



Arizona Administrative REGISTER

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From the Publisher

ABOUT THIS PUBLICATION

The paper copy of the *Administrative Register* (A.A.R.) is the official publication for rules and rulemaking activity in the state of Arizona.

Rulemaking is defined in Arizona Revised Statutes known as the Arizona Administrative Procedure Act (APA), A.R.S. Title 41, Chapter 6, Articles 1 through 10.

The Office of the Secretary of State does not interpret or enforce rules published in the *Arizona Administrative Register* or *Code*. Questions should be directed to the state agency responsible for the promulgation of the rule as provided in its published filing.

The *Register* is cited by volume and page number. Volumes are published by calendar year with issues published weekly. Page numbering continues in each weekly issue.

In addition, the *Register* contains the full text of the Governor's Executive Orders and Proclamations of general applicability, summaries of Attorney General opinions, notices of rules terminated by the agency, and the Governor's appointments of state officials and members of state boards and commissions.

ABOUT RULES

Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number). Rules activity published in the *Register* includes: proposed, final, emergency, expedited, and exempt rules as defined in the APA.

Rulemakings initiated under the APA as effective on and after January 1, 1995, include the full text of the rule in the *Register*. New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.

WHERE IS A "CLEAN" COPY OF THE FINAL OR EXEMPT RULE PUBLISHED IN THE REGISTER?

The *Arizona Administrative Code* (A.A.C.) contains the codified text of rules. The A.A.C. contains rules promulgated and filed by state agencies that have been approved by the Attorney General or the Governor's Regulatory Review Council. The *Code* also contains rules exempt from the rulemaking process.

The printed *Code* is the official publication of a rule in the A.A.C., and is prima facie evidence of the making, amendment, or repeal of that rule as provided by A.R.S. § 41-1012. Paper copies of rules are available by full Chapter or by subscription. The *Code* is posted online for free.

LEGAL CITATIONS AND FILING NUMBERS

On the cover: Each agency is assigned a Chapter in the *Arizona Administrative Code* under a specific Title. Titles represent broad subject areas. The Title number is listed first; with the acronym A.A.C., which stands for the *Arizona Administrative Code*; following the Chapter number and Agency name, then program name. For example, the Secretary of State has rules on rulemaking in Title 1, Chapter 1 of the *Arizona Administrative Code*. The citation for this chapter is 1 A.A.C. 1, Secretary of State, Rules and Rulemaking

Every document filed in the office is assigned a file number. This number, enclosed in brackets, is located at the top right of the published documents in the *Register*. The original filed document is available for 10 cents a page.

Arizona Administrative REGISTER

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SECRETARY OF STATE
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ADMINISTRATIVE REGISTER
This publication is available online for free at www.azsos.gov.

ADMINISTRATIVE CODE
A price list for the *Arizona Administrative Code* is available online. You may also request a paper price list by mail. To purchase a paper Chapter, contact us at (602) 364-3223.

PUBLICATION DEADLINES
Publication dates are published in the back of the *Register*. These dates include file submittal dates with a three-week turnaround from filing to published document.

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Participate in the Process

Look for the Agency Notice

Review (inspect) notices published in the *Arizona Administrative Register*. Many agencies maintain stakeholder lists and would be glad to inform you when they proposed changes to rules. Check an agency's website and its newsletters for news about notices and meetings.

Feel like a change should be made to a rule and an agency has not proposed changes? You can petition an agency to make, amend, or repeal a rule. The agency must respond to the petition. (See A.R.S. § 41-1033)

Attend a public hearing/meeting

Attend a public meeting that is being conducted by the agency on a Notice of Proposed Rulemaking. Public meetings may be listed in the Preamble of a Notice of Proposed Rulemaking or they may be published separately in the *Register*. Be prepared to speak, attend the meeting, and make an oral comment.

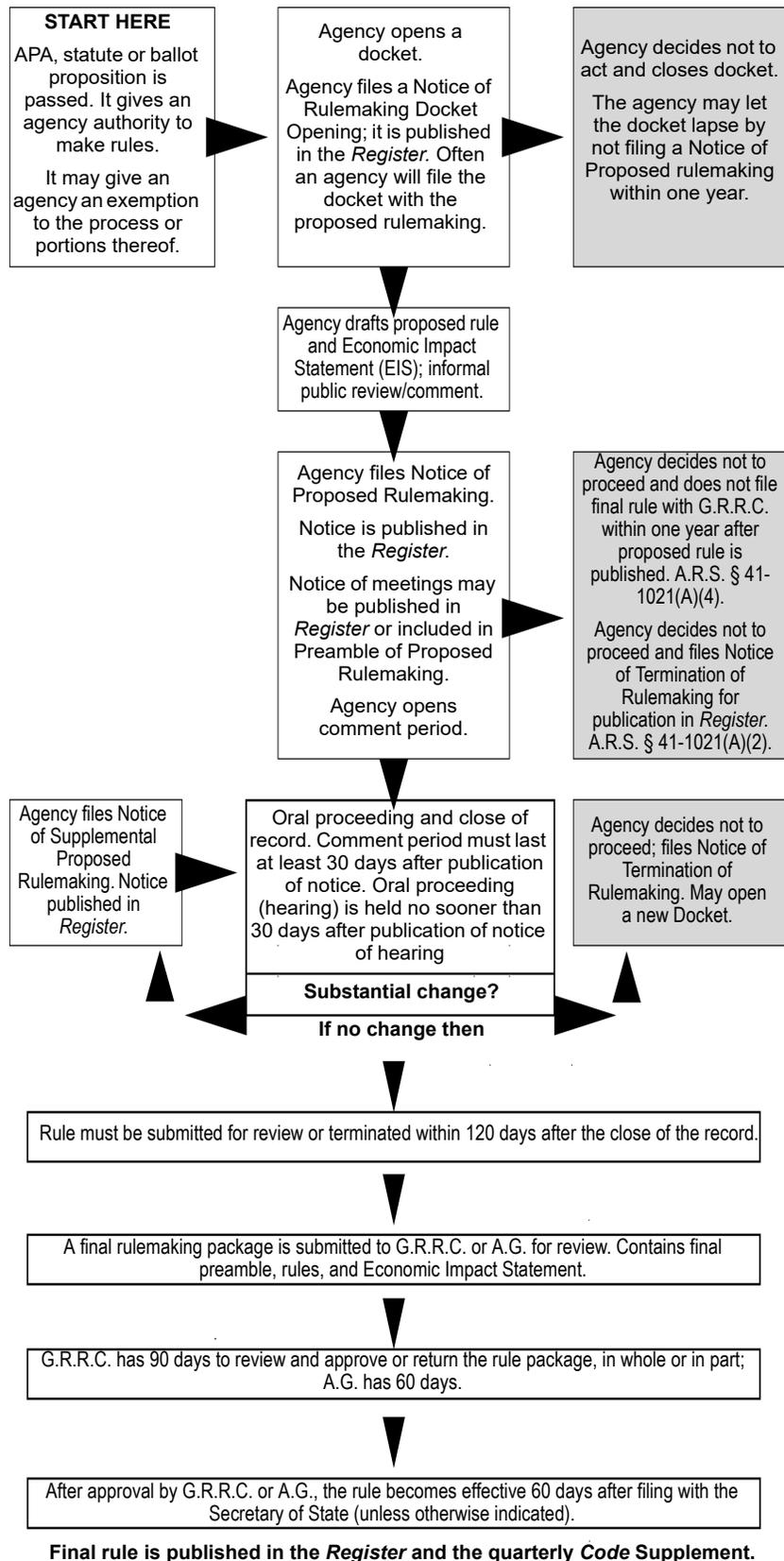
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

Write the agency

Put your comments in writing to the agency. In order for the agency to consider your comments, the agency must receive them by the close of record. The comment must be received within the 30-day comment timeframe following the *Register* publication of the Notice of Proposed Rulemaking.

You can also submit to the Governor's Regulatory Review Council written comments that are relevant to the Council's power to review a given rule (A.R.S. § 41-1052). The Council reviews the rule at the end of the rulemaking process and before the rules are filed with the Secretary of State.

Arizona Regular Rulemaking Process



Definitions

Arizona Administrative Code (A.A.C.): Official rules codified and published by the Secretary of State's Office. Available online at www.azsos.gov.

Arizona Administrative Register (A.A.R.): The official publication that includes filed documents pertaining to Arizona rulemaking. Available online at www.azsos.gov.

Administrative Procedure Act (APA): A.R.S. Title 41, Chapter 6, Articles 1 through 10. Available online at www.azleg.gov.

Arizona Revised Statutes (A.R.S.): The statutes are made by the Arizona State Legislature during a legislative session. They are compiled by Legislative Council, with the official publication codified by Thomson West. Citations to statutes include Titles which represent broad subject areas. The Title number is followed by the Section number. For example, A.R.S. § 41-1001 is the definitions Section of Title 41 of the Arizona Administrative Procedures Act. The “§” symbol simply means “section.” Available online at www.azleg.gov.

Chapter: A division in the codification of the *Code* designating a state agency or, for a large agency, a major program.

Close of Record: The close of the public record for a proposed rulemaking is the date an agency chooses as the last date it will accept public comments, either written or oral.

Code of Federal Regulations (CFR): The *Code of Federal Regulations* is a codification of the general and permanent rules published in the *Federal Register* by the executive departments and agencies of the federal government.

Docket: A public file for each rulemaking containing materials related to the proceedings of that rulemaking. The docket file is established and maintained by an agency from the time it begins to consider making a rule until the rulemaking is finished. The agency provides public notice of the docket by filing a Notice of Rulemaking Docket Opening with the Office for publication in the *Register*.

Economic, Small Business, and Consumer Impact Statement (EIS): The EIS identifies the impact of the rule on private and public employment, on small businesses, and on consumers. It includes an analysis of the probable costs and benefits of the rule. An agency includes a brief summary of the EIS in its preamble. The EIS is not published in the *Register* but is available from the agency promulgating the rule. The EIS is also filed with the rulemaking package.

Governor's Regulatory Review (G.R.R.C.): Reviews and approves rules to ensure that they are necessary and to avoid unnecessary duplication and adverse impact on the public. G.R.R.C. also assesses whether the rules are clear, concise, understandable, legal, consistent with legislative intent, and whether the benefits of a rule outweigh the cost.

Incorporated by Reference: An agency may incorporate by reference standards or other publications. These standards are available from the state agency with references on where to order the standard or review it online.

Federal Register (FR): The *Federal Register* is a legal newspaper published every business day by the National Archives and Records Administration (NARA). It contains federal agency regulations; proposed rules and notices; and executive orders, proclamations, and other presidential documents.

Session Laws or “Laws”: When an agency references a law that has not yet been codified into the Arizona Revised Statutes, use the word “Laws” is followed by the year the law was passed by the Legislature, followed by the Chapter number using the abbreviation “Ch.,” and the specific Section number using the Section symbol (§). For example, Laws 1995, Ch. 6, § 2. Session laws are available at www.azleg.gov.

United States Code (U.S.C.): The Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. The Code does not include regulations issued by executive branch agencies, decisions of the federal courts, treaties, or laws enacted by state or local governments.

Acronyms

A.A.C. – *Arizona Administrative Code*

A.A.R. – *Arizona Administrative Register*

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

EIS – *Economic, Small Business, and Consumer Impact Statement*

FR – *Federal Register*

G.R.R.C. – *Governor's Regulatory Review Council*

U.S.C. – *United States Code*

About Preambles

The Preamble is the part of a rulemaking package that contains information about the rulemaking and provides agency justification and regulatory intent.

It includes reference to the specific statutes authorizing the agency to make the rule, an explanation of the rule, reasons for proposing the rule, and the preliminary Economic Impact Statement.

The information in the Preamble differs between rulemaking notices used and the stage of the rulemaking.



NOTICES OF PROPOSED RULEMAKING

This section of the Arizona Administrative Register contains Notices of Proposed Rulemaking.

A proposed rulemaking is filed by an agency upon completion and submittal of a Notice of Rulemaking Docket Opening. Often these two documents are filed at the same time and published in the same Register issue.

When an agency files a Notice of Proposed Rulemaking under the Administrative Procedure Act (APA), the notice is published in the Register within three weeks of filing. See the publication schedule in the back of each issue of the Register for more information.

Under the APA, an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the Register before beginning any proceedings for making, amending, or repealing any rule. (A.R.S. §§ 41-1013 and 41-1022)

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the proposed rules should be addressed to the agency the promulgated the rules. Refer to item #4 below to contact the person charged with the rulemaking and item #10 for the close of record and information related to public hearings and oral comments.

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

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

[R19-30]

PREAMBLE

Table with 2 columns: Article, Part, or Section Affected (as applicable) and Rulemaking Action. Lists items R9-10-101 through R9-10-306 with corresponding actions like Amend, Repeal, or New Section.

