned by the client;
 - i. To be provided access to medical services, including family planning, to maintain the client's health, safety, or welfare;
 - j. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
 - k. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and
 - l. To receive, at the time of discharge or transfer, recommendations for ~~any~~ treatment ~~needed when~~ after 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~~ licensed baccalaureate social worker, ~~certified~~ licensed master social worker, ~~certified~~ licensed associate marriage and family therapist, ~~or certified~~ licensed associate counselor, ~~or licensed~~ certified substance abuse 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 hired after the effective date of this Chapter:
 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

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- 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 necessary to perform the duties consistent with the job description of that the behavioral health technician or behavioral health paraprofessional and the services the agency is authorized to provide and including, if applicable, 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 or the staff member, 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. Recognize and respect cultural differences;
 - 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;
 - 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 each 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 before providing behavioral health services and every 12 months thereafter, 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 no longer tests positive for ~~is free from~~ infectious pulmonary tuberculosis; and

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3. If a staff member or employee has a communicable disease listed in 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. Documentation of the staff member's review of policies and procedures required in R9-20-201(B)(4), including the signature of the staff member; and
- ~~k.l.~~ For a staff member working in a residential agency:
- i. The staff member's physical examination or nursing assessment as required in subsection (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
 3. For at least two years after the last date of the individual's employment, contract service, volunteer service, or internship.

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 before providing behavioral health services;
 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 staff member's name, signature, and professional credential or job title,
 - b. The date orientation was completed,
 - c. The subject or topics covered in the orientation,
 - d. The duration of the orientation, and
 - e. The name, signature, and professional credential or job title of the individual providing the orientation.

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- B.** A licensee shall ensure that the clinical director:
1. Develops and implements a written ~~staff member~~ training plan for the agency that includes a description of the training that a behavioral health professional, behavioral health technician, or behavioral health paraprofessional needs to:
 - a. Maintain current skills and knowledge;
 - b. Obtain or enhance skills and knowledge in the behavioral health 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 health 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 of full-time employment or contract service, or the equivalent amount for part-time employment or contract service, 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 of full-time employment or contract service, or the equivalent amount for part-time employment or contract service, 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, signature, and professional credential or job title;
 - 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, signature, and professional credential or job title 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 at all times:
 - 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
 3. The agency has sufficient staff members that 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:

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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 informed consent is obtained from the client or, if applicable, the client's parent, guardian, custodian, or agent; and
 2. ~~Informed Consent~~ consent to treatment:
 - a. Is obtained ~~from a client or, if applicable, the client's parent, guardian, custodian, or agent~~ at the time of admission and before ~~a client receives~~ receiving a specific treatment for which informed consent has not yet been obtained;
 - b. Is obtained only after ~~a client or, if applicable, the client's parent, guardian, custodian, or agent receives~~ 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 informed consent is voluntary and may be withheld or withdrawn at any time; and
 - c. Is documented by having the client sign and date or, if applicable, having the client's parent, guardian, custodian, or agent sign and date, an acknowledgment that the client or, if applicable, the client's parent, guardian, custodian, or agent has received the information in subsection (E)(2)(b) and ~~consents~~ gives informed consent to the treatment.
- F. A licensee is not required to obtain informed 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:
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

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the dress code;

7. If the agency is a residential agency or an inpatient treatment program, an explanation of whether treatment is provided in a secure facility; and
 8. If the agency is a Level 1 RTC or a Level 1 sub-acute agency authorized to provide restraint or seclusion:
 - a. 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; and
 - b. The name, telephone number, and mailing address for the Arizona Center for Disability Law.
- H. A licensee shall ensure that receipt of the applicable information in subsection (G) is documented by having the client or the client's parent, guardian, custodian, or agent sign and date an acknowledgment that the client or the client's parent, guardian, custodian, or agent received the information.

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. Refers the client to a medical practitioner if there is evidence that the client's behavioral health issue may be related to a medical condition; and
 2. Addresses a client's:
 - a. Presenting concerns;
 - ~~a-b.~~ Substance abuse history;
 - ~~b-c.~~ Co-occurring disorder;
 - ~~e-d.~~ Medical condition and history;
 - ~~d-e.~~ Legal history, such as custody, guardianship, or pending litigation; including:
 - i. Custody.
 - ii. Guardianship.
 - iii. Pending litigation.
 - iv. Court-ordered evaluation.
 - v. Court-ordered treatment, and
 - vi. Criminal justice;
 - e. ~~Criminal justice history;~~
 - f. Family history; and
 - g. Behavioral health Treatment treatment history; court-ordered evaluation or court-ordered treatment.
- 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. Except for a client receiving a behavioral health service in a crisis situation, A 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; and
 3. For a client receiving a behavioral health service in a crisis situation, a behavioral health professional reviews a client assessment completed by a behavioral health technician.
- 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 seven days after completing the assessment, to include:
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;

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5. Recommendations for treatment needed by the client;
 6. Recommendations for ancillary services or other services needed by the client; and
 7. The signature, professional credential or job title, 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.
- F.** 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 seven 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 individual's or 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~~ reviewed the assessment according to subsection (B)(3), and the date and time of the ~~verbal approval~~ the review.
- 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 an initial treatment plan is developed for each client and that the initial treatment plan is:
1. Based upon the initial assessment of the client;
 2. Developed:
 - a. Before a client:
 - i. Receives counseling.
 - ii. Is admitted to an inpatient facility or residential agency, or
 - iii. Receives treatment of the client's behavioral health issue with medication; and
 - b. No later than 30 days after the initial assessment;
 - c. By a behavioral health professional or a behavioral health technician;
 - d. 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;
 3. If the initial treatment plan was completed by a behavioral health technician, reviewed and approved by a behavioral health professional to ensure that the initial treatment plan is complete and accurate and meets the client's treatment needs;
 4. Documented in the client record within seven days of completion to include:
 - a. The client's presenting issue;
 - b. At least one treatment goal;
 - c. At least one treatment method and the frequency of the method;
 - d. The method and frequency of communicating the client's progress to:
 - i. The client;
 - ii. The client's parent, guardian, custodian, agency, family member, or designated representative;
 - iii. The individual who coordinates behavioral health services and ancillary services for the client; and
 - iv. Another agency, individual, or entity that provides treatment to the client;
 - e. 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
 - f. The signature, professional credential or job title 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.
- I.J.** 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, except for orders from a medical practitioner at initiation of treatment~~ no later than 90 days after the initial assessment of the client;
 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;

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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~~ Documented in the client record within seven days after initiation of treatment, 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, professional credential or job title 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

~~J-K~~A licensee shall ensure that the treatment plan to resolve or address a crisis situation is documented at the agency:

1. Before the date of the individual's or client's:
 - a. Admission,
 - b. Transfer, or
 - c. Referral; and
2. To include the name of the behavioral health professional who verbally approved the treatment plan and the date and time of the verbal approval.

~~K-L~~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 ~~(H)(7)~~ (J)(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.