R9-10-307	Amend
R9-10-308	Amend
R9-10-314	Amend
R9-10-315	Amend
R9-10-316	Amend
R9-10-321	Amend
R9-10-324	Amend
R9-10-401	Amend
R9-10-402	Amend
R9-10-403	Amend
R9-10-408	Amend
R9-10-409	Amend
R9-10-412	Amend
R9-10-414	Amend
R9-10-415	Amend
R9-10-418	Amend
R9-10-425	Amend
R9-10-427	Amend
R9-10-602	Amend
R9-10-607	Amend
R9-10-702	Amend
R9-10-703	Amend
R9-10-706	Amend
R9-10-707	Amend
R9-10-708	Amend
R9-10-711	Amend
R9-10-712	Amend
R9-10-713	Amend
R9-10-714	Amend
R9-10-715	Amend
R9-10-716	Amend
R9-10-717	Amend
R9-10-717.01	New Section
R9-10-718	Amend
R9-10-719	Amend
R9-10-720	Amend
R9-10-722	Amend
R9-10-801	Amend
R9-10-802	Amend
R9-10-803	Amend
R9-10-806	Amend
R9-10-807	Amend
R9-10-808	Amend
R9-10-810	Amend
R9-10-814	Amend
R9-10-815	Amend
R9-10-817	Amend
R9-10-818	Amend
R9-10-820	Amend
R9-10-1002	Amend
R9-10-1003	Amend
R9-10-1013	Amend
R9-10-1014	Amend
R9-10-1017	Amend
R9-10-1018	Amend
R9-10-1019	Amend
R9-10-1025	Amend
R9-10-1031	Amend
R9-10-1102	Amend
R9-10-1414	Amend
R9-10-1901	Repeal
R9-10-1902	Amend

2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statutes: A.R.S. §§ 36-132(A)(1), 36-136(G)



Implementing statutes: A.R.S. §§ 36-132(A)(17), 36-405(A) and (B), 36-406, 36-411 through 36-413, 36-412 through 36-427, 36-429, 36-430, 36-431.01, 36-434, 36-439.01 through 36-439.04, 36-446.01, 36-447.01, 36-447.02, and 36-513, and Laws 2017, Ch. 122 and Laws 2017, Ch. 134

3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:

Notice of Rulemaking Docket Opening: 24 A.A.R. 2502, September 7, 2018

4. The agency's contact person who can answer questions about the rulemaking:

Name: Colby Bower, Assistant Director
Address: Arizona Department of Health Services
Public Health Licensing Services
150 N. 18th Ave., Suite 510
Phoenix, AZ 85007

Telephone: (602) 542-6383
Fax: (602) 364-4808
E-mail: Colby.Bower@azdhs.gov

or
Name: Robert Lane, Chief
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
150 N. 18th Ave., Suite 200
Phoenix, AZ 85007

Telephone: (602) 542-1020
Fax: (602) 364-1150
E-mail: Robert.Lane@azdhs.gov

5. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

In order to ensure public health, safety, and welfare, Arizona Revised Statutes (A.R.S.) §§ 36-405 and 36-406 require the Arizona Department of Health Services (Department) to adopt rules establishing minimum standards and requirements for construction, modification, and licensure of health care institutions. The Department has adopted rules for licensing health care institutions in Arizona Administrative Code (A.A.C.) Title 9, Chapter 10. Laws 2017, Ch. 122 eliminates renewal licensure for health care institutions and states that a health care institution license remains valid unless subsequently suspended or revoked by the Department or the health care institution fails to pay a licensing fee by a specified due date. Laws 2017, Ch. 122 also requires the Department to establish rules regarding the payment of licensing fees and modifies information and documentation required to be submitted as part of a licensing application. In this rulemaking, the Department is revising the rules in 9 A.A.C. 10 to comply with Laws 2017, Ch. 122. As part of the rulemaking, the Department is also making other changes to rules in 9 A.A.C. 10 described in five-year-review reports approved by the Governor's Regulatory Review Council, including changes to implement Laws 2017, Ch. 134 related to recidivism reduction staff in adult residential care institutions. The proposed amendments will conform to rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to 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:

The Department did not review or rely on any study for this rulemaking.

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

Not applicable

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

Annual cost/revenue changes are designated as minimal when \$2,000 or less, moderate when between \$2,000 and \$10,000, and substantial when \$10,000 or greater in additional costs or revenues. A cost is listed as significant when meaningful or important, but not readily subject to quantification. The Department anticipates that persons affected by the rulemaking include the Department, health care institutions, personnel members, patients of a health care institution and their families, and the general public. This preliminary summary covers costs and benefits associated with the rule changes and may refer to, but not assess, effects imposed by statutes made or changed by Laws 2017, Ch. 122 or Ch. 134.

The Department anticipates that the change to perpetual licenses for health care institutions will provide a moderate benefit to the Department through less staff time being spent processing renewal applications. Changes to clarify requirements may provide a significant benefit to the Department through less staff time being spent answering questions about the rules, and the change requiring that a personnel member who is able to read, write, understand, and communicate in English must be on the premises of the behavioral health residential facility may also reduce wasted time during an inspection and provide a significant benefit to the Department. The Department believes that the changes to the application packets and notification requirements may also provide a significant benefit to Department. Reducing the time for an applicant to supply missing information or documents before an application or written request is considered withdrawn or to submit information or documentation requested during the substantive review time-frame for a modification not requiring architectural plans and specifications may also provide a significant benefit. As part of the 2014 exempt rulemaking, the Department added fees related to licensed occupancy, dialysis stations, and satellite facilities. Because these fees were not re-made by regular rulemaking, they expired. In this rulemaking, the Department is remaking these fees, which will provide the Department with a substantial increase in revenue.

Health care institutions are expected to receive a significant benefit from not having to go through the license renewal process. The Department anticipates that a health care institution applying for licensure or for approval of a modification not requiring architectural plans and specifications may incur at most minimal additional costs due to the reduction in time for submitting missing components of an application packet or submitting information or documentation requested during the substantive review time-frame. The Department estimates that a health care institution may incur at most minimal costs for providing documentation when notifying the Department of a change affecting a license or for other clarifying changes. The Department anticipates that changes making current requirements in the rules clearer and easier to understand may cause a health care institution that was not interpreting a requirement consistent with the Department's understanding to incur minimal-to-moderate costs for compliance.

A hospital may incur at most minimal costs from the clarification that a governing authority applying for a single group license is required to include the class or subclass of the satellite facility and the list of services to be provided at the satellite facility. The new rules also clarify the requirements for a "seclusion room" in response to a written criticism of the rules. The Department anticipates that a hospital may receive a significant benefit from the clarity of the rules and minimal-to-moderate benefit from not having to provide additional information after an application is submitted or incorrectly designing a "secure hold room" with the same characteristics as a room used for seclusion in a psychiatric unit of the hospital. However, a hospital may incur minimal-to-moderate costs due to the reinstatement of fees for satellite facilities.

The new rules address an apparent inconsistency in the use of restraints in nursing care institutions. The Department believes that a nursing care institution that was inappropriately using restraints may incur minimal-to-moderate costs to change the procedures being followed and that this clarification may provide all nursing care institutions with a significant benefit. Similarly, several changes may cause a behavioral health inpatient facility to incur minimal-to-moderate additional costs but are necessary to protect the health and safety of patients. These include requirements for establishing an acuity plan, for determining a patient's acuity, and for staffing based on patient acuity, as well as changes reducing the time to perform a medical history and physical examination on a patient after admission and to document the results. To offset some of these costs, the new rules allow medical services in a behavioral health inpatient facility to be provided under the direction of a registered nurse practitioner, as well as under a physician, and include options for a behavioral health inpatient facility to ensure access to a physician or registered nurse practitioner.

The Department has learned of several instances of harm to a resident of a behavioral health residential facility due to the resident not receiving an adequate assessment of the resident's condition and needs in a timely manner. The new rules reduce the maximum time before a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment a new resident, as well as the time for documenting an interval note after new information is obtained to ensure personnel members have up-to-date information about a resident. Although the Department believes that most well-run facilities already meet these new standards, the Department anticipates that these changes may impose a minimal-to-moderate additional cost on a behavioral health residential facility that was waiting until the maximum time limit to perform these actions. The Department also believes that a behavioral health residential facility may incur at most minimal additional costs to ensure that a personnel member who can communicate in English is scheduled to work on each shift.

Changes are also being made to requirements for assisted living facilities that may affect costs. These include a requirement for policies and procedures by which an assisted living facility is aware of the general or specific whereabouts of a resident, for documenting staffing, and for the manager of an assisted living home to ensure that there is a plan for back-up so that assisted living services are provided to a resident if the manager or a caregiver assigned to work is not available or not able to provide the required assisted living services. The Department expects that these changes may cause an assisted living facility, including an assisted living home, to incur minimal costs and to receive a significant benefit from providing better care to residents.

The reinstatement of fees related to licensed occupancy and dialysis stations affect outpatient treatment centers, and fees related to licensed occupancy also affect behavioral health inpatient facilities. An outpatient treatment center providing observation stabilization services may incur a minimal-to-moderate increase in licensing fees due to the reinstatement of fees related to licensed occupancy. A behavioral health inpatient facility providing observation stabilization services may also incur a minimal-to-moderate increase due to the reinstatement of these fees. An outpatient treatment center providing dialysis services may incur a minimal-to-moderate increase due to the reinstatement of fees related to dialysis stations.

The Department anticipates that the changes clarifying requirements may provide a significant benefit to a personnel member of a health care institution by making it easier to understand and comply with the requirements. Changes adding options for ensuring access to a physician or registered nurse practitioner for a behavioral health inpatient facility may cause a personnel member to spend more time communicating and, thus, incur minimal costs. A personnel member who is an on-call physician or registered nurse practitioner may incur minimal-to-moderate costs from having to be on the premises of a behavioral health inpatient facility within 30 minutes after being summoned to come, but they may also receive a minimal-to-moderate benefit from being able to respond through teleconferencing. A personnel member who is recidivism reduction staff may receive a significant benefit from the new rules specifying methods to comply with A.R.S. § 36-411.01 that may provide some consistency in an evaluation by a prospective employer.

A patient or resident of a health care institution may receive a significant benefit from improved services being provided by personnel members who better understand and comply with the clarified rules. A resident of a behavioral health residential facility and family members may also receive a significant benefit from the requirement for a personnel member who can communicate in English to be on the premises, especially if the resident or family member only understands English. A patient of a behavioral health inpatient facility and a resident of a behavioral health residential facility or assisted living facility, as well as their families, may also receive a significant benefit from changes in the new rules to improve the health and safety of patients/residents. The requirements in the new rules specific to recidivism reduction services may also help ensure the safety of residents receiving recidivism reduction services and improve the effectiveness of recidivism reduction services, providing a significant benefit to an individual receiving recidivism reduction services and their families.



The Department believes that the changes being made in the new rules will make the rules more effective and enable health care institutions to provide better treatment. Having rules that are more easily understood, complied with, and enforced may provide a significant benefit to the general public.

9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:

Name: Colby Bower, Assistant Director
 Address: Arizona Department of Health Services
 Public Health Licensing Services
 150 N. 18th Ave., Suite 510
 Phoenix, AZ 85007

Telephone: (602) 542-6383
 Fax: (602) 364-4808
 E-mail: Colby.Bower@azdhs.gov

or

Name: Robert Lane, Chief
 Address: Arizona Department of Health Services
 Office of Administrative Counsel and Rules
 150 N. 18th Ave., Suite 200
 Phoenix, AZ 85007

Telephone: (602) 542-1020
 Fax: (602) 364-1150
 E-mail: Robert.Lane@azdhs.gov

10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

The Department has scheduled the following oral proceeding:

Date and time: Monday, April 15, 2019, 10:30 a.m.
 Location: 150 N. 18th Ave., Room 415B
 Phoenix, AZ 85007
 Close of record: Monday, April 14, 2019, 4:00 p.m.

A person may submit written comments on the proposed rule no later than the close of record to either of the individuals listed in items 4 and 9.

A person with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting Robert Lane at Robert.Lane@azdhs.gov or (602) 542-1020. Requests should be made as early as possible to allow time to arrange the accommodation.

11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

A.R.S. § 36-407 prohibits a person from establishing, conducting, or maintaining "a health care institution or any class or subclass of health care institution unless that person holds a current and valid license issued by the [D]epartment specifying the class or subclass of health care institution the person is establishing, conducting or maintaining." A health care institution license is specific to the licensee, class or subclass of health care institution, facility location, and scope of services provided. As such, a general permit is not applicable and is not used.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

Not applicable

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

No business competitiveness analysis was received by the Department.

12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

Not applicable

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

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

ARTICLE 1. GENERAL

Section	
R9-10-101.	Definitions
R9-10-102.	Health Care Institution Classes and Subclasses; Requirements
R9-10-104.	Approval of Architectural Plans and Specifications
R9-10-105.	Initial License Application
R9-10-106.	Fees
R9-10-107.	Renewal License Application <u>Submission of Health Care Institution Licensing Fees</u>
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R9-10-110.	Modification of a Health Care Institution
R9-10-111.	Enforcement Actions
R9-10-112.	Denial, Revocation, or Suspension of License
R9-10-113.	Tuberculosis Screening
R9-10-114.	Clinical Practice Restrictions for Hemodialysis Technician Trainees
R9-10-115.	Behavioral Health Paraprofessionals; Behavioral Health Technicians
R9-10-116.	Nutrition and Feeding Assistant Training Programs
R9-10-118.	Collaborating Health Care Institution

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R9-10-203.	Administration
R9-10-206.	Personnel
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R9-10-210.	Transport
R9-10-215.	Surgical Services
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R9-10-220.	Radiology Services and Diagnostic Imaging Services
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R9-10-225.	Psychiatric Services
R9-10-226.	Behavioral Health Observation/Stabilization Services
R9-10-233.	Environmental Standards

ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES

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- Section
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Section
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ARTICLE 1. GENERAL

R9-10-101. Definitions

In addition to the definitions in A.R.S. § §§ 36-401(A) and 36-439, the following definitions apply in this Chapter unless otherwise specified:

1. “Abortion clinic” has the same meaning as in A.R.S. § 36-449.01.
2. “Abuse” means:
 - a. The same:
 - i. For an individual 18 years of age or older, as in A.R.S. § 46-451; and
 - ii. For an individual less than 18 years of age, as in A.R.S. § 8-201;
 - b. A pattern of ridiculing or demeaning a patient;
 - c. Making derogatory remarks or verbally harassing a patient; or
 - d. Threatening to inflict physical harm on a patient.
3. “Accredited” has the same meaning as in A.R.S. § 36-422.
4. “Active malignancy” means a cancer for which:
 - a. A patient is undergoing treatment, such as through:
 - i. One or more surgical procedures to remove the cancer;
 - ii. Chemotherapy, as defined in A.A.C. R9-4-401; or
 - iii. Radiation treatment, as defined in A.A.C. R9-4-401;
 - b. There is no treatment; or
 - c. A patient is refusing treatment.
5. “Activities of daily living” means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
6. “Acuity” means a patient’s need for medical services, nursing services, or behavioral health services based on the patient’s medical condition or behavioral health issue.
7. “Acuity plan” means a method for establishing nursing personnel requirements by unit based on a patient’s acuity.
- ~~6-8.~~ “Adjacent” means not intersected by:
 - a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
 - b. A public thoroughfare.
- ~~7-9.~~ “Administrative completeness review time-frame” has the same meaning as in A.R.S. § 41-1072.
- ~~8-10.~~ “Administrative office” means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, behavioral health services, or health-related services.
- ~~9-11.~~ “Admission” means, after completion of an individual’s screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
- ~~10-12.~~ “Adult” has the same meaning as in A.R.S. § 1-215.
- ~~11-13.~~ “Adult behavioral health therapeutic home” means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual’s behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.
14. “Adult residential care institution” means a subclass of behavioral health residential facility that only admits residents 18 years of age and older and provides recidivism reduction services.
- ~~12-15.~~ “Adverse reaction” means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
16. “Affiliated counseling facility” means a counseling facility that shares administrative support with one or more other counseling facilities that operate under the same governing authority.
17. “Affiliated outpatient treatment center” means an outpatient treatment center authorized by the Department to provide behavioral health services that provides administrative support to a counseling facility or counseling facilities that operate under the same governing authority as the outpatient treatment center.
18. “Alternate licensing fee due date” means the last calendar day in a month each year, other than the anniversary date of a facility’s health care institution license, by which a licensee is required to pay the applicable fees in R9-10-106.
- ~~13-19.~~ “Ancillary services” means services other than medical services, nursing services, or health-related services provided to a patient.
- ~~14-20.~~ “Anesthesiologist” means a physician granted clinical privileges to administer anesthesia.
- ~~15-21.~~ “Applicant” means a governing authority requesting:
 - a. Approval of a health care institution’s architectural plans and specifications for construction or modification,
 - b. Approval of a modification,
 - c. Approval of an alternate licensing fee due date, or
 - ~~b-d.~~ A health care institution license.



- 16-22. “Application packet” means the information, documents, and fees required by the Department for the:
 - a. Approval of a health care institution’s ~~modification or architectural plans and specifications for construction or modification.~~
 - b. Approval of a modification.
 - c. Approval of an alternate licensing fee due date, or
 - ~~b-d.~~ Licensing of a health care institution.
- 17-23. “Assessment” means an analysis of a patient’s need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.
- 18-24. “Assistance in the self-administration of medication” means restricting a patient’s access to the patient’s medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
- 19-25. “Attending physician” means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
- 20-26. “Authenticate” means to establish authorship of a document or an entry in a medical record by:
 - a. A written signature;
 - b. An individual’s initials, if the individual’s written signature appears on the document or in the medical record;
 - c. A rubber-stamp signature; or
 - d. An electronic signature code.
- 21-27. “Authorized service” means specific medical services, nursing services, behavioral health services, or health-related services provided by a specific health care institution class or subclass for which the health care institution is required to obtain approval from the Department before providing the medical services, nursing services, or health-related services.
- 22-28. “Available” means:
 - a. For an individual, the ability to be contacted and to provide an immediate response by any means possible;
 - b. For equipment and supplies, physically retrievable at a health care institution; and
 - c. For a document, retrievable by a health care institution or accessible according to the applicable time-frames in this Chapter.
- 23-29. “Behavioral care”*:
 - a. Means limited behavioral health services, provided to a patient whose primary admitting diagnosis is related to the patient’s need for physical health services, that include:
 - i. Assistance with the patient’s psychosocial interactions to manage the patient’s behavior that can be performed by an individual without a professional license or certificate including:
 - (1) Direction provided by a behavioral health professional, and
 - (2) Medication ordered by a medical practitioner or behavioral health professional; or
 - ii. Behavioral health services provided by a behavioral health professional on an intermittent basis to address the patient’s significant psychological or behavioral response to an identifiable stressor or stressors; and
 - b. Does not include court-ordered behavioral health services.
- 24-30. “Behavioral health facility” means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.
- 25-31. “Behavioral health inpatient facility” means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
 - a. Have a limited or reduced ability to meet the individual’s basic physical needs;
 - b. Suffer harm that significantly impairs the individual’s judgment, reason, behavior, or capacity to recognize reality;
 - c. Be a danger to self;
 - d. Be a danger to others;
 - e. Be persistently or acutely disabled, as defined in A.R.S. § 36-501; or
 - f. Be gravely disabled.
- 26-32. “Behavioral health issue” means an individual’s condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
- 27-33. “Behavioral health observation/stabilization services” means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
 - a. Requires nursing services,
 - b. May require medical services, and
 - c. May be a danger to others or a danger to self.
- 28-34. “Behavioral health paraprofessional” means an individual who is not a behavioral health professional who provides, ~~under supervision by a behavioral health professional,~~ the following services to a patient to address the patient’s behavioral health issue:
 - a. Services Under supervision by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under ~~A.R.S.~~ A.R.S. Title 32, Chapter 33; or

- b. Health-related services.
- ~~29-35.~~ “Behavioral health professional” means:
- An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
 - Independently engage in the practice of behavioral health₂ as defined in A.R.S. § 32-3251; or
 - Except for a licensed substance abuse technician, engage in the practice of behavioral health₂ as defined in A.R.S. § 32-3251₂ under direct supervision as defined in A.A.C. R4-6-101;
 - A psychiatrist as defined in A.R.S. § 36-501;
 - A psychologist as defined in A.R.S. § 32-2061;
 - A physician;
 - A behavior analyst as defined in A.R.S. § 32-2091; or
 - A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or
 - A registered nurse with a psychiatric-mental health nursing certification.
- ~~30-36.~~ “Behavioral health residential facility” means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
- Limits the individual’s ability to be independent, or
 - Causes the individual to require treatment to maintain or enhance independence.
- ~~31-37.~~ “Behavioral health respite home” means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual’s behavioral health issue and need for behavioral health services.
- ~~32-38.~~ “Behavioral health specialized transitional facility” means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.
- ~~33.~~ ~~“Behavioral health staff” means a:~~
- ~~Behavioral health paraprofessional,~~
 - ~~Behavioral health technician, or~~
 - ~~Personnel member in a nursing care institution or assisted living facility who provides behavioral care.~~
- ~~34-39.~~ “Behavioral health technician” means an individual who is not a behavioral health professional who provides, ~~with clinical oversight by a behavioral health professional,~~ the following services to a patient to address the patient’s behavioral health issue:
- Services With clinical oversight by a behavioral health professional, services that, if provided in a setting other than a health care institution₂ would be required to be provided by an individual licensed under ~~A.R.S.~~ A.R.S. Title 32, Chapter 33; or
 - Health-related services.
- ~~35-40.~~ “Benzodiazepine” means any one of a class of sedative-hypnotic medications, characterized by a chemical structure that includes a benzene ring linked to a seven-membered ring containing two nitrogen atoms, that are commonly used in the treatment of anxiety.
- ~~36-41.~~ “Biohazardous medical waste” has the same meaning as in A.A.C. R18-13-1401.
- ~~37-42.~~ “Calendar day” means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
- ~~38-43.~~ “Case manager” means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.
- ~~39-44.~~ “Certification” means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in A.A.C. R9-1-412.
- ~~40-45.~~ “Certified health physicist” means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
- ~~41-46.~~ “Change in ownership” means conveyance of the ability to appoint, elect, or otherwise designate a health care institution’s governing authority from an owner of the health care institution to another person.
- ~~42-47.~~ “Chief administrative officer” or “administrator” means an individual designated by a governing authority to implement the governing authority’s direction in a health care institution.
- ~~43-48.~~ “Clinical laboratory services” means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
- ~~44-49.~~ “Clinical oversight” means:
- Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution’s policies and procedures, and, if applicable, a patient’s treatment plan;
 - Providing on-going review of a behavioral health technician’s skills and knowledge related to the provision of behavioral health services;₂
 - Providing guidance to improve a behavioral health technician’s skills and knowledge related to the provision of behavioral health services;₂ and
 - Recommending training for a behavior health technician to improve the behavioral health technician’s skills



- and knowledge related to the provision of behavioral health services.
- ~~45-50.~~ “Clinical privileges” means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
- ~~46-51.~~ “Collaborating health care institution” means a health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:
 - a. Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
 - b. Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident’s treatment plan.
- ~~47-52.~~ “Communicable disease” has the same meaning as in A.R.S. § 36-661.
- ~~48-53.~~ “Conspicuously posted” means placed:
 - a. At a location that is visible and accessible; and
 - b. Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.
- ~~49-54.~~ “Consultation” means an evaluation of a patient requested by a medical staff member or personnel member.
- ~~50-55.~~ “Contracted services” means medical services, nursing services, behavioral health services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
- ~~51-56.~~ “Contractor” has the same meaning as in A.R.S. § 32-1101.
- ~~52-57.~~ “Controlled substance” has the same meaning as in A.R.S. § 36-2501.
- ~~53-58.~~ “Counseling” has the same meaning as “practice of professional counseling” in A.R.S. § 32-3251.
- ~~54-59.~~ “Counseling facility” means a health care institution that only provides counseling, which may include:
 - a. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
 - b. Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.
- ~~55-60.~~ “Court-ordered evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.
- ~~56.~~ ~~“Court-ordered pre-petition screening” has the same meaning as in A.R.S. § 36-501.~~
- ~~57-61.~~ “Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.
- ~~58-62.~~ “Crisis services” means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
- ~~59-63.~~ “Current” means up-to-date, extending to the present time.
- ~~60-64.~~ “Daily living skills” means activities necessary for an individual to live independently and include meal preparation, laundry, housecleaning, home maintenance, money management, and appropriate social interactions.
- ~~61-65.~~ “Danger to others” has the same meaning as in A.R.S. § 36-501.
- ~~62-66.~~ “Danger to self” has the same meaning as in A.R.S. § 36-501.
- ~~63-67.~~ “Detoxification services” means behavioral health services and medical services provided to an individual to:
 - a. Treat the individual’s signs or symptoms of withdrawal from alcohol or other drugs, and
 - ~~a-b.~~ ~~Reduce or eliminate the individual’s dependence on alcohol or other drugs, or~~
 - b. Provide treatment for the individual’s signs or symptoms of withdrawal from alcohol or other drugs.
- ~~64-68.~~ “Diagnostic procedure” means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.
- ~~65-69.~~ “Dialysis” means the process of removing dissolved substances from a patient’s body by diffusion from one fluid compartment to another across a semi-permeable membrane.
- ~~66-70.~~ “Dialysis services” means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
- ~~67-71.~~ “Dialysis station” means a designated treatment area approved by the Department for use by a patient receiving dialysis or dialysis services.
- ~~68-72.~~ “Dialyzer” means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient’s blood.
- ~~69-73.~~ “Disaster” means an unexpected occurrence that adversely affects a health care institution’s ability to provide services.
- ~~70-74.~~ “Discharge” means a documented termination of services to a patient by a health care institution.
- ~~71-75.~~ “Discharge instructions” means documented information relevant to a patient’s medical condition or behavioral health issue provided by a health care institution to the patient or the patient’s representative at the time of the patient’s discharge.
- ~~72-76.~~ “Discharge planning” means a process of establishing goals and objectives for a patient in preparation for the patient’s discharge.
- ~~73-77.~~ “Discharge summary” means a documented brief review of services provided to a patient, current patient status, and reasons for the patient’s discharge.
- ~~74-78.~~ “Disinfect” means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
- ~~75-79.~~ “Documentation” or “documented” means information in written, photographic, electronic, or other permanent form.
- ~~76-80.~~ “Drill” means a response to a planned, simulated event.
- ~~77-81.~~ “Drug” has the same meaning as in A.R.S. § 32-1901.
- ~~78-82.~~ “Electronic” has the same meaning as in A.R.S. § 44-7002.
- ~~79-83.~~ “Electronic signature” has the same meaning as in A.R.S. § 44-7002.

- ~~80-84.~~ “Emergency” means an immediate threat to the life or health of a patient.
- ~~84-85.~~ “Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.
- ~~86.~~ “Emergency services” means unscheduled medical services provided in a designated area to an outpatient in an emergency.
- ~~82-87.~~ “End-of-life” means that a patient has a documented life expectancy of six months or less.
- ~~83-88.~~ “Environmental services” means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
- ~~84-89.~~ “Equipment” means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in A.A.C. R9-1-412.
- ~~85-90.~~ “Exploitation” has the same meaning as in A.R.S. § 46-451.
- ~~86-91.~~ “Factory-built building” has the same meaning as in A.R.S. § 41-2142 ~~41-4001.~~
- ~~87-92.~~ “Family” or “family member” means an individual’s spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
- ~~93.~~ “Follow-up instructions” means information relevant to a patient’s medical condition or behavioral health issue that is provided to the patient, the patient’s representative, or a health care institution.
- ~~88-94.~~ “Food services” means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
- ~~89-95.~~ “Garbage” has the same meaning as in A.A.C. R18-13-302.
- ~~90-96.~~ “General consent” means documentation of an agreement from an individual or the individual’s representative to receive physical health services to address the individual’s medical condition or behavioral health services to address the individual’s behavioral health issues.
- ~~94-97.~~ “General hospital” means a subclass of hospital that provides surgical services and emergency services.
- ~~92-98.~~ “Gravely disabled” has the same meaning as “grave disability” in A.R.S. § 36-501.
- ~~93-99.~~ “Hazard” or “hazardous” means a condition or situation where a patient or other individual may suffer physical injury.
- ~~94-100.~~ “Health care directive” has the same meaning as in A.R.S. § 36-3201.
- ~~95-101.~~ “Hemodialysis” means the process for removing wastes and excess fluids from a patient’s blood by passing the blood through a dialyzer.
- ~~96-102.~~ “Home health agency” has the same meaning as in A.R.S. § 36-151.
- ~~97-103.~~ “Home health aide” means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
- ~~98-104.~~ “Home health aide services” means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
- ~~99-105.~~ “Home health services” has the same meaning as in A.R.S. § 36-151.
- ~~400-106.~~ “Hospice inpatient facility” means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice’s premises for 24 hours or more.
- ~~404-107.~~ “Hospital” means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.
- ~~402-108.~~ “Immediate” means without delay.
- ~~403-109.~~ “Incident” means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
- On the premises of a health care institution, or
 - Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.
- ~~404-110.~~ “Infection control” means to identify, prevent, monitor, and minimize infections.
- ~~111.~~ “Infectious tuberculosis” has the same meaning as “infectious active tuberculosis” in A.A.C. R9-6-101.
- ~~405-112.~~ “Informed consent” means:
- Advising a patient of a proposed treatment, surgical procedure, psychotropic ~~drug~~ medication, opioid, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic ~~drug~~ medication, opioid, or diagnostic procedure; and associated risks and possible complications; and
 - Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic ~~drug~~ medication, opioid, or diagnostic procedure from the patient or the patient’s representative.
- ~~406-113.~~ “In-service education” means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
- ~~407-114.~~ “Interval note” means documentation updating a patient’s:
- Medical condition after a medical history and physical examination is performed, or
 - Behavioral health issue after an assessment is performed.
- ~~408-115.~~ “Isolation” means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
- ~~409-116.~~ “Leased facility” means a facility occupied or used during a set time period in exchange for compensation.
- ~~410-117.~~ “License” means:
- Written approval issued by the Department to a person to operate a class or subclass of health care institution at a specific location; or
 - Written approval issued to an individual to practice a profession in this state.
- ~~411-118.~~ “Licensed occupancy” means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing behavioral health observation/stabilization services.