R9-20-211. 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.~~a. As provided in:
 - i. A.R.S. § 12-2292(B);
 - ii. A.R.S. § 12-2294;
 - ~~iii.~~iii. A.R.S. § 36-504;
 - ~~iv.~~iv. A.R.S. § 36-509;
 - ~~v.~~v. A.R.S. § 36-3283(D);
 - ~~vi.~~vi. 42 U.S.C. § 290dd-2 (1994 & Supplement V 1999) 42 CFR 2.11 through 42 CFR 2.67 (2002), 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/usmain.html www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954; or
 - ~~vii.~~vii. Another applicable federal or state law that authorizes release or disclosure; or
 - e.b. With written ~~permission~~ authorization from the client or, if applicable, the client's parent, guardian, custodian, or agent, according to subsection (B);

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4. Is legible and recorded in ink or electronically recorded;
 5. Contains entries that are dated and:
 - a. Signed by the individual making the entry;
 - b. Initialed by the individual making the entry; or
 - c. Authenticated by the individual making the entry in accordance with the following:
 - i. The individual who makes the entry embosses the entry with a rubber stamp or uses a computer code;
 - ii. The rubber stamp or computer code is not authorized for use by another individual; and
 - iii. The individual who makes the entry signs a statement that the individual is responsible for the use of the rubber stamp or the computer code;
 6. Is available for review during the agency's hours of operation or at another time agreed upon by the clinical director upon written request by the client or the client's parent, guardian, custodian, or agent, if applicable, unless the client's physician:
 - a. ~~For a client receiving court-ordered evaluation or court-ordered treatment, the client's physician determines~~ Determines that the client's review of the client record is contraindicated ~~according to A.R.S. § 36-507(3) and documents the reason for the determination in the client record; or and~~
 - b. ~~For a client not receiving court-ordered evaluation or court-ordered treatment, the client's physician or psychologist determines that the client's review of the client record is contraindicated based upon A.R.S. § 12-2293 and documents~~ Documents the reason for the determination in the client record;
 7. Does not contain information about another client or individual unless the information impacts the treatment to the client;
 8. Is current and accurate;
 9. Is amended as follows:
 - a. The information to be amended is struck out with a single line that allows the struck information to be read; and
 - b. The amended entry is signed, initialed, or authenticated as described in subsection (A)(5)(c) by the individual making the amended entry;
 10. Except as provided in subsection (A)(11), contains original documents and original signatures, initials, or authentication;
 11. For events occurring in group counseling, may contain photocopies of original documents but with client specific treatment information added;
 12. Is maintained on the premises of the behavioral health agency at which the client is admitted until the client is discharged;
 13. Is available and accessible to staff members who provide behavioral health services to the client;
 14. Is retained after a client's discharge:
 - a. For a client who is an adult, for seven years after the date of the client's discharge, unless otherwise provided by law or this Chapter; and
 - b. For a client who is a child, for seven years after the date of discharge or for at least three years after the date of the client's 18th birthday, whichever is a longer period of time; and
 15. Is disposed of in a manner that protects client confidentiality.
- B.** A licensee shall ensure that written permission authorization for release of a client record or information, as described in subsection (A)(3)(c), is obtained according to the following:
1. Written permission authorization is obtained before a client record or information is released or disclosed;
 2. Written permission authorization is obtained in a language understood by the individual signing the written ~~permission authorization~~ permission authorization under subsection (3)(h);
 3. Written permission authorization includes:
 - a. The name of the agency disclosing the client record or information;
 - b. The purpose of the disclosure;
 - c. The individual, agency, or entity requesting or receiving the record or information;
 - d. A description of the client record or information to be released or disclosed;
 - e. A statement indicating permission authorization and understanding that permission authorization may be revoked at any time;
 - f. The date or condition when the permission authorization expires;
 - g. The date the permission authorization was signed; and
 - h. The signature of the client or the client's parent, guardian, custodian, or agent; and
 4. Written permission authorization is maintained in the client record.
- C.** A licensee shall ensure that a progress note is documented on the date that an event occurs. Any additional information added to the progress note is identified as a late entry.
- D.** A licensee shall ensure that a client record contains the following, if applicable:
1. The client's name, address, home telephone number, and date of birth;
 2. The name and telephone number of:

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- a. An individual to notify in case of medical emergency;
 - b. The client's medical practitioner, if applicable;
 - 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 offender 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 informed 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);
 9. The client's written informed 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. Results from an additional examination or assessment recommended according to R9-20-209(E)(4);
 13. Information or records provided by or obtained from another individual, agency, or entity regarding the client;
 14. Documentation of permission authorization to release a client record or information, as required in subsection (A)(3)(c) and (B), if applicable;
 15. Documentation of requests for client records and of the resolution of those requests;
 16. 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);
 17. Progress notes;
 18. Documentation of telephone, written, or face-to-face contact with the client or another individual that relates to the client's health, safety, welfare, or treatment;
 19. Documentation of:
 - a. Assistance provided to a client who does not speak English;
 - b. Assistance provided to a client who has a physical or other disability, as required in R9-20-203(A)(3); and
 - c. A client's known allergies or other medical condition;
 20. Documentation of behavioral health services provided to the client, according to the client's treatment plan;
 21. Documentation of medication services or assistance in the self-administration of medication, if applicable;
 22. Medical orders, as required in this Chapter, if applicable;
 23. Date of discharge and discharge summary as required in R9-20-210(C), if applicable;
 24. If the client is receiving treatment in a residential agency, documentation of the client's:
 - a. Orientation, as required in R9-20-401(B);
 - b. Screening for infectious pulmonary tuberculosis, as required in R9-20-401(A)(3); and
 - c. Nursing assessment or physical examination, as required in R9-20-401(A)(1) or (2), as applicable;
 25. 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
 26. 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.

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);

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- 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 operate a cellular telephone while operating the vehicle;
 - d. Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;
 - 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 needed medical services and to the treatment identified in the client's treatment plan or assessment; 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.

R9-20-214. 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

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- c. Vaccinated against rabies and all other diseases that are communicable to humans and for which a vaccine is available and documentation is maintained at the facility or administrative office indicating current vaccinations.
- 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. An agency's premises has:
 - a. ~~Except for an adult therapeutic foster home,~~ 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,
 - 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 training, as required in R9-20-207(B), is present in the pool area when a client is in the pool area;
 - 3. At least two staff members are present in the pool area if two or more clients are in the pool area; and
 - 4. A life preserver is available and accessible 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, except for clients in a correctional facility, 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,

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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 and Emergency Safety Response

- A.** 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.
- B.** A licensee shall ensure that an emergency safety response:
1. Is used only as follows:
 - a. According to an agency's policy and procedure for the use of an emergency safety response;
 - b. To manage a sudden, intense, or out-of-control behavior;
 - c. To prevent harm to the client or others;
 - d. When less restrictive methods were attempted and unsuccessful;
 - e. For the shortest possible duration of time needed to bring the client's behavior under control or to prevent harm to the client or others;
 - f. To ensure safety of the client and other individuals; and
 - g. Without undue force;
 2. Is documented, reported, and reviewed as follows:
 - a. Is documented at the agency within one day of the emergency safety response including:
 - i. The date and time that the emergency safety response took place;
 - ii. The names of the client and staff members involved in the emergency safety response;
 - iii. The specific emergency safety response that was used;
 - iv. The precipitating factors that led up to the emergency safety response;
 - v. The outcome of the emergency safety response, including any injuries that may have resulted from the emergency safety response and, if applicable, compliance with R9-20-202; and
 - vi. If any individual was injured, the circumstances that caused the injury and a plan to prevent future injuries;
 - b. If an emergency safety response occurs in a calendar month, the clinical director reviews documentation of each use of an emergency safety response that has occurred at the agency in the past month and documents the clinical director's determination of:
 - i. Whether staff members are using each emergency safety response according to the agency's policy and procedure, this Chapter, and applicable federal or state laws and rules;
 - ii. Actions to be taken by the agency to prevent the use of emergency safety response, such as additional staff training, additional staffing, or changes to agency policy and procedure;
 - iii. Whether a client is appropriately placed at the agency; and
 - iv. Whether the client's treatment plan should be reviewed or revised to ensure that the client's treatment is meeting the client's treatment needs; and
 - c. If an emergency safety response occurred in a calendar month, the information in subsection (B)(2)(a) through (b) is reported in writing to the OBHL within five days after the end of the calendar month and documentation is maintained at the agency that the written report was provided; and
 3. Is only used by a staff member who has documentation of ~~annual~~ successful completion annually of a training program in crisis intervention from an organization nationally recognized for providing training ~~program~~ in crisis intervention, ~~that includes:~~
 - a. ~~Techniques to identify staff member and client behaviors, events, and environmental factors that may trigger the need for an emergency safety response;~~
 - b. ~~The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and~~
 - c. ~~The safe use of an emergency safety response, including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response.~~

ARTICLE 3. OUTPATIENT CLINIC REQUIREMENTS

R9-20-301. Universal Outpatient Clinic Requirements

- A. A licensee shall ensure that an outpatient clinic is located:
 - 1. In an area of a facility that is physically separated from the bedrooms, treatment rooms and common 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, level 4 transitional agency, or domestic violence shelter.~~
- 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.

ARTICLE 4. RESIDENTIAL AGENCY REQUIREMENTS

R9-20-405. Environmental Standards

- 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:
 - 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. For an agency licensed after the effective date of this Chapter, has walls from floor to ceiling;
 - 3. Contains a door that opens into a hallway, common area, or the outside;
 - 4. Is constructed and furnished to provide unimpeded access to the door;

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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;
 - ~~e. A closet, wardrobe, or equivalent space for hanging clothes;~~
 - ~~d.c.~~ 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.d.~~ 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; and
7. Contains:
 - a. Lighting sufficient for a client to read;
 - b. Windows or doors with adjustable window or door covers that provide client privacy, if applicable; and
 - c. To provide safe egress in an emergency, a working door to the outside or an openable window to the outside, unless the facility contains an automatic sprinkler system as required in R9-20-406(C)(3)(b), 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 food 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:
 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.

ARTICLE 5. INPATIENT TREATMENT PROGRAM REQUIREMENTS

R9-20-505. Supplemental Requirements for a Level 1 RTC

- A. A licensee of a Level 1 RTC shall ensure compliance with the following:
1. 42 CFR 441.150 and 441.152 through 441.156 (2000), incorporated by reference in R9-20-502(A)(3)(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)(3)(b);
 3. 42 CFR 456.180, incorporated by reference in R9-20-502(A)(2)(b);
 4. 42 CFR 456, Subpart J, incorporated by reference in R9-20-502(A)(2)(g);
 5. 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;
 6. R9-20-401;
 7. R9-20-402;
 8. R9-20-403;
 9. R9-20-404(A)(1) through (A)(3), (A)(5) through (A)(9), and (B);
 10. R9-20-405; and
 11. R9-20-407.
- B. A licensee of a Level 1 RTC shall ensure that:
1. A registered nurse is present at the facility full time to provide or oversee medical services; ~~and~~
 2. A nurse is present at the facility ~~at all times from 6:00 a.m. until 10:00 p.m. every day, and~~
 3. A nurse is on-call from 10:00 p.m. until 6:00 a.m. every day.
- C. 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.
- D. 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 (E)(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 (E)(2).
- E. 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 21st birthday and continues to require treatment.
- F. 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 tampers tied into the fire alarm control panel.

ARTICLE 6. USE OF RESTRAINT OR SECLUSION

R9-20-601. Definitions

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

1. "Emergency safety situation" means ~~an~~ unanticipated client behavior that creates a substantial and imminent risk that the client may inflict injury, and has the ability to inflict injury, upon:
 - a. ~~Places the client or another individual at imminent threat of violence or injury if no intervention occurs, and~~

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- ~~b. Calls for the use of restraint or seclusion.~~
 - a. The client, as evidenced by threats or attempts to commit suicide or to inflict injury on the client; or
 - b. Another individual, as evidenced by threats or attempts to inflict injury on another individual or individuals, previous behavior that has caused injury to another individual or individuals, or behavior that places another individual or individuals in reasonable fear of sustaining injury.
2. "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.
 3. "Serious injury" means any significant impairment of the physical condition of the client as determined by a medical practitioner or nurse.
 4. "Serious occurrence" means:
 - a. A serious injury,
 - b. A client's death, or
 - c. A client's suicide attempt.

R9-20-602. Requirements for Use of Restraint or Seclusion

- A. A licensee shall ensure that:
 1. A policy and procedure is developed, implemented, and complied with:
 - a. For the use of each type of restraint or seclusion; and
 - b. That identifies the qualifications of a staff member to:
 - i. Order restraint or seclusion;
 - ii. Place a client in restraint or seclusion;
 - iii. Monitor a client in restraint or seclusion; and
 - iv. Evaluate a client's physical and psychological well being within one hour after being placed in restraint or seclusion and upon being released from 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;
 - b. After other available less restrictive methods to control the client's behavior have been tried and were unsuccessful; and
 - c. 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, except in a Level 1 psychiatric hospital where restraint and seclusion may be used simultaneously if the client receives continuous:
 - a. Face-to-face monitoring by a staff member; or
 - b. Video and audio monitoring by a staff member who is in close proximity to the client.
- 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;

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- b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. The specific criteria for release from restraint or seclusion without an additional order; 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~~ Three 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 face-to-face assessment of a client's physical and psychological well-being is performed within one hour after the initiation of restraint or seclusion by a:
1. For a Level 1 psychiatric acute hospital, a medical practitioner, who is either onsite or on-call at the time that the restraint or seclusion was initiated; or
 2. For a Level 1 RTC, a Level 1 sub-acute agency, or a Level 1 specialized transitional agency, registered nurse with at least one year of full time behavioral health work experience, who is either onsite or on-call at the time that the restraint or seclusion was initiated.
- E.** A licensee shall ensure that the face-to-face assessment, described in subsection (D) determines:
1. The client's physical and psychological status,
 2. The client's behavior,
 3. The appropriateness of the restraint or seclusion used,
 4. Whether the emergency safety situation has passed; and
 5. Any complication resulting from the restraint or seclusion used.
- F.** 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.
- G.** A licensee shall ensure that a record is maintained at the agency of each emergency safety situation that includes:
1. Each use of restraint or seclusion;
 2. Each order for restraint or seclusion, as required in subsection (C);
 3. The times the restraint or seclusion actually began and ended;
 4. The time and results of the face-to-face assessment required in subsection (D) through (E), (J)(2), and (K) as applicable;
 5. Documentation of the monitoring required in subsection (H) and (I);
 6. The emergency safety situation that required the client to be restrained or put in seclusion;
 7. The names of the staff members involved in the restraint or seclusion; and
 8. The outcome of each emergency safety situation or use of restraint or seclusion.
- H.** A licensee shall ensure that a client is monitored during a restraint as follows:
1. A staff member monitors the client's physical and psychological well-being and safety during the restraint on a face-to-face basis, except that a Level 1 psychiatric hospital may use video and audio monitoring according to subsection (A)(5)(b), as follows:
 - a. At least once every 15 minutes;
 - b. If the client has a medical condition that may be adversely impacted by the restraint or seclusion, at least once every five minutes; and
 - c. If other clients have access to the client who is restrained or secluded, continuous staff monitoring on a one-to-one basis is provided;
 2. If a client is in a restraint during a mealtime, the client is given the opportunity to eat and drink;
 3. At least once every two hours, the client is given the opportunity to use a toilet; and
 4. If a client is maintained in a mechanical restraint, the restraints are loosened at least once every 15 minutes.
- I.** A licensee shall ensure that:
1. A client is monitored during seclusion according to the requirements in subsection (H)(1);
 2. A room used for seclusion:
 - a. Is designated by the licensee as a room used for seclusion;