- ~~112-119.~~ “Licensee” means an owner approved by the Department to operate a health care institution.
- ~~113-120.~~ “Manage” means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
- ~~114-121.~~ “Medical condition” means the state of a patient’s physical or mental health, including the patient’s illness, injury, or disease.
- ~~115-122.~~ “Medical director” means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
- ~~116-123.~~ “Medical history” means an account of a patient’s health, including past and present illnesses, diseases, or medical conditions.
- ~~117-124.~~ “Medical practitioner” means a physician, physician assistant, or registered nurse practitioner.
- ~~118-125.~~ “Medical record” has the same meaning as “medical records” in A.R.S. § 12-2291.
- ~~119-126.~~ “Medical staff” means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
- ~~120-127.~~ “Medical staff ~~by laws~~ ~~bylaws~~” means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
- ~~121-128.~~ “Medical staff member” means an individual who is part of the medical staff of a health care institution.
- ~~122-129.~~ “Medication” means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
 - a. Biologicals as defined in A.A.C. R18-13-1401,
 - b. Prescription medication as defined in A.R.S. § 32-1901, or
 - c. Nonprescription ~~medication~~ ~~drug~~ as defined in A.R.S. § 32-1901.
- ~~123-130.~~ “Medication administration” means restricting a patient’s access to the patient’s medication and providing the medication to the patient or applying the medication to the patient’s body, as ordered by a medical practitioner.
- ~~124-131.~~ “Medication error” means:
 - a. The failure to administer an ordered medication;
 - b. The administration of a medication not ordered; or
 - c. The administration of a medication:
 - i. In an incorrect dosage,
 - ii. More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
 - iii. By an incorrect route of administration.
- ~~125-132.~~ “Mental disorder” means the same as in A.R.S. § 36-501.
- ~~126-133.~~ “Mobile clinic” means a movable structure that:
 - a. Is not physically attached to a health care institution’s facility;
 - b. Provides medical services, nursing services, behavioral health services, or health related service to an outpatient under the direction of the health care institution’s personnel; and
 - c. Is not intended to remain in one location indefinitely.
- ~~127-134.~~ “Monitor” or “monitoring” means to check systematically on a specific condition or situation.
- ~~128-135.~~ “Neglect” has the same meaning:
 - a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and
 - b. For an individual 18 years of age or older, as in A.R.S. § 46-451.
- ~~129-136.~~ “Nephrologist” means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
- ~~130-137.~~ “Nurse” has the same meaning as “registered nurse” or “practical nurse” as defined in A.R.S. § 32-1601.
- ~~131-138.~~ “Nursing personnel” means individuals authorized according to A.R.S. § Title 32, Chapter 15 to provide nursing services.
- ~~132-139.~~ “Observation chair” means a physical piece of equipment that:
 - a. Is located in a designated area where behavioral health observation/stabilization services are provided,
 - b. Allows an individual to fully recline, and
 - c. Is used by the individual while receiving crisis services.
- ~~133-140.~~ “Occupational therapist” has the same meaning as in A.R.S. § 32-3401.
- ~~134-141.~~ “Occupational ~~therapist~~ ~~therapy~~ assistant” has the same meaning as in A.R.S. § 32-3401.
- ~~135-142.~~ “Ombudsman” means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
- ~~136-143.~~ “On-call” means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.
- ~~137-144.~~ “Opioid” means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of “opiate” in A.R.S. § 36-2501.
- 145. “Opioid agonist treatment medication” means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opioid -related substance use disorder.
- ~~138-146.~~ “Opioid antagonist” means a prescription medication, as defined in A.R.S. § 32-1901, that:
 - a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
 - b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
- ~~139-147.~~ “Opioid treatment” means providing medical services, nursing services, behavioral health services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for ~~opiate addiction~~ opioid-related substance use disorder.
- ~~140.~~ “Opioid agonist treatment medication” means a prescription medication 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.~~
- ~~141-148.~~ “Order” means instructions to provide:
- Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
 - Behavioral health services to a patient from a behavioral health professional.
- ~~142-149.~~ “Orientation” means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.
- ~~143-150.~~ “Outing” means a social or recreational activity that:
- Occurs away from the premises,
 - Is not part of a behavioral health inpatient facility’s or behavioral health residential facility’s daily routine, and
 - Lasts longer than four hours.
- ~~144-151.~~ “Outpatient surgical center” means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient’s surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.
- ~~145-152.~~ “Outpatient treatment center” means a class of health care institution without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients.
- ~~146-153.~~ “Overall time-frame” means the same as in A.R.S. § 41-1072.
- ~~147-154.~~ “Owner” means a person who appoints, elects, or designates a health care institution’s governing authority.
- ~~148-155.~~ “Pain management clinic” has the same meaning as in A.R.S. § 36-448.01.
- ~~149-156.~~ “Participant” means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.
- ~~150-157.~~ “Participant’s representative” means the same as “patient’s representative” for a participant.
- ~~151-158.~~ “Patient” means an individual receiving physical health services or behavioral health services from a health care institution.
- ~~152.~~ ~~“Patient follow up instructions” means information relevant to a patient’s medical condition or behavioral health issue that is provided to the patient, the patient’s representative, or a health care institution.~~
- ~~153-159.~~ “Patient’s representative” means:
- A patient’s legal guardian;
 - If a patient is less than 18 years of age and not an emancipated minor, the patient’s parent;
 - If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient’s legal guardian; or
 - A surrogate as defined in A.R.S. § 36-3201.
- ~~154-160.~~ “Person” means the same as in A.R.S. § 1-215 and includes a governmental agency.
- ~~155-161.~~ “Personnel member” means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.
- ~~156-162.~~ “Pest control program” means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient’s health and safety is not at risk.
- ~~157-163.~~ “Pharmacist” has the same meaning as in A.R.S. § 32-1901.
- ~~158-164.~~ “Physical examination” means to observe, test, or inspect an individual’s body to evaluate health or determine cause of illness, injury, or disease.
- ~~159-165.~~ “Physical health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s medical condition.
- ~~160-166.~~ “Physical therapist” has the same meaning as in A.R.S. § 32-2001.
- ~~161-167.~~ “Physical therapist assistant” has the same meaning as in A.R.S. § 32-2001.
- ~~162-168.~~ “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- ~~169.~~ “Pre-petition screening” has the same meaning as “prepetition screening” in A.R.S. § 36-501.
- ~~163-170.~~ “Premises” means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a patient.
- ~~164-171.~~ “Prescribe” means to issue written or electronic instructions to a pharmacist to deliver to the ultimate user, or another individual on the ultimate user’s behalf, a specific dose of a specific medication in a specific quantity and route of administration.
- ~~165-172.~~ “Professional credentialing board” means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
- ~~166-173.~~ “Progress note” means documentation by a medical staff member, nurse, or personnel member of:
- An observed patient response to a physical health service or behavioral health service provided to the patient,
 - A patient’s significant change in condition, or
 - Observed behavior of a patient related to the patient’s medical condition or behavioral health issue.
- ~~167-174.~~ “PRN” means *pro re nata* or given as needed.
- ~~168-175.~~ “Project” means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
- ~~169-176.~~ “Provider” means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual’s place of residence.
- ~~170-177.~~ “Provisional license” means the Department’s written approval to operate a health care institution issued to an applicant



- or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
- ~~171-178.~~ “Psychotropic medication” means a chemical substance that:
 - a. Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
 - b. Is provided to a patient to address the patient’s behavioral health issue.
- ~~172-179.~~ “Quality management program” means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
- ~~173-180.~~ “Recovery care center” has the same meaning as in A.R.S. § 36-448.51.
- ~~174-181.~~ “Referral” means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.
- ~~175-182.~~ “Registered dietitian” means an individual approved to work as a dietitian by the American Dietetic Association’s Commission on Dietetic Registration.
- ~~176-183.~~ “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
- ~~177-184.~~ “Registered nurse practitioner” has the same meaning as A.R.S. § 32-1601.
- ~~178-185.~~ “Regular basis” means at recurring, fixed, or uniform intervals.
- ~~179-186.~~ “Research” means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
- ~~180-187.~~ “Resident” means an individual living in and receiving physical health services or behavioral health services from a nursing care institution, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.
- ~~181-188.~~ “Resident’s representative” means the same as “patient’s representative” for a resident.
- ~~182-189.~~ “Respiratory care services” has the same meaning as “practice of respiratory care” as defined in A.R.S. § 32-3501.
- ~~183-190.~~ “Respiratory therapist” has the same meaning as in A.R.S. § 32-3501.
- ~~191.~~ “Respite capacity” means the total number of children who do not stay overnight for whom an outpatient treatment center or a behavioral health residential facility is authorized by the Department to provide respite services on the premises of the outpatient treatment center or behavioral health residential facility.
- ~~184-192.~~ “Respite services” means respite care services provided to an individual who is receiving behavioral health services.
- ~~185-193.~~ “Restraint” means any physical or chemical method of restricting a patient’s freedom of movement, physical activity, or access to the patient’s own body.
- ~~186-194.~~ “Risk” means potential for an adverse outcome.
- ~~187-195.~~ “Room” means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
- ~~188-196.~~ “Rural general hospital” means a subclass of hospital:
 - a. ~~having~~ Having 50 or fewer inpatient beds,
 - b. ~~and located~~ Located more than 20 surface miles from a general hospital or another rural general hospital, and
 - c. ~~that requests~~ Requesting to be and is being licensed as a rural general hospital rather than a general hospital.
- ~~189-197.~~ “Satellite facility” has the same meaning as in A.R.S. § 36-422.
- ~~190-198.~~ “Scope of services” means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
- ~~191-199.~~ “Seclusion” means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.
- ~~192-200.~~ “Sedative-hypnotic medication” means any one of several classes of drugs that have sleep-inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.
- ~~193-201.~~ “Self-administration of medication” means a patient having access to and control of the patient’s medication and may include the patient receiving limited support while taking the medication.
- ~~194-202.~~ “Sexual abuse” means the same as in A.R.S. § 13-1404(A).
- ~~195-203.~~ “Sexual assault” means the same as in A.R.S. § 13-1406(A).
- ~~196-204.~~ “Shift” means the beginning and ending time of a continuous work period established by a health care institution’s policies and procedures.
- ~~197-205.~~ “Short-acting opioid antagonist” means an opioid antagonist that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.
- ~~198-206.~~ “Signature” means:
 - a. A handwritten or stamped representation of an individual’s name or a symbol intended to represent an individual’s name, or
 - b. An electronic signature.
- ~~199-207.~~ “Significant change” means an observable deterioration or improvement in a patient’s physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
- ~~208.~~ “Single group license” means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).
- ~~200-209.~~ “Speech-language pathologist” means an individual licensed according A.R.S. Title ~~35~~ 36, Chapter 17, Article 4 to

- engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.
- ~~201-210.~~ “Special hospital” means a subclass of hospital that:
- Is licensed to provide hospital services within a specific branch of medicine; or
 - Limits admission according to age, gender, type of disease, or medical condition.
- ~~202-211.~~ “Student” means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
- ~~212.~~ “Substance abuse” means an individual’s misuse of alcohol or other drug or chemical that:
- Alters the individual’s behavior or mental functioning;
 - Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
 - Impairs, reduces, or destroys the individual’s social or economic functioning.
- ~~213.~~ “Substance abuse transitional facility” means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
- ~~203-214.~~ “Substance use disorder” means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.
- ~~204-215.~~ “Substance use risk” means an individual’s unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.
- ~~205-216.~~ “Substantial” when used in connection with a modification means:
- An addition or removal of an authorized service;
 - The addition or removal of a collocator;
 - ~~a-c.~~ A change in a health care institution’s licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
 - ~~b.~~ An addition or deletion of an authorized service;
 - ~~e-d.~~ A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
 - ~~d-e.~~ A change in the building where a health care institution is located that affects compliance with:
 - ~~applicable~~ Applicable physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, or
 - Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
- ~~206.~~ “Substance abuse” means an individual’s misuse of alcohol or other drug or chemical that:
- Alters the individual’s behavior or mental functioning;
 - Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
 - Impairs, reduces, or destroys the individual’s social or economic functioning.
- ~~207.~~ “Substance abuse transitional facility” means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
- ~~208.~~ “Supportive services” has the same meaning as in A.R.S. § 36-151.
- ~~209-217.~~ “Substantive review time-frame” means the same as in A.R.S. § 41-1072.
- ~~218.~~ “Supportive services” has the same meaning as in A.R.S. § 36-151.
- ~~210-219.~~ “Surgical procedure” means the excision of or incision of ~~in~~ a patient’s body for the:
- Correction of a deformity or defect;
 - Repair of an injury; or
 - Diagnosis, amelioration, or cure of disease.
- ~~211-220.~~ “Swimming pool” has the same meaning as “semipublic swimming pool” in A.A.C. R18-5-201.
- ~~212-221.~~ “System” means interrelated, interacting, or interdependent elements that form a whole.
- ~~213-222.~~ “Tapering” means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.
- ~~214-223.~~ “Tax ID number” means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.
- ~~215-224.~~ “Telemedicine” has the same meaning as in A.R.S. § 36-3601.
- ~~216-225.~~ “Therapeutic diet” means foods or the manner in which food is to be prepared that are ordered for a patient.
- ~~217-226.~~ “Therapist” means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.
- ~~218-227.~~ “Time-out” means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
- ~~219-228.~~ “Transfer” means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
- ~~220-229.~~ “Transport” means a licensed health care institution:
- Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or
 - Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.
- ~~221-230.~~ “Treatment” means a procedure or method to cure, improve, or palliate an individual’s medical condition or behavioral health issue.
- ~~222-231.~~ “Treatment plan” means a description of the specific physical health services or behavioral health services that a health



care institution anticipates providing to a patient.

~~223-232.~~ “Unclassified health care institution” means a health care institution not classified or subclassified in statute or in rule.

~~224-233.~~ “Vascular access” means the point on a patient’s body where blood lines are connected for hemodialysis.

~~225-234.~~ “Volunteer” means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.

~~226-235.~~ “Working day” means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

R9-10-102. Health Care Institution Classes and Subclasses; Requirements

A. A person may apply for a license as ~~a health care institution class or subclass in A.R.S. Title 36, Chapter 4 or this Chapter,~~ or one of the following classes or subclasses of health care institution:

1. General hospital,
2. Rural general hospital,
3. Special hospital,
4. Behavioral health inpatient facility,
5. Nursing care institution,
6. Recovery care center,
7. Hospice inpatient facility,
8. Hospice service agency,
9. Behavioral health residential facility,
10. Adult residential care institution,
- ~~10-11.~~ Assisted living center,
- ~~11-12.~~ Assisted living home,
- ~~12-13.~~ Adult foster care home,
- ~~13-14.~~ Outpatient surgical center,
- ~~14-15.~~ Outpatient treatment center,
- ~~15-16.~~ Abortion clinic,
- ~~16-17.~~ Adult day health care facility,
- ~~17-18.~~ Home health agency,
- ~~18-19.~~ Substance abuse transitional facility,
- ~~19-20.~~ Behavioral health specialized transitional facility,
- ~~20-21.~~ Counseling facility,
- ~~21-22.~~ Adult behavioral health therapeutic home,
- ~~22-23.~~ Behavioral health respite home,
- ~~23-24.~~ Unclassified health care institution, or
- ~~24-25.~~ Pain management clinic.

B. A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical ~~care~~ health services or behavioral health services the proposed health care institution plans to provide.

C. The Department shall review ~~the a~~ proposed health care institution’s scope of services to determine whether the requested health care institution class or subclass is appropriate.