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- b. Is not a client's bedroom or a sleeping area;
 - c. Allows staff members full view of the client in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets; and
 - e. Contains at least 60 square feet of floor space;
3. If a client is in seclusion during a mealtime, the client is given the opportunity to eat and drink; and
4. At least once every two hours, a client in seclusion is given the opportunity to use a toilet.
- J.** A licensee shall ensure that if the emergency safety situation continues beyond the time limit of the order, the order for the use of restraint or seclusion may be renewed as follows:
- 1. An order for the use of restraint or seclusion may be renewed one time, according to the time-frames in subsection (C)(5);
 - 2. If an emergency safety situation continues after the order is renewed one time, as described in subsection (J)(1), an individual who meets the qualifications in subsection (D) conducts a face-to-face assessment of the client's physical and psychological well-being before another order for restraint or seclusion is renewed; and
 - 3. No order for restraint or seclusion is renewed for more than 12 consecutive hours without the review and approval of the medical director.
- K.** A licensee of a Level 1 RTC, a Level 1 sub-acute agency, or a Level 1 specialized transitional agency shall ensure that immediately after a client is removed from restraint or seclusion, a medical practitioner or registered nurse with at least one year of full time behavioral health work experience assesses the client's health, safety, and welfare.
- L.** A licensee shall ensure that:
- 1. If a client is a minor, the parent, guardian, or custodian of the client is notified, or an attempt is made to notify, 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 (L)(1) is documented in the client record and includes:
 - a. The date and time of the notification or attempt, and
 - b. The name of the staff member providing the notification.
- M.** A licensee shall ensure that within 24 hours after the use of restraint or seclusion face-to-face debriefings occur or are scheduled to occur within seven days as follows:
- 1. Both the client, unless the client declines to participate, and all staff members involved in the restraint or seclusion receive a debriefing, although the client and staff member debriefings do not need to occur at the same time;
 - 2. A client's debriefing is conducted:
 - a. By a behavioral health professional; and
 - b. In a language that is understood by the client and, if present, the client's parent, guardian, or custodian;
 - 3. A debriefing 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;
 - 4. A debriefing 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; and
 - 5. Each debriefing is documented at the agency and includes the:
 - a. The date of the debriefing;
 - b. The names of the individuals participating in the debriefing;
 - c. The precipitating factors that led up to the restraint or seclusion;
 - d. Alternative techniques that were used to prevent the use of restraint or seclusion;
 - e. The outcome of the restraint or seclusion, including any injuries that may have resulted from the restraint or seclusion; and
 - f. If any individual was injured, the circumstances that caused the injury and a plan to prevent future injuries.
- N.** A licensee shall ensure that, at least once a month, the clinical director or medical director reviews documentation of each use of restraint or seclusion that has occurred at the agency in the past month as follows:
- 1. The clinical director or medical director determines and documents:
 - a. Whether staff members are using restraint or seclusion according to the agency's policy and procedure, this Chapter, and applicable federal or state laws and rules;
 - b. Actions to be taken by the agency to prevent the use of restraint or seclusion, such as additional staff training or changes to agency policy and procedure;
 - c. Whether a client is appropriately placed at the agency; and
 - d. Whether the client's treatment plan should be reviewed or revised to ensure that the client's treatment is meeting the client's treatment needs; and
 - 2. Provides the documentation required in subsection (N)(1) to the OBHL within five days after the end of the calendar month and documentation is maintained at the agency that the written report was provided.
- O.** 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;

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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.
- P.** A licensee shall ensure that:
1. 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
 2. Compliance is maintained with the applicable requirements in R9-20-202(A) and (B).
- Q.** 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:
 - 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. For a Level 1 RTC and a Level 1 sub-acute agency, demonstrates skills and knowledge in the subject areas in subsection (Q)(1)(a) at least once every six months, that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4);
 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 (Q)(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.
- R.** A licensee shall ensure that all training materials related to restraint or seclusion used by the licensee are available for review at the agency.
- S.** 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.

ARTICLE 7. LEVEL 1 SPECIALIZED TRANSITIONAL AGENCY

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

- 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:
1. At the time of admission, a client and, if the client has a guardian or custodian, the client's guardian or custodian, receive a written list and verbal explanation of the client rights listed in subsections (B) and (C).
 2. A client and, if the client has a guardian or custodian, the client's guardian or custodian acknowledge, in writing, receipt of the written list and verbal explanation required in subsection (A)(1);
 3. A client who does not speak English or who has a physical or other disability that limits the client's ability to understand the client rights without assistance is provided assistance in understanding the client rights; and
 4. A client is afforded the rights listed in A.R.S. §§ 36-504 through 36-514.
- C.** A client in a Level 1 specialized transitional agency has the following rights:
1. To be treated with dignity, respect, and consideration;

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2. To be free from:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Retaliation; and
 - g. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet;
3. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or economic means;
4. To receive treatment that:
 - a. Supports and respects the client's individual characteristics, strengths, and abilities, while enhancing pro-social decision making and choices;
 - b. Supports the client's ability to increase personal liberty, to the extent possible within the legal restrictions required by court-ordered commitment;
 - c. Is provided in the least restrictive environment that meets the client's treatment needs and is approved by the court;
5. Not to be impeded from exercising the client's civil rights except those rights limited by a court order;
6. To submit complaints to outside agencies without constraint or retaliation;
7. To submit complaints to staff without constraint or retaliation.
8. To have complaints to staff addressed in a fair, timely, and objective manner;
9. To seek, speak to, and be assisted by legal counsel:
 - a. Whom the court assigns to the client, or
 - b. Whom the client obtains at the client's own expense;
10. 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;
11. Upon written request, to review 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);
12. 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
 - 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;
13. To participate in and, if the client has a legal guardian or custodian, to have the client's legal guardian or custodian participate in, treatment decisions and the development and periodic review and revision of the client's written treatment plan;
14. To control the client's own finances except as provided by A.R.S. § 36-507(5)(a);
15. To receive a verbal explanation of a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;
16. To be offered the treatment or referred for the treatment specified in the client's treatment plan;
17. To consent to treatment, refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court under A.R.S. Title 36, Chapter 5, or is necessary to save the client's life or physical health;
18. To participate or refuse to participate in the religious and spiritual activities provided on the premises;
19. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene;
20. 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;
21. To participate or refuse to participate in research or experimental treatment;

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- 22. To consent in writing, refuse to consent, or withdraw written consent to participate in research or treatment that is not a professionally recognized treatment;
 - 23. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
 - 24. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility;
 - 25. To associate in the same housing unit with a current client of the client's choice, who resides in the same housing unit as the client, unless:
 - a. The clinical director determines and documents in the treatment plan a specific treatment purpose that justifies restricting this right;
 - b. The client is informed of the reason why this right is being restricted; and
 - c. The client is informed of the client's right to file a complaint and the procedure for filing a complaint.
 - 26. To receive visitors and make telephone calls during the hours established by the licensee and conspicuously posted in the facility, unless:
 - a. The clinical director determines and documents a specific treatment purpose that justifies restricting this right; and
 - b. The client is informed of the reason why this right is being restricted; and
 - c. The client is informed of the client's right to file a complaint and the procedure for filing a complaint.
 - 27. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, unless:
 - a. The clinical director determines and documents a specific treatment purpose that justifies restricting this right; and
 - b. The client is informed of the reason why this right is being restricted; and
 - c. The client is informed of the client's right to file a complaint and the procedure for filing a complaint.
 - 28. To send and receive uncensored and unopened mail, unless restricted by court order, or unless:
 - a. The clinical director determines and documents a specific treatment purpose that justifies restricting this right; and
 - b. The client is informed of the reason why this right is being restricted; and
 - c. The client is informed of the client's right to file a complaint and the procedure for filing a complaint.
 - 29. To be provided storage space, capable of being locked, on the premises while the client receives treatment;
 - 30. To be provided meals to meet the client's nutritional needs, with consideration for the client's dietary restrictions and preferences;
 - 31. To be assisted in obtaining clean, seasonably appropriate clothing that is in good repair and is selected and owned by the client;
 - 32. To be provided access to medical services to maintain the client's health, safety, or welfare;
 - 33. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
 - 34. To maintain, display, and use personal belongings, including clothing, that have been approved by the clinical director, unless restricted by court order;
 - 35. To be informed of the requirements necessary for the client's discharge or conditional release to a less restrictive alternative; and
 - 36. To receive, at the time of discharge or legal transfer, recommendations for treatment after the client is discharged.
- B-D.**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;
 - 5. A client's visitation privileges; and
 - 6. The criteria for using a locking mechanism to restrict a client's movement during transport.
- C-E.**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;

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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.F.~~ 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.G.~~ 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 according to A.R.S. § 36-507(E); and
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.

~~F.H.~~ 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:
 - 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.I.~~ A licensee of a Level 1 specialized transitional agency shall ensure that a client's sleeping area is in a bedroom that:

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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.J. 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.

H.K. 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.

ARTICLE 8. COURT-ORDERED SERVICES

R9-20-802. Supplemental Requirements for Court-Ordered Evaluation

- 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,
 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, persons are notified according to A.R.S. § 36-504(B);
 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);

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6. A client admitted to an agency for an evaluation under an emergency admission does not receive treatment unless informed 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~~ R9-20-211(A)(3) and (B);
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 informed 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);
 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~~ R9-20-211(A)(3) and (B);
 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); and
 - 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. DUI SERVICES

R9-20-902. Supplemental Requirements for DUI Screening

- 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,

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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 ~~process~~;
 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 in subsection (C) 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 and meets at least one of the criteria in subsection (E)(1)(b)(i) or (E)(1)(b)(iii) through (xii);
 - iii. Has been unable to control use of alcohol or drugs or has habitually abused 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, ~~based upon the results of a standardized instrument described in subsection (C)(4)~~:
 - 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;
 - xi. Has experienced an increase in consumption, a change in ~~or~~ tolerance, or a change in the pattern of alcohol or drug use; or

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- xii. Has experienced personality changes associated with alcohol or drug use; and
- 2. A Level 2 DUI client:
 - a. Does not meet any of the criteria in subsection (E)(1)(a); and
 - b. Meets two, one, or none of the criteria in subsection (E)(1)(b).
- F. A licensee of an agency that provides DUI screening shall ensure that after completing a client's DUI screening:
 - 1. The results of the DUI screening are documented in the client record and include:
 - a. The DUI client's alcohol concentration at the time of the arrest that led to the current referral, if available;
 - b. The DUI client's history of alcohol and drug use;
 - c. The DUI client's history of treatment associated with alcohol or drug use; and
 - d. The DUI client's history of impairments in physical, educational, occupational, or social functioning as a result of alcohol or drug use; and
 - 2. A recommendation is made to the referring court for DUI education or DUI treatment or both, and referrals are made as follows:
 - a. A Level 1 DUI client is referred to:
 - i. An agency that provides DUI education for at least 16 hours of DUI education; and
 - ii. An agency that provides DUI treatment for at least 20 hours of DUI treatment; and
 - b. A Level 2 DUI client is referred to an agency that provides DUI education for at least 16 hours of DUI education.
- G. A licensee of an agency that provides DUI screening may refer a Level 1 or Level 2 DUI client to a self-help or peer-support program that assists individuals in achieving and maintaining freedom from alcohol or drugs, such as Alcoholics Anonymous or Narcotics Anonymous. Participation in a self-help group or peer support program is not DUI education or DUI treatment and does not count toward required hours in DUI education or DUI treatment.
- H. Unless a court requires otherwise, ~~A~~ a licensee of an agency that provides DUI screening shall ensure that a referral of a DUI client made under subsection (F)(2) includes:
 - 1. Providing the DUI client with the following information about three agencies authorized to provide DUI education or DUI treatment, as applicable, in the geographic area requested by the DUI client, at least two of which are not owned by, operated by, or affiliated with the licensee of the DUI screening agency:
 - a. Name,
 - b. Address, and
 - c. Telephone number;
 - 2. Instructing the DUI client:
 - a. To select an agency that provides DUI education or DUI treatment, as applicable;
 - b. To schedule an appointment or enroll in DUI education or DUI treatment, as applicable, within five working days after the date of completion of the DUI screening; and
 - c. To notify the DUI screening agency of the name of the agency selected to provide DUI education or DUI treatment, as applicable;
 - 3. Obtaining, in writing, a DUI client's ~~permission~~ authorization to release information to the selected agency; and
 - 4. Providing the following in writing to the selected agency and the referring court within five working days after the DUI client's completion of DUI screening:
 - a. The date that the DUI client completed DUI screening;
 - b. The results of DUI screening;
 - c. The recommendations of the DUI screening agency made under subsection (F)(2); and
 - d. The name of the DUI education or DUI treatment agency selected by the client.
- I. If a licensee of an agency that provides DUI screening does not comply with subsection (H) for a referral of a DUI client because a court's requirements conflict with subsection (H), the licensee shall document in the client's record the court's requirements.
- ~~I.~~J. A licensee of an agency that provides DUI screening shall maintain a record for each DUI client that contains:
 - 1. The citation number or complaint number from the arrest that led to the current referral, if available;
 - 2. A copy of the documents referring the DUI client to DUI screening, if available;
 - 3. Documentation of the DUI client's receipt of the information contained in subsection (D);
 - 4. Documentation of the client's DUI screening, including the completed standardized instrument required under subsection (C)(4);
 - 5. Documentation of the recommendations and referrals for DUI education or DUI treatment, as applicable, required under subsections (F)(2) and (H);
 - 6. The DUI client's signed and dated release of information required under subsection (H)(3); and
 - 7. A copy of the information provided to the agency selected to provide DUI education or DUI treatment, as applicable, and to the referring court as required under subsection (H)(4).

R9-20-904. Supplemental Requirements for DUI Treatment

- A. A licensee of an agency that provides DUI treatment shall ensure that ~~a policy~~ policies and ~~procedure is~~ procedures are developed, implemented, and complied with ~~for providing written notification of the following events to the DUI screen-~~

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~~ing agency and, if applicable, the referring court within five working days after the event that:~~

- ~~1. Require a client to complete DUI treatment within 16 weeks after the date the client was admitted to DUI treatment, unless the agency extends the time for completion of DUI treatment;~~
- ~~2. Establish criteria the agency considers when determining whether to extend the time for a client's completion of DUI treatment, such as an occurrence of one of the following during the 16 weeks after the date the client was admitted to DUI treatment:
 - ~~a. A client serving jail time.~~
 - ~~b. Illness of a client or a family member of the client, and~~
 - ~~c. Death of a family member;~~~~
- ~~3. Require the agency to provide 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. A DUI client's failure to enroll in DUI treatment by the deadline established by the DUI screening agency or the referring court;~~
 - ~~2-b. 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-c. 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 and criteria the agency considers when determining whether to extend the time for completion of the 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;
 - 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:
 1. DUI treatment is scheduled to be completed within 16 weeks after the date that the client was admitted into DUI treatment; and
 2. 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

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- 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)(2);
 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. OPIOID TREATMENT

R9-20-1001. Definitions

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.~~
- 5-4. "Dispense" has the same meaning as in A.R.S. § 32-1901.
- 6-5. "Diversion" means the unauthorized transfer of an opioid agonist treatment medication, such as a street sale.
- 7-6. "Dosage" means the amount, frequency, and number of doses of medication for an individual.
- 8-7. "Dose" means a single unit of opioid agonist treatment medication.
- 9-8. "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.
- 10-9. "Intake screening" means determining whether an individual meets the criteria for receiving opioid treatment.
- 11-10. "Long-term detoxification treatment" means detoxification treatment for a period of more than 30 days but less than 180 days.
11. "Medical withdrawal" means a condition of an individual effectuated by 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.
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.
18. Withdrawal treatment means:
 - a. Administrative withdrawal, or
 - b. Medical withdrawal.