~~C.D.~~ A health care institution shall comply with the requirements in Article 17 of this Chapter if:

1. There are no specific rules in another Article of this Chapter for the health care institution’s class or subclass, or
2. The Department determines that the health care institution is an unclassified health care institution.

R9-10-104. Approval of Architectural Plans and Specifications

A. For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, an applicant shall submit to the Department an application packet including:

1. An application in a Department-provided format ~~provided by the Department~~ that contains:
 - a. For construction of a new health care institution:
 - i. The health care institution’s name, street address, city, state, zip code, telephone number, and e-mail address;
 - ii. The name and mailing address of the health care institution’s governing authority;
 - iii. The requested health care institution class or subclass; and
 - iv. If applicable, the requested licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations for the health care institution;
 - b. For modification of a licensed health care institution that requires approval of architectural plans and specifications:
 - i. The health care institution’s license number,
 - ii. The name and mailing address of the licensee,
 - iii. The health care institution’s class or subclass, and
 - iv. The health care institution’s existing licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations; and the requested licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations for the health care institution;
 - c. The health care institution’s contact person’s name, ~~street~~ mailing address, ~~city, state, zip code,~~ telephone number, and e-mail address;

- d. The name, ~~street mailing~~ address, ~~city, state, zip code~~, telephone number, and e-mail address of:
 - i. The project architect; or
 - ii. If the construction or modification of the health care institution does not require a project architect, the project engineer or other individual responsible for the completion of the construction or modification;
 - e. A narrative description of the project;
 - f. The estimated total project cost including the costs of:
 - i. Site acquisition.
 - ii. General construction.
 - iii. Architect fees.
 - iv. Fixed equipment, and
 - v. Movable equipment;
 - ~~f.g.~~ If providing or planning to provide medical services, nursing services, or health-related services that require compliance with specific physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, the number of rooms or inpatient beds designated for providing the medical services, nursing services, or health-related services;
 - ~~g-h.~~ If providing or planning to provide behavioral health observation/stabilization services, the number of ~~behavioral health observation/stabilization~~ observation chairs designated for providing the behavioral health observation/stabilization services;
 - ~~h-i.~~ For construction of a new health care institution and if modification of a health care institution requires a project architect, a statement signed and sealed by the project architect, according to the requirements in 4 A.A.C. 30, Article 3, that the:
 - i. Project architect has complied with A.A.C. R4-30-301; and
 - ii. Architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
 - ~~i-j.~~ If construction or modification of a health care institution requires a project engineer, a statement signed and sealed by the project engineer, according to the requirements in 4 A.A.C. 30, Article 3, that the project engineer has complied with A.A.C. R4-30-301; and
 - ~~j-k.~~ A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:
- a. A building permit for the construction or modification issued by the local governmental agency; or
 - b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
 - i. The health care institution's name, street address, city, state, zip code, and county;
 - ii. The health care institution's class or subclass and each type of medical services, nursing services, or health-related services to be provided; and
 - iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
3. The following ~~information that is as~~ necessary to demonstrate that the project described on the application complies with applicable codes and standards incorporated by reference in A.A.C. R9-1-412:
- a. A table of contents containing:
 - i. The architectural plans and specifications submitted;
 - ii. The physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 that apply to the project;
 - iii. The physical plant codes and standards that are required by a local governmental agency, if applicable;
 - iv. An index of the abbreviations and symbols used in the architectural plans and specifications; and
 - v. The facility's specific International Building Code construction type and International Building Code occupancy type;
 - b. If the facility is larger than 3,000 square feet and is or will be occupied by more than 20 individuals, the seal of an architect on the architectural plans and specifications according to the requirements in A.R.S. Title 32, Chapter 1 and 4 A.A.C. 30, Article 3;
 - c. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
 - d. For each facility, on architectural plans and specifications:
 - i. A floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
 - ii. A diagram of a section of the facility, drawn to scale, showing the vertical cross-section view from foundation to roof and specifying construction materials;
 - iii. Building elevations, drawn to scale, showing the outside appearance of each facility;
 - iv. The materials used for ceilings, walls, and floors;
 - v. The location, size, and fire rating of each door and each window and the materials and hardware



- vi. used, including safety features such as fire exit door hardware and fireproofing materials; A ceiling plan, drawn to scale, showing the layout of each light fixture, each fire protection device, and each element of the mechanical ventilation system;
- vii. An electrical floor plan, drawn to scale, showing the wiring diagram and the layout of each lighting fixture, each outlet, each switch, each electrical panel, and electrical equipment;
- viii. A mechanical floor plan, drawn to scale, showing the layout of heating, ventilation, and air conditioning systems;
- ix. A plumbing floor plan, drawn to scale, showing the layout and materials used for water, sewer, and medical gas systems, including the water supply and plumbing fixtures;
- x. A floor plan, drawn to scale, showing the communication system within the health care institution including the nurse call system, if applicable;
- xi. A floor plan, drawn to scale, showing the automatic fire extinguishing, fire detection, and fire alarm systems; and
- xii. Technical specifications or drawings describing installation of equipment or medical gas and the materials used for installation in the health care institution;

4. ~~The estimated total project cost including the costs of:~~

- ~~a. Site acquisition;~~
- ~~b. General construction;~~
- ~~c. Architect fees;~~
- ~~d. Fixed equipment, and~~
- ~~e. Movable equipment;~~

5.4. The following, as applicable:

- a. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
 - i. A copy of the certificate of occupancy for the facility,
 - ii. Documentation that the facility was approved for occupancy, or
 - iii. Documentation that a certificate of occupancy for the facility is not available;
- b. A certification and a statement that the construction or modification of the facility is in substantial compliance with applicable licensing requirements in A.R.S. Title 36, Article 4 and this Chapter signed by the project architect, the contractor, and the owner;
- c. A written description of any work necessary to complete the construction or modification submitted by the project architect;
- d. If the construction or modification affects the health care institution’s fire alarm system, a contractor certification and description of the fire alarm system in a Department-provided format ~~provided by the Department;~~
- e. If the construction or modification affects the health care institution’s automatic fire extinguishing system, a contractor certification of the automatic fire extinguishing system in a Department-provided format ~~provided by the Department;~~
- f. If the construction or modification affects the health care institution’s heating, ventilation, or air conditioning system, a copy of the heating, ventilation, air conditioning, and air balance tests and a contractor certification of the heating, ventilation, or air conditioning system;
- g. If draperies, cubicle curtains, or floor coverings are installed or replaced, a copy of the manufacturer’s certification of flame spread for the draperies, cubicle curtains, or floor coverings;
- h. For a health care institution using inhalation anesthetics or nonflammable medical gas, a copy of the Compliance Certification for Inhalation Anesthetics or Nonflammable Medical Gas System required in the National Fire Codes incorporated by reference in A.A.C. R9-1-412;
- i. If a generator is installed, a copy of the installation acceptance required in the National Fire Codes incorporated by reference in A.A.C. R9-1-412;
- j. If equipment is installed, a certification from an engineer or from a technical representative of the equipment’s manufacturer that the equipment has been installed according to the manufacturer’s recommendations and, if applicable, calibrated;
- k. For a health care institution providing radiology, a written report from a certified health physicist of the location, type, and amount of radiation protection; and
- l. If a factory-built building is used by a health care institution:
 - i. A copy of the installation permit and the copy of a certificate of occupancy for the factory-built building from the Office of Manufactured Housing; or
 - ii. A written report from an individual registered as an architect or a professional structural engineer under 4 A.A.C. 30, Article 2, stating that the factory-built building complies with applicable design standards;

6.5. For construction of a new health care institution and for a modification of a health care institution that requires a project architect, a statement signed by the project architect that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution;

7.6. For modification of a health care institution that does not require a project architect, a statement signed by the project engineer or other individual responsible for the completion of the modification that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the

- health care institution; and
- 8. The applicable fee required by R9-10-106.

- B. Before an applicant submits an application for approval of architectural plans and specifications for the construction or modification of a health care institution, an applicant may request an architectural evaluation by ~~submitting~~ providing the documents in subsection (A)(3) to the Department.
- C. The Department may conduct on-site facility reviews during the construction or modification of a health care institution.
- D. The Department shall approve or deny an application for approval of architectural plans and specifications of a health care institution in this Section according to R9-10-108.
- E. In addition to obtaining an approval of a health care institution’s architectural plans and specifications, a person shall obtain a health care institution license before operating the health care institution.

R9-10-105. Initial License Application

- A. A person applying for ~~an initial~~ a health care institution license shall submit to the Department an application packet that contains:
 - 1. An application in a Department-provided format ~~provided by the Department~~ including:
 - a. The health care institution’s:
 - i. Name;
 - ii. ~~street~~ Street address, city, state, zip code;
 - iii. ~~mailing~~ Mailing address;
 - iv. ~~telephone~~ Telephone number, ~~and~~;
 - v. ~~e-mail~~ E-mail address;
 - ~~ii-v.~~ Tax ID number; and
 - ~~iii-vi.~~ Class or subclass listed in R9-10-102 for which licensing is requested;
 - b. Except for a home health agency; ~~or hospice service agency, or behavioral health facility,~~ whether the health care institution is located within 1/4 mile of agricultural land;
 - c. Whether the health care institution is located in a leased facility;
 - d. Whether the health care institution is ready for a licensing inspection by the Department;
 - e. If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;
 - f. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-10-108;
 - g. Owner information including:
 - i. The owner’s name, mailing address, telephone number, and e-mail address;
 - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
 - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
 - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
 - v. If the owner is a corporation, the name and title of each corporate officer;
 - vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;
 - vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
 - viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
 - ix. The name, title, address, and telephone number of the owner’s statutory agent or the individual designated by the owner to accept service of process and subpoenas;
 - h. The name and mailing address of the governing authority;
 - i. The chief administrative officer’s:
 - i. Name,
 - ii. Title,
 - iii. Highest educational degree, and
 - iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
 - j. Signature required in A.R.S. § 36-422(B);
 - 2. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility;
 - 3. If applicable, a copy of the owner’s articles of incorporation, partnership or joint venture documents, or limited liability documents;
 - 4. If applicable, the name and mailing address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-



365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);

5. Except for a home health agency or a hospice service agency, one of the following:
 - a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412:
 - i. ~~An application packet for approval of architectural plans and specifications in R9-10-104(A), or~~
 - ii. ~~documentation~~ Documentation of the Department's approval of the health care institution's architectural plans and specifications approval in R9-10-104 R9-10-104(D); or
 - b. If ~~no part of a health care institution or a part of the health care institution is not~~ required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412:
 - i. One of the following:
 - (1) Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances; or
 - (2) If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass;
 - ii. ~~If applicable, the~~ The licensed capacity requested by the applicant for the health care institution;
 - iii. If applicable, the licensed occupancy requested by the applicant for the health care institution;
 - iv. If applicable, the respite capacity requested by the applicant for the health care institution;
 - ~~iv-v.~~ A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises; and
 - ~~v-vi.~~ A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device;
6. The health care institution's proposed scope of services; and
7. The applicable application fee required by R9-10-106.

B. In addition to the ~~initial~~ license application requirements in this Section, an applicant shall comply with the supplemental application requirements in specific rules in this Chapter for the health care institution class or subclass for which licensing is requested.

C. The Department shall approve or deny ~~an~~ a license application in this Section according to R9-10-108.

D. A health care institution license is valid:

1. Unless, as specified in A.R.S. § 36-425(C):
 - a. The Department revokes or suspends the license according to R9-10-112, or
 - b. The license is considered void because the licensee did not pay the applicable fees in R9-10-106 according to R9-10-107; or
2. Until a licensee voluntarily surrenders the license to the Department when terminating the operation of the health care institution, according to R9-10-109(B).

R9-10-106. Fees

A. An applicant who submits to the Department architectural plans and specifications for the construction or modification of a health care institution shall also submit an architectural ~~drawing~~ plans and specifications review fee as follows:

1. Fifty dollars for a project with a cost of \$100,000 or less;
2. One hundred dollars for a project with a cost of more than \$100,000 but less than \$500,000; or
3. One hundred fifty dollars for a project with a cost of \$500,000 or more.

B. An applicant submitting an ~~initial application or a renewal~~ application for a health care institution license shall submit to the Department an application fee of \$50.

C. Except as provided in subsection (D) or (E), an applicant submitting an ~~initial~~ initial application for a health care institution license or a ~~renewal application for a health care institution license~~ licensee submitting annual health care institution licensing fees shall submit to the Department ~~a licensing fee as follows~~ the following licensing fee:

1. For an adult day health care facility, assisted living home, or assisted living center:
 - a. For a facility with no licensed capacity, \$280;
 - b. For a facility with a licensed capacity of one to 59 beds, \$280, plus the licensed capacity times \$70;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$560, plus the licensed capacity times \$70;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$840, plus the licensed capacity times \$70; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,400, plus the licensed capacity times \$70;
2. For a behavioral health facility:
 - a. For a facility with no licensed capacity, \$375;
 - b. For a facility with a licensed capacity of one to 59 beds, \$375, plus the licensed capacity times \$94;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$750, plus the licensed capacity times \$94;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,125, plus the licensed capacity times \$94; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,875, plus the licensed capacity times \$94;
3. For a behavioral health facility providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(2), the licensed occupancy times \$94;
4. For a nursing care institution:

- a. For a facility with a licensed capacity of one to 59 beds, \$290, plus the licensed capacity times \$73;
- b. For a facility with a licensed capacity of 60 to 99 beds, \$580, plus the licensed capacity times \$73;
- c. For a facility with a licensed capacity of 100 to 149 beds, \$870, plus the licensed capacity times \$73; or
- d. For a facility with a licensed capacity of 150 beds or more, \$1,450, plus the licensed capacity times \$73;
- 5. For a hospital, a home health agency, a hospice service agency, a hospice inpatient facility, an abortion clinic, a recovery care center, an outpatient surgical center, an outpatient treatment center that is not a behavioral health facility, a pain management clinic, or an unclassified health care institution:
 - a. For a facility with no licensed capacity, \$365;
 - b. For a facility with a licensed capacity of one to 59 beds, \$365, plus the licensed capacity times \$91;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$730, plus the licensed capacity times \$91;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,095, plus the licensed capacity times \$91; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,825, plus the licensed capacity times \$91;
- 6. For a hospital providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91; and
- 7. For an outpatient treatment center that is not a behavioral health facility and provides:
 - a. Dialysis services, in addition to the applicable fee in subsection (C)(5), the number of dialysis stations times \$91; and
 - b. Behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91.

D. In addition to the applicable fees in subsections (C)(5) and (C)(6), an applicant submitting an ~~initial application or a renewal application~~ for a single group hospital license or a licensee with a single group license submitting annual health care institution licensing fees shall submit to the Department an additional fee of \$365 for each of the hospital’s satellite facilities and, if applicable, the fees required in subsection (C)(7).