R9-20-1003. Admission

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- 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);
 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 had informed consent for treatment ~~from~~ provided by 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 informed 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

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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;
 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 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 laboratory drug detection test for at least the following:
 - i. Opiates;
 - ii. Methadone;
 - iii. Amphetamines;
 - iv. Cocaine;
 - v. Barbiturates; and
 - vi. Benzodiazepines; 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.
- F. A program sponsor shall ensure that the results of a client's physical examination are documented in the client record.

R9-20-1008. Detoxification Withdrawal Treatment

A licensee shall ensure that:

1. Policies and procedures are developed, implemented, and complied with for detoxification withdrawal treatment and:
 - a. Are designed to promote successful detoxification withdrawal 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 withdrawal 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 withdrawal 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 withdrawal treatment; and
 - b. If the client requests, Receives receives a schedule for detoxification withdrawal treatment that is developed by an agency medical practitioner with input from the client;
4. If a client who is receiving detoxification withdrawal 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 withdrawal 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;

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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~~ withdrawal treatment or was placed on administrative withdrawal; and
 - b. The information and assistance provided to the client in ~~detoxification treatment~~ medical withdrawal or administrative withdrawal.

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
 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. ~~For a~~ 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. the agency coordinates with the physician treating the client for pain management.~~
- C. A program sponsor shall ensure that:
 1. ~~If, during the assessment or physical examination, a determination is made that a client who may have a mental disorder, is identified during the physical examination the client is referred for treatment of the mental disorder, and~~ assessment,
 2. ~~A client who may have a mental disorder is referred for treatment for the mental disorder, and~~
 - 3-2. 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-

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20-1005 be applied;

8. A requirement that dosage requirements in 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 metabolism of opioid agonist treatment medication may necessitate an increased or split dose;
 10. A requirement that ~~detoxification withdrawal~~ treatment not be initiated before 14 weeks or after 32 weeks of gestation and that a pregnant client receiving ~~detoxification withdrawal~~ 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, if a client is placed in jail, the agency:
1. Makes efforts to obtain approval from the criminal justice system for the continued treatment of the client by the agency while the client is in jail;
 2. If approval is obtained according to subsection (F)(1), the agency continues to treat the client while the client is in jail, and
 3. If approval is not obtained according to subsection (F)(1), the agency's attempts to obtain approval are documented in the client's record.
 4. ~~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.~~

R9-20-1013. 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 designee interface with community leaders to foster positive relations,
 3. A requirement that the program sponsor or designee 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, ~~and~~
 6. A mechanism that addresses getting approval for continued treatment in treatment or care facilities and jails.
- 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 Policies for how a staff members member who diverts medication is held accountable for diverting the medication 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. MISDEMEANOR DOMESTIC VIOLENCE OFFENDER TREATMENT

R9-20-1101. Misdemeanor Domestic Violence Offender Treatment Standards

- 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 disproportionately 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; and
- 4. Misdemeanor domestic violence treatment for a client is scheduled to be completed within not less than four months and not more than 12 months after the client is admitted into misdemeanor domestic violence treatment.
- B.** A licensee of an agency that provides misdemeanor domestic violence shall ensure that policies and procedures are developed, implemented, and complied with that:
 - 1. Require a client to complete misdemeanor domestic violence treatment not less than four months or more than 12 months after the date the client is admitted into misdemeanor violence treatment, unless the agency extends the time for completion of the misdemeanor domestic violence treatment;
 - 2. Establish criteria the agency considers when determining whether to extend the time for a client's completion of misdemeanor domestic violence treatment, such as an occurrence of one of the following during the 12 months after the date the client is admitted to misdemeanor violence treatment:
 - a. A client serving jail time.
 - b. Illness of a client or a family member of the client.
 - c. Death of a family member, and
 - d. The court requiring the client to complete more than 52 sessions of misdemeanor domestic violence treatment.
- C.** Misdemeanor domestic violence treatment shall include, at a minimum, the following number of sessions, to be completed after the applicable offense for which the client was required to complete misdemeanor violence treatment:
 - 1. For a first offense, 26 sessions;
 - 2. For a second offense, 36 hours; and
 - 3. For a third offense or any subsequent offense, 52 hours.
- D.** The duration of a session in subsection (B) shall be:
 - 1. For an individual session, not less than 45 minutes and not longer than 60 minutes; and
 - 2. For a group session, not less than 90 minutes and not longer than 180 minutes.
- B.E.** 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 at the time of admission 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 or the entity that referred the client to the agency on behalf of the court, in writing, within a timeline established with the referring court or the entity that referred the client to the agency on behalf of the 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 or the entity that refers clients to the agency on behalf of the court before the agency provides misdemeanor domestic violence offender treatment;
 - 5. Requires that the referring court's review required in subsection (B)(6) be documented, to include:
 - a. The date of the review;

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- 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 or entity that referred a client to the agency on behalf of the 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.

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

- 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.H.~~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.I.~~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 or, if the agency has made three documented attempts to obtain the case number or identification number without success, the client's date of birth;
- 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.J.~~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.

ARTICLE 12. LEVEL 4 TRANSITIONAL AGENCY

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

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- 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:
 - 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; and
 - 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;

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- c. Has skills and knowledge in providing a supportive intervention; and
 - d. 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 six 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 six 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;
 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 informed 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 secure 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.

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- 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 informed 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. SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE

R9-20-1301. Standards for a Shelter for Victims of Domestic Violence

- A.** 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 R9-20-1201,~~
 2. R9-20-1202(A) through (G).
 3. R9-20-1202(H)(2) through (H)(6).
 4. R9-20-214.
 5. R9-20-406(A) and (B).
 6. R9-20-405(A) and (B). and
 7. 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.
- B.** A licensee of a shelter for victims of domestic violence shall ensure that:
1. The licensee's facility meets the fire safety requirements of the local jurisdiction;
 2. The licensee documents that the facility meets the fire safety requirements of the local jurisdiction;
 3. If the licensee is licensed for four or more beds, the licensee's facility has a fire alarm system, installed according to NFPA 72: National 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; and
 4. A fire drill for staff members and clients on the premises is conducted at least once every month on each shift and is documented at the agency.
- C.** A licensee of a domestic violence shelter shall develop, implement, and comply with policies and procedures that include:
1. For clients who do not meet the requirements in R9-20-1202(F), compliance with R9-20-408; and
 2. For a client who meets the requirements in R9-20-1202(F) and brings a medication into the shelter, a requirement that the client:
 - a. Store the medication in a locked area or locked container, cabinet, or area that:
 - i. Is accessible only to a staff member at the shelter;
 - ii. Complies with the medication manufacturer's recommendations; and
 - iii. While unlocked, is not left unattended by a staff member;

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3. Storing medication for other than oral administration separately from medication for oral administration;
4. Ensuring that a client takes only medication prescribed for the client and that medication is taken as directed;
5. If a client requests, assisting the client in obtaining medication;
6. Storing the medication in an original labeled container that, for prescription medication, indicates:
 - a. The client's name;
 - b. The name of the medication, the dosage, and directions for taking the medication;
 - c. The name of the individual prescribing the medication; and
 - d. The date that the medication was prescribed;
7. Inspection of the storage area or areas by a staff member at least once every three months to ensure compliance with this Section, and documenting of the inspection, to include:
 - a. The name of the staff member conducting the inspection.
 - b. The date of the inspection.
 - c. The area or areas inspected.
 - d. Whether medication is stored according to the requirements in this Section.
 - e. Whether medication is disposed of according to the requirements in this Section, and
 - f. Any action taken to ensure compliance with the requirements in this Section;
8. How long the agency keeps medication after a client leaves the agency; and
9. Disposal of medication:
 - a. If, at the time of an inspection in subsection (C)(7):
 - i. The medication has expired, according to the date on the medication container label;
 - ii. The label on the medication container is missing or illegible; or
 - iii. Disposal is required by state or federal law or the agency's policy and procedure;
 - b. That is documented, to include:
 - i. The date of the disposal.
 - ii. The method of disposal, and
 - iii. The name, signature, and professional credential or job title of the staff members disposing of the medication and the date signed;
10. Maintaining an inventory of each medication stored.

ARTICLE 14. RURAL SUBSTANCE ABUSE TRANSITIONAL AGENCY

R9-20-1401. Standards for a Rural Substance Abuse Transitional Agency

- 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 memorandum of understanding is established, implemented, and complied with to ensure that immediate contact with a licensed hospital is available to ensure the need for a higher or more acute level of care is determined and transportation is obtained;
 2. A behavioral health professional with specific training or expertise in the diagnosis of substance abuse conditions 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 providing a supportive intervention and 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. Develops, implements and complies with criteria to determine when emergency transportation is needed; and
 - 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;
 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;

Notices of Exempt Rulemaking

- 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.

ARTICLE 15. ADULT THERAPEUTIC FOSTER HOME

R9-20-1501. Management

- A. A licensee or sponsor 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;
 2. Article 1 of this Chapter;
 - ~~2-3.~~ Applicable federal, state, and local law;
 4. R9-20-201(A)(2)(a) through (c);
 5. R9-20-201(A)(2)(e) through (l);
 6. R9-20-201(A)(2)(n)(iii);
 7. R9-20-201(A)(3);
 - ~~3-8.~~ R9-20-202;
 - ~~4-9.~~ R9-20-203;
 - ~~5-10.~~ R9-20-204(H)(2);
 - ~~6-11.~~ R9-20-210;
 12. R9-20-211;
 - ~~7-13.~~ R9-20-212;
 - ~~8-14.~~ ~~R9-20-214(A) and (C) through (H)~~ R9-20-214(A)(1) through (5);
 15. R9-20-214(A)(7) through (9);
 16. R9-20-214(C) through (I);
 - ~~9-17.~~ R9-20-403(A) through (C);
 18. R9-20-403(D)(1) through (2);
 19. R9-20-403(d)(3)(a) through (d), (f), and (g);
 20. R9-20-403(D)(4);
 21. R9-20-403(D)(6) through (D)(13);
 - ~~10-22.~~ R9-20-405;
 - ~~11-23.~~ R9-20-406; and
 - ~~12-24.~~ If the adult therapeutic foster home is authorized to provide assistance in the self-administration of medication, R9-20-408.
- B. A licensee or sponsor 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 or sponsor 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.

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- D. A licensee or sponsor 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, and
 - 3. A document required by this Article.
- E. A licensee or sponsor of an adult therapeutic foster home shall assist a client with following a regional behavioral health authority's grievance and appeal process to resolve a client's grievance.
- F. A licensee or sponsor of an adult therapeutic foster home shall ensure that:
 - 1. A toxic or other hazardous material on the premises other than one of the following is stored by the licensee in a labeled container in a locked area other than a food preparation or storage area, a dining area, or a medication storage area:
 - a. Medical supplies, according to R9-20-214(A)(7);
 - b. Hand soap;
 - c. Dish soap;
 - d. Laundry detergent; or
 - e. Window cleaner.
 - 2. In addition to the other requirements in this Chapter, a bathroom contains:
 - a. Paper towels,
 - b. A mechanical air hand dryer, or
 - c. An individual cloth towel for each client.

R9-20-1502. Licensee Qualifications and Requirements

- A. A licensee or ~~sponsor~~ manager of an adult therapeutic foster home shall:
 - 1. Be at least 21 years old;
 - 2. Have the authority and responsibility to operate the adult therapeutic foster home according to the requirements in this Article;
 - ~~2-3.~~ 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. Recognizing and respecting cultural differences;
 - 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;
 - ~~3-4.~~ Have the behavioral health skills and knowledge required in subsection (A)(2) verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4);
 - ~~4-5.~~ 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;
 - ~~5-6.~~ Demonstrate freedom from infectious pulmonary tuberculosis, as required in R9-20-204(H)(2);
 - ~~6-7.~~ Complete at least 24 hours of training every twelve months in the topics listed in subsection (A)(2); and
 - ~~7-8.~~ Receive at least four hours a month of guidance in developing or improving skills and knowledge in providing behavioral health services from a behavioral health professional with skills and knowledge in the behavioral health services that the agency is authorized to provided and the populations the agency serves.
- B. A licensee or sponsor 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).

R9-20-1504. Admission

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

- 1. ~~Consents~~ Gives informed consent 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).

R9-20-1506. Client Records

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

- 1. Is maintained according to R9-20-211(A);

Notices of Exempt Rulemaking

- 2. Contains:
 - a. The client's name and date of birth;
 - b. The name and telephone number of:
 - i. An individual to notify in case of an emergency;
 - ii. The client's medical practitioner;
 - iii. The individual who coordinates the client's behavioral health services or ancillary services; and
 - 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 informed 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); and
 - i. The date of the client's discharge and the name of the individual or entity to whom the client was discharged, if applicable.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

PREAMBLE

- 1. Sections Affected**
R9-25-803
Exhibit 1
- Rulemaking Action**
Amend
- 2. The authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
Authorizing statutes: A.R.S. §§ 36-136(F), 36-2202(A), 36-2205(C), and 36-2209(A)
Implementing statute: A.R.S. § 36-2205(A)
- 3. The effective date of the rule:**
May 15, 2003
- 4. A list of all previous notices appearing in the Register addressing the exempt rule:**
None
- 5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
Name: Judi Crume, Bureau Chief
Address: Arizona Department of Health Services, Bureau of Emergency Medical Services
1651 E. Morten, Suite 120
Phoenix, AZ 85020
Telephone: (602) 861-0708
Fax: (602) 861-9812
E-mail: jcrume@hs.state.az.us
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
E-mail: kphilli@hs.state.az.us

Notices of Exempt Rulemaking

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:

A.A.C. R9-25-803 establishes drug box procedures and minimum standard medications required to be carried in a drug box. Drug concentrations and drug supply ranges in Exhibit 1 are being amended to conform to accepted medical standards and industry practices. A.R.S. § 36-2205(C) exempts this rulemaking from the provisions of A.R.S. Title 41, Chapter 6.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

Not applicable

8. 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

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

A.R.S. § 36-2205(C) provides exemption from the provisions of Title 41, Chapter 6.