E. Subsections (C) and (D) do not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home.

F. In addition to the applicable fees in subsections (C) and (D), a licensee shall submit a late payment fee of \$250 if submitting annual licensing fees according to R9-10-107(E)(1) or (2)(b).

F-G. All fees are nonrefundable except as provided in A.R.S. § 41-1077.

R9-10-107. Renewal License Application Submission of Health Care Institution Licensing Fees

A. A licensee applying to renew a health care institution license shall submit an application packet to the Department at least 60 calendar days but not more than 120 calendar days before the expiration date of the current license that contains:

- 1. A renewal application in a format provided by the Department including:
 - a. The health care institution’s:
 - i. Name, license number, mailing address, telephone number, and e-mail address; and
 - ii. Class or subclass;
 - b. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-10-108;
 - e. Owner information including:
 - i. The owner’s name, address, telephone number, and e-mail address;
 - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
 - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
 - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
 - v. If the owner is a corporation, the name and title of each corporate officer;
 - vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the individual designated in writing by the individual in charge of the governmental agency;
 - vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
 - viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
 - ix. The name, title, address, and telephone number of the owner’s statutory agent or the individual designated by the owner to accept service of process and subpoenas;
 - d. The name and address of the governing authority;
 - e. The chief administrative officer’s:
 - i. Name,
 - ii. Title,
 - iii. Highest educational degree, and



- iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
- f. Signature required in A.R.S. § 36-422(B);
- 2. The health care institution's scope of services;
- 3. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility; and
- 4. The applicable application and licensing fees required by R9-10-106.
- B.** A licensee may submit a health care institution's current accreditation report from a nationally recognized accrediting organization as part of the application packet in subsection (A).
- C.** If a licensee submits a health care institution's current accreditation report from a nationally recognized accrediting organization, the Department shall not conduct an onsite compliance inspection of the health care institution during the time the accreditation report is valid.
- D.** The Department shall approve or deny a renewal license according to R9-10-108.
- E.** The Department shall issue a renewal license for:
 - 1. One year; or
 - 2. Three years, if:
 - a. A licensee's health care institution is a hospital accredited by a nationally recognized accreditation organization; and
 - b. The licensee submits a copy of the hospital's current accreditation report.
- A.** An applicant for a health care institution license shall submit the applicable licensing fees in R9-10-106 to the Department:
 - 1. Within 60 calendar days after the date of the written notice of approval in R9-10-108(C)(3); or
 - 2. Within 90 calendar days after the date of the written notice of approval in R9-10-108(C)(3), with the payment of an additional late payment fee of \$250.
- B.** The Department shall notify a licensee of the due date of the facility's health care institution licensing fees no later than 90 calendar days before the date the facility's health care institution licensing fee is due to the Department.
- C.** Except as specified in subsection (E), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:
 - 1. The following information in a Department-provided format:
 - a. The licensee's name, and
 - b. The facility's name and license number;
 - 2. Verification of the information in the Department's current records for the health care institution;
 - 3. If applicable, information or documentation required in another Article of this Chapter, specific to the health care institution, to be submitted with the relevant fees required in R9-10-106; and
 - 4. The applicable annual licensing fees in R9-10-106.
- D.** If any information in the Department's current records for a health care institution is incorrect, before a licensee submits annual licensing fees according to subsection (C), the licensee shall comply with the applicable requirements in R9-10-109 or R9-10-110 to update the Department's records for the health care institution.
- E.** A licensee may submit to the Department the information in subsection (C)(1), verification in subsection (C)(2), applicable information or documentation in subsection (C)(3), and applicable annual licensing fees in R9-10-106:
 - 1. Within 30 calendar days after the anniversary date of the facility's health care institution license, with the payment of the additional late payment fee in R9-10-106(F); or
 - 2. If an alternate licensing fee due date has been established for the licensee according to subsections (F) and (G):
 - a. By the anniversary date of the facility's health care institution license, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the alternate licensing fee due date;
 - b. By the alternate licensing fee due date;
 - c. If a new alternate licensing fee due date has been established, by the current alternate licensing fee due date, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the new alternate licensing fee due date; or
 - d. Within 30 calendar days after the alternate licensing fee due date, with the payment of the additional late payment fee in R9-10-106(F).
- F.** Except as specified in subsection (H), a licensee may request a licensing fee due date for a facility that is different from the anniversary date of a facility's health care institution license by submitting an application for an alternate licensing fee due date to the Department, at least 30 calendar days before the anniversary date of the facility's health care institution license, that includes the following information in a Department-provided format:
 - 1. The licensee's name and e-mail address,
 - 2. The facility's name and license number,
 - 3. The current licensing fee due date,
 - 4. The proposed alternate licensing fee due date,
 - 5. The reason the licensee is requesting an alternate licensing fee due date, and
 - 6. The name of the health care institution's administrator's or individual representing the health care institution as designated in A.R.S. § 36-422 and the dated signature of the administrator or individual.
- G.** The Department shall review a request made according to subsection (F) according to R9-10-108.
- H.** A licensee may not request an alternate licensing fee due date according to subsection (E):
 - 1. More frequently than once in each three-year period, or
 - 2. For a facility for which the payment of licensing fees is not up-to-date.

R9-10-108. Time-frames

- A. The overall time-frame for each type of approval granted by the Department is listed in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
- B. The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table 1.1. The administrative completeness review time-frame begins on the date the Department receives an application packet or a written request for ~~a change in a health care institution license according to R9-10-109(F); an alternate licensing fee due date.~~
 - 1. The application packet for ~~an initial a~~ health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.
 - 2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
 - 3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
 - 4. For an application packet for review of architectural plans and specifications, initial a health care institution license application packet, an application packet for a modification not requiring review of architectural plans and specifications, or a written request for an alternate licensing fee due date, the Department shall consider the application or written request withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within ~~180~~ 60 calendar days after the date of the notice described in subsection (B)(2).
 - 5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame is listed in Table 1.1 and begins on the date of the notice of administrative completeness.
 - 1. The Department may conduct an onsite inspection of the facility:
 - a. As part of the substantive review for approval of architectural plans and specifications;
 - b. As part of the substantive review for issuing a health care institution ~~initial or renewal~~ license; or
 - c. As part of the substantive review for approving a modification ~~in~~ of a health care institution’s license.
 - 2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
 - 3. The Department shall send a written notice of approval ~~or a license~~ to an applicant ~~who~~ that is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter.
 - 4. After an applicant for ~~an initial a~~ health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable health care institution license fee in R9-10-106 ~~to the Department~~ within 60 calendar days after the date of the written notice of approval according to R9-10-107(A).
 - 5. After receiving the applicable health care institution licensing fee from an applicant according to subsection (C)(4) and R9-10-107(A), the Department shall send a health care institution license to the applicant.
 - ~~5.6.~~ The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
 - a. For ~~an initial a~~ health care institution license application or a request for approval of a modification of a health care institution requiring architectural plans and specifications, submit the information or documentation in subsection (C)(2) within 120 calendar days after the Department’s written request to the applicant;
 - b. For a request for approval of a modification of a health care institution not requiring architectural plans and specifications or a written request for an alternate licensing fee due date, submit the information or documentation in subsection (C)(2) within 30 calendar days after the Department’s written request to the applicant;
 - ~~b.c.~~ Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
 - ~~e.d.~~ Submit the fee. If applicable, submit a fee required in R9-10-106 or R9-10-107.
 - ~~6.7.~~ An applicant may file a written notice of appeal with the Department within 30 calendar days after receiving the notice described in subsection ~~(C)(5)~~ (C)(6). The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
 - ~~7.8.~~ If a time-frame’s last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next working day to be the time-frame’s last day.



Table 1.1.

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Approval of architectural plans and specifications R9-10-104	A.R.S. §§ 36-405, 36-406(1)(b), and 36-421	105 calendar days	45 calendar days	60 calendar days
Health care institution initial license R9-10-105	A.R.S. §§ 36-405, 36-407, 36-421, 36-422, 36-424, and 36-425	120 calendar days	30 calendar days	90 calendar days
Health care institution renewal license Approval of an alternate licensing fee due date R9-10-107	A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425	90 30 calendar days	30 10 calendar days	60 20 calendar days
Approval of a modification of a health care institution R9-10-110	A.R.S. §§ 36-405, 36-407, and 36-422	75 calendar days	15 calendar days	60 calendar days

R9-10-109. Changes Affecting a License

- A. A licensee shall ensure that:
 - 1. ~~the~~ The Department is notified in writing at least 30 calendar days before the effective date of:
 - ~~1-a.~~ A Except as provided in subsection (I), a change in the name of:
 - ~~a-i.~~ A health care institution, or
 - ~~b-ii.~~ The licensee; ~~or~~
 - b. A change in the hours of operation:
 - i. Of an administrative office, or
 - ii. For providing physical health services or behavioral health services to patients of the health care institution;
 - ~~2-c.~~ A change in the address of a health care institution that does not provide medical services, nursing services, behavioral health services, or health-related services on the premises; or
 - d. A change in the geographic region to be served by the hospice service agency or home health agency; and
 - 2. Documentation supporting the change is provided to the Department with the notification required in subsection (A)(1).
- B. If a licensee intends to terminate the operation of a health care institution ~~either during or at the expiration of the health care institution's license,~~ the licensee shall ensure that the Department is notified in writing of:
 - 1. The termination of the health care institution's operations, as required in A.R.S. § 36-422(D), at least 30 calendar days before the termination, and
 - 2. The address and contact information for the location where the health care institution's medical records will be retained as required in A.R.S. § 12-2297.
- C. A licensee shall ensure that the Department is notified in writing, according to A.R.S. § 36-425(I), of a change in the chief administrative officer of the health care institution.
- D. If a health care institution is accredited by a nationally recognized accrediting organization, a licensee may submit to the Department the health care institution's current accreditation report.
- E. If a licensee submits to the Department a health care institution's current accreditation report from a nationally recognized accrediting organization, the Department shall not conduct an onsite compliance inspection of the health care institution during the time the accreditation report is valid.
- ~~C-F.~~ If a licensee is an adult behavioral health therapeutic home or a behavioral health respite home, the licensee shall ensure that:
 - 1. The Department is notified in writing if the licensee does not have a written agreement with a collaborating health care institution, as required in ~~R9-10-1603(A)(4)~~ R9-10-1603(A)(3) or ~~R9-10-1803(A)(5)~~ R9-10-1803(A)(3) as applicable; and
 - 2. The adult behavioral health therapeutic home or behavioral health respite home does not accept an individual as a resident or recipient, as applicable, or provide services to a resident or recipient, as applicable, until:
 - a. The adult behavioral health therapeutic home or behavioral health respite home has a written agreement with a collaborating health care institution;

- b. The collaborating health care institution has approved the adult behavioral health therapeutic home’s or behavioral health respite home’s:
 - i. Scope of services, and
 - ii. Policies and procedures; and
- c. The collaborating health care institution has verified the provider’s skills and knowledge.

D-G.

- If a licensee is an affiliated outpatient treatment center, the licensee shall ensure that if the affiliated outpatient treatment center:
1. Plans to begin providing administrative support to a counseling facility at a time other than during the affiliated outpatient treatment center’s ~~initial or renewal~~ license application process, the following information for each counseling facility is submitted to the Department before the affiliated outpatient treatment center begins providing administrative support:
 - a. The counseling facility’s name,
 - b. The license number assigned to the counseling facility by the Department, and
 - c. The date the affiliated outpatient treatment center will begin providing administrative support to the counseling facility; or
 2. No longer provides administrative support to a counseling facility previously identified by the affiliated outpatient treatment center as receiving administrative support from the affiliated outpatient treatment center, ~~at a time other than during the initial or renewal license application process,~~ the following information for each counseling facility is submitted to the Department within 30 calendar days after the affiliated outpatient treatment center no longer provides administrative support:
 - a. The counseling facility’s name,
 - b. The license number assigned to the counseling facility by the Department, and
 - c. The date the affiliated outpatient treatment center stopped providing administrative support to the counseling facility.

E-H.

- If a licensee is a counseling facility, the licensee shall ensure that if the counseling facility:
1. Plans to begin receiving administrative support from an affiliated outpatient treatment center at a time other than during the counseling facility’s ~~initial or renewal~~ license application process, the following information for the affiliated outpatient treatment center is submitted to the Department before the counseling facility begins receiving administrative support:
 - a. The affiliated outpatient treatment center’s name,
 - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
 - c. The date the counseling facility will begin receiving administrative support; ~~or~~
 2. No longer receives administrative support from an affiliated outpatient treatment center previously identified by the counseling facility as providing administrative support to the counseling facility, ~~at a time other than during the counseling facility’s initial or renewal license application process,~~ the following information for the affiliated outpatient treatment center is submitted to the Department within 30 calendar days after the counseling facility no longer receives administrative support from the affiliated outpatient treatment center:
 - a. The affiliated outpatient treatment center’s name,
 - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
 - c. The date the counseling facility stopped receiving administrative support from the affiliated outpatient treatment center; ~~;~~
 3. Plans to begin sharing administrative support with an affiliated counseling facility at a time other than during the counseling facility’s ~~initial or renewal~~ license application process, the following information for each affiliated counseling facility sharing administrative support with the counseling facility is submitted to the Department before the counseling facility and affiliated counseling facility begin sharing administrative support:
 - a. The affiliated counseling facility’s name,
 - b. The license number assigned to the affiliated counseling facility by the Department, and
 - c. The date the counseling facility and the affiliated counseling facility will begin sharing administrative support; or
 4. No longer shares administrative support with an affiliated counseling facility previously identified by the counseling facility as sharing administrative support with the counseling facility ~~at a time other than during the counseling facility’s initial or renewal license application process,~~ the following information is submitted for each affiliated counseling facility within 30 calendar days after the counseling facility and affiliated counseling facility no longer share administrative support:
 - a. The affiliated counseling facility’s name,
 - b. The license number assigned to the affiliated counseling facility by the Department, and
 - c. The date the counseling facility and affiliated counseling facility will no longer be sharing administrative support.

F-I.

- A governing authority shall submit ~~an initial~~ a license application required in R9-10-105 for:
1. A change in ownership of a health care institution;
 2. A change in the address or location of a health care institution that provides medical services, nursing services, health-related services, or behavioral health services on the premises; or
 3. A change in a health care institution’s class or subclass.

G-J.

- A governing authority is not required to submit ~~the~~ documentation of a health care institution’s architectural plans and specifications required in R9-10-105(A)(5) for ~~an initial~~ a license application if:
1. The health care institution has not ceased operations for more than 30 calendar days,



- 2. A modification has not been made to the health care institution,
- 3. The services the health care institution is authorized by the Department to provide are not changed, and
- 4. The location of the health care institution’s premises is not changed.

~~H.~~ The Department shall approve or deny a request for a change in services or another modification described in this Section according to R9-10-108.

~~I.~~ A licensee shall not implement a change in services or another modification described in this Section until an approval or amended license is issued by the Department.

R9-10-110. Modification of a Health Care Institution

A. A licensee shall submit a request for approval of a modification of a health care institution when planning to make:

- 1. An addition or removal of an authorized service;
- 2. An addition or removal of a collocator;
- 3. A change in a health care institution’s licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
- 4. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
- 5. A change in the building where a health care institution is located that affects compliance with:
 - a. Applicable physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, or
 - b. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.

~~A.B.~~ A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 shall submit an application packet, according to R9-10-104(A), for approval of architectural plans and specifications for a modification of the health care institution described in subsection (A)(3) through (5).

~~B.C.~~ A licensee of a health care institution shall submit ~~a written request~~ an application packet for a modification of the health care institution ~~in a Department provided format~~ that contains:

- 1. The following information in a Department-provided format:
 - a. The health care institution’s name, mailing address, e-mail address, and license number;
 - ~~2-b.~~ A narrative description of the modification, including as applicable:
 - i. The services the licensee is requesting be added or removed as an authorized service;
 - ii. The name and license number of an associated licensed provider being added or removed as a collocator;
 - iii. The name and professional license number of an exempt health care provider being added or removed as a collocator;
 - iv. If an associated licensed provider or exempt health care provider is being added as a collocator, the proposed scope of services;
 - v. The current and proposed licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations;
 - v. The change being made in the physical plant; and
 - vi. The change being made that affects compliance with applicable physical plant codes and standards incorporated by reference in A.A.C. R9-1-412; and
 - ~~3-c.~~ The name and e-mail address of the health care institution’s administrator’s or individual representing the health care institution as designated ~~in~~ according to A.R.S. § 36-422 and the dated signature of the administrator or individual; ~~and~~
- 4. ~~One of the following:~~
 - a. ~~For a health care institution that is required to comply with the physical plant codes and standards incorporated by reference in A.A.C. R9-10-412 for the building, documentation of the health care institution’s architectural plans and specifications approval in R9-10-104; or~~
 - b. ~~For a health care institution that is not required to comply with the physical plant codes and standards, documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter.~~
- 2. Documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter, including as applicable:
 - a. A floor plan showing the location of each collocator’s proposed treatment area and the common areas of the collaborating outpatient treatment center;
 - b. For a change in the licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations or a modification of the physical plant:
 - i. A floor plan showing, for each story of the facility affected by the modification, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; or
 - ii. For a health care institution or part of the health care institution that is required to comply with the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 for the building, documentation of the Department’s approval of the health care institution’s architectural plans and specifications in R9-10-104(D); and
 - c. Any other documentation to support the requested modification; and
- 3. If applicable, a copy of the written agreement the associated licensed provider or exempt health care provider has with the collaborating outpatient treatment center.

~~C.D.~~ The Department shall approve or deny a request for a modification described in subsection ~~(B)~~ (C) according to R9-10-108.

~~D-E.~~ A licensee shall not implement a modification described in subsection ~~(B)~~ (C) until an approval or amended license is issued by the Department.

R9-10-111. Enforcement Actions

- A.** If the Department determines that an applicant or licensee is violating applicable statutes and rules and the violation poses a direct risk to the life, health, or safety of a patient, the Department may:
1. Issue a provisional license to the applicant or licensee under A.R.S. § 36-425,
 2. Assess a civil penalty under A.R.S. § 36-431.01,
 3. Impose an intermediate sanction under A.R.S. § 36-427,
 4. Remove a licensee and appoint another person to continue operation of the health care institution pending further action under A.R.S. § 36-429,
 5. Suspend or revoke a license under A.R.S. § 36-427 and ~~R9-10-111~~ R9-10-112,
 6. Deny a license under A.R.S. § 36-425 and ~~R9-10-111~~ R9-10-112, or
 7. Issue an injunction under A.R.S. § 36-430.
- B.** In determining which action in subsection (A) is appropriate, the Department shall consider the direct risk to the life, health, or safety of a patient in the health care institution based on:
1. Repeated violations of statutes or rules,
 2. Pattern of violations,
 3. Types of violation,
 4. Severity of violation, and
 5. Number of violations.

R9-10-112. Denial, Revocation, or Suspension of License

- A.** The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a controlling person of the health care institution:
1. Provides false or misleading information to the Department;
 2. Has had in any state or jurisdiction any of the following:
 - a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process or to pay a required licensing fee within a required time-frame; or
 - b. A health care professional license or certificate denied, revoked, or suspended; ~~or~~
 - ~~3.~~ Does not comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
 - ~~3-4.~~ Has operated a health care institution, within the ten years preceding the date of the most recent license application ten years, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, that posed a direct risk to the life, health, or safety of a patient.
- B.** The Department shall suspend or revoke a hospital's license if the Department receives, pursuant to A.R.S. § 36-2901.08(H), notice from the Arizona Health Care Cost Containment System that the hospital's provider agreement registration with the Arizona Health Care Cost Containment System has been suspended or revoked.

R9-10-113. Tuberculosis Screening

- A.** A health care institution's chief administrative officer shall ensure that the health care institution complies with one of the following if tuberculosis screening is required by this Chapter at the health care institution:
1. Screens for infectious tuberculosis according to subsection (B); or
 2. Establishes, documents, and implements a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings, 2005, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333 and available at <http://www.cdc.gov/mmwr/PDF/RR/rr5417.pdf>, incorporated by reference, on file with the Department, and including no future editions or amendments and includes:
 - a. Conducting tuberculosis risk assessments, conducting tuberculosis screening testing, screening for signs or symptoms of tuberculosis, and providing training and education related to recognizing the signs and symptoms of tuberculosis; and
 - b. Maintaining documentation of any:
 - i. Tuberculosis risk assessment;
 - ii. Tuberculosis screening test of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution; and
 - iii. Screening for signs or symptoms of tuberculosis of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution.
- B.** For each individual required to be screened for infectious tuberculosis, ~~the health care institution obtains a health care institution's chief administrative officer shall obtain~~ from the individual:
- ~~a.~~ 1. On or before the date specified in the applicable Section of this Chapter, one of the following as evidence of freedom from infectious tuberculosis:
 - ~~i.~~ a. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention (CDC) administered within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution that includes the date and the type of tuberculosis screening test; or
 - ~~ii.~~ b. If the individual had a positive Mantoux skin test or other tuberculosis screening test, a written statement that



the individual is free from infectious tuberculosis signed by a medical practitioner dated within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and

b-2. Every 12 months after the date of the individual's most recent tuberculosis screening test or written statement, one of the following as evidence of freedom from infectious tuberculosis:

- i-a. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the CDC administered to the individual within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement that includes the date and the type of tuberculosis screening test; or
- ii-b. If the individual has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement; ~~or.~~

2. ~~Establish, document, and implement a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health care Settings, 2005, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333 and available at <http://www.cdc.gov/mmwr/PDF/RR/rr5417.pdf>, incorporated by reference, on file with the Department, and including no future editions or amendments and includes:~~

- a. ~~Conducting tuberculosis risk assessments, conducting tuberculosis screening testing, screening for signs or symptoms of tuberculosis, and providing training and education related to recognizing the signs and symptoms of tuberculosis; and~~
- b. ~~Maintaining documentation of any:~~
 - i. ~~Tuberculosis risk assessment;~~
 - ii. ~~Tuberculosis screening test of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution; and~~
 - iii. ~~Screening for signs or symptoms of tuberculosis of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution.~~

R9-10-114. Clinical Practice Restrictions for Hemodialysis Technician Trainees

A. The following definitions apply in this Section:

1. "Assess" means collecting data about a patient by:
 - a. Obtaining a history of the patient,
 - b. Listening to the patient's heart and lungs, and
 - c. Checking the patient for edema.
2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.
3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.
4. "Central line catheter" means a type of vascular access created by surgically implanting a tube into a large vein.
5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.
6. "Conductivity test" means a determination of the electrolytes in a dialysate.
7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.
8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.
9. "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
10. "Direct supervision" has the same meaning as "supervision" in A.R.S. § 36-401.
11. "Electrolytes" means chemical compounds that break apart into electrically charged particles, such as sodium, potassium, or calcium, when dissolved in water.
12. "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
13. "Fistula" means a type of vascular access created by a surgical connection between an artery and vein.
14. "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:
 - a. Dialyzer size,
 - b. Blood-flow rate,
 - c. Dialysate-flow rate, and
 - d. Hemodialysis duration.
15. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
16. "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
17. "Graft" means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
18. "Hemodialysis machine" means a mechanical pump that controls:
 - a. The blood-flow rate,
 - b. The mixing and temperature of dialysate,

- c. The dialysate-flow rate,
 - d. The addition of anticoagulant, and
 - e. The fluid-removal rate.
19. “Hemodialysis technician” has the same meaning as in A.R.S. § 36-423(A).
20. “Hemodialysis technician trainee” means an individual who is working in a health care institution to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
21. “Inexperienced hemodialysis technician trainee” means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual’s knowledge and ability to perform hemodialysis.
22. “Medical person” means:
- a. A physician who is experienced in dialysis;
 - b. A registered nurse practitioner who is experienced in dialysis;
 - c. A nurse who is experienced in dialysis;
 - d. A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
 - e. An experienced hemodialysis technician trainee approved by the governing authority.
23. “Not established” means not approved by a patient’s nephrologist for use in hemodialysis.
24. “Patient” means an individual who receives hemodialysis.
25. “pH test” means a determination of the acidity of a dialysate.
26. “Preceptor course” means a health care institution’s instruction and evaluation provided to a nurse, hemodialysis technician, or hemodialysis technician trainee that enables the nurse, hemodialysis technician, or hemodialysis technician trainee to provide direct observation and education to hemodialysis technician trainees.
27. “Respond” means to mute, shut off, reset, or troubleshoot an alarm.
28. “Safety check” means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient’s hemodialysis.
29. “Water-contaminant test” means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.
- B.** An experienced hemodialysis technician trainee may:
- 1. Perform hemodialysis under direct supervision, and
 - 2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution’s preceptor course approved by the governing authority.
- C.** An experienced hemodialysis technician trainee shall not access a patient’s:
- 1. Fistula that is not established, or
 - 2. Graft that is not established.
- D.** An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:
- 1. Access a patient’s central line catheter;
 - 2. Respond to a hemodialysis-machine alarm;
 - 3. Draw blood for laboratory tests;
 - 4. Perform a water-contaminant test on a water system used for hemodialysis;
 - 5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
 - 6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
 - 7. Prime a dialyzer;
 - 8. Test a hemodialysis machine for germicide presence;
 - 9. Perform a hemodialysis machine safety check;
 - 10. Prepare a dialysate;
 - 11. Perform a conductivity test and a pH test on a dialysate;
 - 12. Assess a patient;
 - 13. Check and record a patient’s vital signs, weight, and temperature;
 - 14. Determine the amount and rate of fluid removal from a patient;
 - 15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;
 - 16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;
 - 17. Initiate or discontinue a patient’s hemodialysis;
 - 18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or
 - 19. Prepare a blood, water, or dialysate culture to determine microorganism presence.
- E.** An inexperienced hemodialysis technician trainee shall not:
- 1. Access a patient’s:
 - a. Fistula that is not established, or
 - b. Graft that is not established; or
 - 2. Provide direct observation.
- F.** When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient’s medical record shall include:
- 1. The name of the hemodialysis technician trainee;
 - 2. The date, time, and hemodialysis task performed;
 - 3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and



- 4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.

G. If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to ~~R9-10-110~~ R9-10-111.

R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians

If a health care institution is a behavioral health facility or is authorized by the Department to provide behavioral health services, an administrator shall ensure that:

- 1. Policies and procedures are established, documented, and implemented that:
 - a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;
 - b. Cover supervision of a behavioral health paraprofessional, including documentation of supervision;
 - c. Establish the qualifications for a behavioral health professional providing supervision to a behavioral health paraprofessional;
 - d. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;
 - e. Cover clinical oversight for a behavioral health technician, including documentation of clinical oversight;
 - f. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
 - g. Delineate the methods used to provide clinical oversight, including when clinical oversight is provided on an individual basis or in a group setting; and
 - h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician;
- 2. A behavioral health paraprofessional receives supervision according to policies and procedures;
- 3. Clinical oversight is provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
 - a. The scope and extent of the services provided,
 - b. The acuity of the patients receiving services, and
 - c. The number of patients receiving services;
- 4. A behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides services related to patient care at the health care institution during the two week period;
- 5. When clinical oversight is provided electronically:
 - a. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,
 - b. A secure connection is used, and
 - c. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided; and
- 6. A behavioral health professional provides supervision to a behavioral health paraprofessional or clinical oversight to behavioral health technician within the behavioral health professional’s scope of practice established in the applicable licensing requirements under A.R.S. Title 32.