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

Not applicable

11. A summary of the comments made regarding the rule and the agency response to them:

Not applicable

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

Not applicable

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

None

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

No

15. The full text of the rule follows:

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

ARTICLE 8. MEDICAL DIRECTION PROTOCOL FOR EMERGENCY MEDICAL TECHNICIANS

Section

Exhibit 1. EMT-P and Qualified EMT-I Drug List; EMT-I Drug List; EMT-B Drug List

Notices of Exempt Rulemaking

ARTICLE 8. MEDICAL DIRECTION PROTOCOL FOR EMERGENCY MEDICAL TECHNICIANS

Exhibit 1. EMT-P and Qualified EMT-I Drug List; EMT-I Drug List; EMT-B Drug List

EMT-P AND QUALIFIED EMT-I DRUG LIST

AGENT	CONCENTRATION	SUPPLY RANGE
ADENOSINE	6 mg/2 mL	5 - 6
ALBUTEROL SULFATE * (sulfite free)	2.5 mg/3 mL normal saline Unit dose or 2.5 mg/0.5 mL solution in 20 mL dropper bottle and 3 mL normal saline bullets	2 - 6 1 bottle 2-6 bullets
AMIODARONE (optional)	150 mg/6 mL	2 - 3
ASPIRIN-	81 - 325 mg	50 36 - 100
ATROPINE SULFATE	1 mg/10 mL pre-filled syringes	3 - 4
ATROPINE SULFATE	8 mg/20 mL	1 - 2
BRETYLIUM TOSYLATE (optional)	500 mg/10 mL	1 - 3
CALCIUM CHLORIDE	1 g/10 mL	1 - 2
CHARCOAL, ACTIVATED (without sorbitol)	25 g	2 - 4
DEXTROSE	25 g/50 mL	2 - 4
DIAZEPAM (required) and DIAZEPAM RECTAL DELIVERY GEL (optional)	10 mg/ 2 mL 10 mg twin pack pediatric (Total 20 mg)	2 1
DIPHENHYDRAMINE HCl	50 mg/1 mL	1 - 2
DOPAMINE HCl	400 mg/5 mL or 400 mg/250 mL dextrose 5% in water (D ₅ W)	1 - 2 1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL ampules or prefilled syringes	1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL 30 mL multidose vial	1 - 2
EPINEPHRINE HCl 1:10,000 solution	1 mg/10 mL prefilled syringes	6 - 8

Notices of Exempt Rulemaking

FUROSEMIDE or If FUROSEMIDE is not available, BUMETANIDE	20 mg/2 mL, or 40 mg/4 mL, or 100 mg/10 mL 0.25 mg/1 mL	4 4 2 4-8
GLUCAGON	1 mg with 1 mL diluting solution dose pack	1 - 2
IPRATROPIUM BROMIDE * 0.02%	2.5 mL Unit dose	2 - 4
LIDOCAINE HCl IV	100 mg/5 mL prefilled syringes	3 - 4
LIDOCAINE HCl IV	1 g/25 mL or 2 g/500 mL dextrose 5% in water (D ₅ W)	1 - 2 1 - 2
MAGNESIUM SULFATE	1 g/2 mL	4 - 10
METHYLPREDNISOLONE SODIUM SUCCINATE	125 mg	1 - 2
MIDAZOLAM (Versed®) (optional)	5mg/5ml	<u>2</u> - 4
MORPHINE SULFATE	10 mg/1 mL	2
NALOXONE HCl or If NALOXONE HCl is not available, NALMEFENE HCl	0.4 mg/1 mL or 1 mg/1 mL or 10 mg/10 mL 2 mg/2 mL	10 mg 1 - 2
NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	0.4 mg tablets /25 in bottle 0.4 mg/metered dose 200 metered doses/bottle	1 - 2 bottles 1 - 2 bottles
OXYTOCIN (optional)	10 units/1 mL	1 - 2
PHENYLEPHRINE NASAL SPRAY 0.5%	15 mL	1 - 2
SODIUM BICARBONATE 8.4%	50 mEq/50 mL	2 - 3
THIAMINE HCl	100 mg/1 mL	1 - 2
VERAPAMIL HCl	5 mg/2 mL	2 - 3
NITROUS OXIDE (optional)	Nitrous Oxide 50% / Oxygen 50% fixed ratio setup with O ₂ fail-safe device and self-administration mask	1 setup

Notices of Exempt Rulemaking

SYRINGES	1 mL tuberculin 3 mL 10 - 12 mL 20 mL 50 - 60 mL	2 4 4 2 2
FILTER NEEDLES	5 micron	3
NON - FILTER NEEDLES		assorted sizes
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusions of all fluids in drug box)		
DEXTROSE, 5% in water	250 mL bag	1
LACTATED RINGER'S	1 L bag	4 - 8
NORMAL SALINE	1 L bag	4 - 8
NORMAL SALINE	250 mL bag	3
NORMAL SALINE	50 mL bag	2

* Administer by nebulizer

Note: Per Arizona Administrative Code R9-25-803, only appropriate levels of EMT personnel educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director may monitor patients on the listed medications during interfacility transports.

EMT-I DRUG LIST

AGENT	CONCENTRATION	SUPPLY RANGE
ALBUTEROL SULFATE * (sulfite free)	2.5 mg/3 mL normal saline Unit dose or 2.5 mg/0.5 mL solution in 20 mL dropper bottle and 3 mL normal saline bullets	2 - 6 1 bottle 2 - 6 bullets
ASPIRIN-	81 - 325 mg	50 36 - 100
ATROPINE SULFATE	8 mg/20 mL	1 - 2
CHARCOAL, ACTIVATED (without sorbitol)	25 g	2 - 4
DEXTROSE	25 g /50 mL	2 - 4
DIAZEPAM (required) and DIAZEPAM RECTAL DELIVERY GEL (optional)	10 mg/2 mL 10 mg twin pack pediatric (Total 20 mg)	2 1
DIPHENHYDRAMINE HCl	50 mg/1 mL	1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL ampules or prefilled syringes	1 - 2

Notices of Exempt Rulemaking

EPINEPHRINE HCl 1:10,000 solution	1 mg/10 mL prefilled syringes	3 - 6
FUROSEMIDE or If FUROSEMIDE is not available, BUMETANIDE	20 mg/2 mL, <u>or</u> 40 mg/4 mL, <u>or</u> 100 mg/10 mL 0.25 mg/1 mL	4 4 2 4 - 8
GLUCAGON	1mg with 1 mL diluting solution dose pack	1 - 2
IPRATROPIUM BROMIDE* 0.02%	2.5 mL Unit dose	2 - 4
METHYLPREDNISOLONE SODIUM SUCCINATE	125 mg	1 - 2
MIDAZOLAM (Versed®) (optional)	5mg/5ml	<u>2</u> - 4
MORPHINE SULFATE	10 mg/1 mL	2
NALOXONE HCl or If NALOXONE HCl is not available, NALMEFENE HCl	0.4 mg/1 mL or 1 mg/1 mL or 10 mg/10 mL 2 mg/2 mL	10 mg 1 - 2
NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	0.4 mg tablets /25 in bottle 0.4 mg/metered dose 200 metered doses/bottle	1 - 2 bottles 1 - 2 bottles
OXYTOCIN (optional)	10 units/1 mL	1 - 2
PHENYLEPHRINE NASAL SPRAY 0.5%	15 mL	1 - 2
SODIUM BICARBONATE 8.4%	50 mEq/50 mL	2 - 3
THIAMINE HCl	100 mg/1 mL	1 - 2
NITROUS OXIDE (optional)	Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O ₂ fail-safe device and self-administration mask.	1 setup
SYRINGES	1 mL tuberculin 3 mL 10 - 12 mL 20 mL 50 - 60 mL	2 2 2 2 2
FILTER NEEDLES	5 micron	3

Notices of Exempt Rulemaking

NON-FILTER NEEDLES		assorted sizes
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusion of all fluids in drug box)		
DEXTROSE, 5% in water	250 mL bag	1
LACTATED RINGER'S	1 L bag	4 - 8
NORMAL SALINE	1 L bag	4 - 8
NORMAL SALINE	250 mL bag	3

* Administer by nebulizer

Note: Per Arizona Administrative Code R9-25-803, only appropriate levels of EMT personnel educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director may monitor patients on the listed medications during interfacility transports.

EMT-B DRUG LIST

AGENT	CONCENTRATION	SUPPLY RANGE
ASPIRIN	81 - 325 mg	50 36 - 100