R9-10-116. Nutrition and Feeding Assistant Training Programs

- A.** For the purposes of this Section, “agency” means an entity other than a nursing care institution that provides the nutrition and feeding assistant training required in A.R.S. § 36-413.
- B.** An agency shall apply for approval to operate a nutrition and feeding assistant training program by submitting:
 - 1. An application in a Department-provided format ~~provided by the Department~~ that contains:
 - a. The name of the agency;
 - b. The name, telephone number, and e-mail address of the individual in charge of the proposed nutrition and feeding assistant training program;
 - c. The address where the nutrition and feeding assistant training program records are maintained;
 - d. A description of the training course being offered by the nutrition and feeding assistant training program including for each topic in subsection (I):
 - i. The information presented for each topic,
 - ii. The amount of time allotted to each topic,
 - iii. The skills an individual is expected to acquire for each topic, and
 - iv. The testing method used to verify an individual has acquired the stated skills for each topic;
 - e. Whether the agency agrees to allow the Department to submit supplemental requests for information as specified in subsection (F)(2); and
 - f. The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the date signed; and
 - 2. A copy of the materials used for providing the nutrition and feeding assistant training program.
- C.** For an application for an approval of a nutrition and feeding assistant training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.
- D.** Within 30 calendar days after the receipt of an application in subsection (B), the Department shall:
 - 1. Issue an approval of the agency’s nutrition and feeding assistant training program;
 - 2. Provide a notice of administrative completeness to the agency that submitted the application; or

3. Provide a notice of deficiencies to the agency that submitted the application, including a list of the information or documents needed to complete the application.
- E.** If the Department provides a notice of deficiencies to an agency:
1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the agency;
 2. If the agency does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
 3. If the agency submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.
- F.** Within the substantive review time-frame, the Department:
1. Shall issue or deny an approval of a nutrition and feeding assistant training program; and
 2. May make one written comprehensive request for more information, unless the Department and the agency agree in writing to allow the Department to submit supplemental requests for information.
- G.** If the Department issues a written comprehensive request or a supplemental request for information:
1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
 2. The agency shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- H.** The Department shall issue:
1. An approval for an agency to operate a nutrition and feeding assistant training program if the Department determines that the agency and the application ~~complies~~ comply with A.R.S. § 36-413 and this Section; or
 2. A denial for an agency that includes the reason for the denial and the process for appeal of the Department's decision if:
 - a. The Department determines that the agency does not comply with A.R.S. § 36-413 and this Section; or
 - b. The agency does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- I.** An individual in charge of a nutrition and feeding assistant training program shall ensure that:
1. The materials and coursework for the nutrition and feeding assistant training program demonstrate ~~includes~~ the inclusion of the following topics:
 - a. Feeding techniques;
 - b. Assistance with feeding and hydration;
 - c. Communication and interpersonal skills;
 - d. Appropriate responses to resident behavior;
 - e. Safety and emergency procedures, including the Heimlich maneuver;
 - f. Infection control;
 - g. Resident rights;
 - h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior; and
 - i. Reporting a change in subsection (I)(1)(h) to a nurse at a nursing care institution;
 2. An individual providing the training course is:
 - a. A physician,
 - b. A physician assistant,
 - c. A registered nurse practitioner,
 - d. A registered nurse,
 - e. A registered dietitian,
 - f. A licensed practical nurse,
 - g. A speech-language pathologist, or
 - h. An occupational therapist; and
 3. An individual taking the training course completes:
 - a. At least eight hours of classroom time, and
 - b. Demonstrates that the individual has acquired the skills the individual was expected to acquire.
- J.** An individual in charge of a nutrition and feeding assistant training program shall issue a certificate of completion to an individual who completes the training course and demonstrates the skills the individual was expected to acquire as a result of completing the training course that contains:
1. The name of the agency approved to operate the nutrition and feeding assistant training program;
 2. The name of the individual completing the training course;
 3. The date of completion;
 4. The name, signature, and professional license of the individual providing the training course; and
 5. The name and signature of the individual in charge of the nutrition and feeding assistant training program.
- K.** The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding assistant training program if an agency operating or applying to operate a nutrition and feeding assistance training program:
1. Provides false or misleading information to the Department;
 2. Does not comply with the applicable statutes and rules;



- 3. Issues a training completion certificate to an individual who did not:
 - a. Complete the nutrition and feeding assistant training program, or
 - b. Demonstrate the skills the individual was expected to acquire; or
- 4. Does not implement the nutrition and feeding assistant training program as described in or use the materials submitted with the agency’s application.

L. In determining which action in subsection (K) is appropriate, the Department shall consider the following:

- 1. Repeated violations of statutes or rules,
- 2. Pattern of non-compliance,
- 3. Types of violations,
- 4. Severity of violations, and
- 5. Number of violations.

R9-10-118. Collaborating Health Care Institution

A. An administrator of a collaborating health care institution shall ensure that:

- 1. A list is maintained of adult behavioral health therapeutic homes and behavioral health respite homes for which the collaborating health care institution serves as a collaborating health care institution;
- 2. For each adult behavioral health therapeutic home or behavioral health respite home in subsection (A)(1), the collaborating health care institution maintains the following information:
 - a. A copy of the documented agreement that establishes the responsibilities of the adult behavioral health therapeutic home or behavioral health respite home and the collaborating health care institution consistent with the requirements in this Chapter;
 - b. For the adult behavioral health therapeutic home or behavioral health respite home, the following information:
 - i. Provider’s name;
 - ii. Street address;
 - iii. License number;
 - iv. Whether the residence is an adult behavioral health therapeutic home or a behavioral health respite home;
 - v. If the residence is a behavioral health respite home, whether the behavioral health respite home provides respite care services to:
 - (1) Individuals 18 years of age or older, or
 - (2) Individuals less than 18 years of age;
 - vi. The beginning and ending dates of the documented agreement in subsection (A)(2)(a); and
 - vii. The name and contact information for the individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home or behavioral health respite home;
 - c. For the adult behavioral health therapeutic home or behavioral health respite home, a copy of the following that have been approved by the collaborating health care institution:
 - i. Scope of services,
 - ii. Policies and procedures, and
 - iii. Documentation of the review and update of policies and procedures;
 - d. A description of the required skills and knowledge for a provider, based on the scope of services of the adult behavioral health therapeutic home or behavioral health respite home, as established by the collaborating health care institution; and
 - e. For a provider in the adult behavioral health therapeutic home or behavioral health respite home, documentation of:
 - i. The provider’s skills and knowledge;
 - ii. If applicable, the provider’s completion of training in assistance in the self-administration of medication;
 - iii. Verification of the provider’s skills and knowledge; and
 - iv. If the provider is required to have clinical oversight according to R9-10-1805(C), the provider’s receiving clinical oversight;
- 3. A provider’s skills and knowledge are verified by a personnel member according to policies and procedures;
- 4. A provider who provides behavioral health services receives clinical oversight, required in R9-10-1805(C), from a behavioral health professional; and
- 5. A provider, other than a provider who is a medical practitioner or nurse, receives training in assistance in the self-administration of medication:
 - a. From a medical practitioner or registered nurse or from a personnel member of the collaborating health care institution trained by a medical practitioner or registered nurse;
 - b. That includes:
 - i. A demonstration of the provider’s skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed; and

- c. That is documented.
- B. For a patient referred to an adult behavioral health therapeutic home or a behavioral health respite home, an administrator shall ensure that:
 - 1. A resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home does not present a threat to the referred patient, based on the resident’s or recipient’s developmental levels, social skills, verbal skills, and personal history;
 - 2. The referred patient does not present a threat to a resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home based the referred patient’s developmental levels, social skills, verbal skills, and personal history;
 - 3. The referred patient requires services within the adult behavioral health therapeutic home’s or behavioral health respite home’s scope of services;
 - 4. A provider of the adult behavioral health therapeutic home or behavioral health respite home has the verified skills and knowledge to provide behavioral health services to the referred patient;
 - 5. A treatment plan for the referred patient, ~~which that~~ includes information necessary for a provider to meet the referred patient’s needs for behavioral health services, is completed and forwarded to the provider before the referred patient is accepted as a resident or recipient;
 - 6. A patient’s treatment plan is reviewed and updated at least once every twelve months, and a copy of the patient’s updated treatment plan is forwarded to the patient’s provider;
 - 7. If documentation of a significant change in a patient’s behavioral, physical, cognitive, or functional condition and the action taken by a provider to address patient’s changing needs is received by the collaborating health care institution, a behavioral health professional or behavioral health technician reviews the documentation and:
 - a. Documents the review; and
 - b. If applicable:
 - i. Updates the patient’s treatment plan, and
 - ii. Forwards the updated treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;
 - 8. If the review and updated treatment plan required in subsection ~~(7)~~ (B)(7) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated treatment plan to ensure the patient is receiving the appropriate behavioral health services; and
 - 9. In addition to the requirements for a medical record for a patient in this Chapter, a referred patient’s medical record contains:
 - a. The provider’s name and the street address and license number of the adult behavioral health therapeutic home or behavioral health respite home to which the patient is referred,
 - b. A copy of the treatment plan provided to the adult behavioral health therapeutic home or behavioral health respite home,
 - c. Documentation received according to and required by subsection ~~(7)~~ (B)(7),
 - d. Any information about the patient received from the adult behavioral health therapeutic home or behavioral health respite home, and
 - e. Any follow-up actions taken by the collaborating health care institution related to the patient.
- C. For a patient referred to an adult behavioral health therapeutic home, an administrator shall ensure that the collaborating health care institution has documentation in the patient’s medical record of evidence of freedom from infectious tuberculosis that meets the requirements in R9-10-113.

ARTICLE 2. HOSPITALS

R9-10-201. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

- ~~1.~~ “Acuity” means a patient’s need for hospital services based on the patient’s medical condition.
- ~~2.~~ “Acuity plan” means a method for establishing nursing personnel requirements by unit based on a patient’s acuity.
- ~~3-1.~~ “Adult” means an individual the hospital designates as an adult based on the hospital’s criteria.
- ~~4-2.~~ “Care plan” means a documented guide for providing nursing services and rehabilitation services to a patient that includes measurable objectives and the methods for meeting the objectives.
- ~~5-3.~~ “Continuing care nursery” means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.
- ~~6-4.~~ “Critically ill inpatient” means an inpatient whose severity of medical condition requires the nursing services of specially trained registered nurses for:
 - a. Continuous monitoring and multi-system assessment,
 - b. Complex and specialized rapid intervention, and
 - c. Education of the inpatient or inpatient’s representative.
- ~~7-5.~~ “Device” has the same meaning as in A.R.S. § 32-1901.
- ~~8-6.~~ “Diet” means food and drink provided to a patient.
- ~~9-7.~~ “Diet manual” means a written compilation of diets.
- ~~10-8.~~ “Dietary services” means providing food and drink to a patient according to an order.
- ~~11-9.~~ “Diversion” means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.
- ~~12-10.~~ “Drug formulary” means a written list of medications available and authorized for use developed according to R9-10-218.



- 13. ~~“Emergency services” means unscheduled medical services provided in a designated area to an outpatient in an emergency.~~
- ~~44-11.~~ “Gynecological services” means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.
- ~~45-12.~~ “Hospital services” means medical services, nursing services, and health-related services provided in a hospital.
- ~~46-13.~~ “Infection control risk assessment” means determining the probability for transmission of communicable diseases.
- ~~47-14.~~ “Inpatient” means an individual who:
 - a. Is admitted to a hospital as an inpatient according to policies and procedures,
 - b. Is admitted to a hospital with the expectation that the individual will remain and receive hospital services for 24 consecutive hours or more, or
 - c. Receives hospital services for 24 consecutive hours or more.
- ~~48-15.~~ “Intensive care services” means hospital services provided to a critically ill inpatient who requires the services of specially trained nursing and other personnel members as specified in policies and procedures.
- ~~49-16.~~ “Medical staff regulations” means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
- ~~20-17.~~ “Multi-organized service unit” means an inpatient unit in a hospital where more than one organized service may be provided to a patient in the inpatient unit.
- ~~24-18.~~ “Neonate” means an individual:
 - a. From birth until discharge following birth, or
 - b. Who is designated as a neonate by hospital criteria.
- ~~22-19.~~ “Nurse anesthetist” means a registered nurse who meets the requirements of A.R.S. § ~~32-1661~~ 32-1601 and who has clinical privileges to administer anesthesia.
- ~~23-20.~~ “Nurse executive” means a registered nurse accountable for the direction of nursing services provided in a hospital.
- ~~24-21.~~ “Nursery” means an area in a hospital designated only for neonates.
- ~~25-22.~~ “Nurse supervisor” means a registered nurse accountable for managing nursing services provided in an organized service in a hospital.
- ~~26-23.~~ “Nutrition assessment” means a process for determining a patient’s dietary needs using information contained in the patient’s medical record.
- ~~27-24.~~ “On duty” means that an individual is at work and performing assigned responsibilities.
- ~~28-25.~~ “Organized service” means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.
- ~~29-26.~~ “Outpatient” means an individual who:
 - a. Is admitted to a hospital with the expectation that the individual will receive hospital services for less than 24 consecutive hours; or
 - b. Except as provided in subsection (17) receives, hospital services for less than 24 consecutive hours.
- ~~30-27.~~ “Pathology” means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
- ~~34-28.~~ “Patient care” means hospital services provided to a patient by a personnel member or a medical staff member.
- ~~32-29.~~ “Pediatric” means pertaining to an individual designated by a hospital as a child based on the hospital’s criteria.
- ~~33-30.~~ “Perinatal services” means medical services for the treatment and management of obstetrical patients and neonates.
- ~~34-31.~~ “Post-anesthesia care unit” means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.
- ~~35-32.~~ “Private duty staff” means an individual, excluding a personnel member, compensated by a patient or the patient’s representative.
- ~~36-33.~~ “Psychiatric services” means the diagnosis, treatment, and management of a mental disorder.
- ~~37-34.~~ “Rehabilitation services” means medical services provided to a patient to restore or to optimize functional capability.
- ~~38.~~ ~~“Single group license” means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).~~
- ~~39-35.~~ “Social services” means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient’s illness or injury while in the hospital or the anticipated needs of the patient after discharge.
- ~~40-36.~~ “Specialty” means a specific branch of medicine practiced by a licensed individual who has obtained education or qualifications in the specific branch in addition to the education or qualifications required for the individual’s license.
- ~~44-37.~~ “Surgical services” means medical services involving a surgical procedure.
- ~~42-38.~~ “Transfusion” means the introduction of blood or blood products from one individual into the body of another individual.
- ~~43-39.~~ “Unit” means a designated area of an organized service.
- ~~44-40.~~ “Vital record” has the same meaning as in A.R.S. § 36-301.
- ~~45-41.~~ “Well-baby bassinet” means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours after birth.

R9-10-202. Supplemental Application, Notification, and Documentation Submission Requirements

- A. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant for ~~an initial a~~ hospital license shall include:
 - I. On the application the requested licensed capacity for the hospital, including:
 - a. The number of inpatient beds for each organized service, not including well-baby bassinets; and
 - b. If applicable, the number of inpatient beds for each multi-organized service unit;

2. On the application, if applicable, the requested licensed occupancy for providing behavioral health observation/stabilization services to:
 - a. Individuals who are under 18 years of age, and
 - b. Individuals 18 years of age and older; and
3. A list, in a ~~Department-provided format provided by the Department,~~ of medical staff specialties and subspecialties.
- B.** For a single group license authorized in A.R.S. § 36-422(F), in addition to the requirements in subsection (A), a governing authority applying for ~~an initial or renewal~~ a license shall submit the following to the Department, in a Department-provided format provided by the Department, for each satellite facility under the single group license:
 1. The name, address, e-mail address, and telephone number of the satellite facility;
 - ~~2.~~ The class or subclass of the satellite facility, according to R9-10-102;
 - ~~2-3.~~ The name and e-mail address of the administrator;
 - ~~4.~~ A list of services to be provided at the satellite facility; and
 - ~~3-5.~~ The hours of operation during which the satellite facility provides medical services, nursing services, behavioral health services, or health-related services.
- C.** For a single group license authorized in A.R.S. § 36-422(G), in addition to the requirements in subsection (A), a governing authority applying for ~~an initial or renewal~~ a license shall submit the following to the Department in a Department-provided format provided by the Department for each accredited satellite facility under the single group license:
 1. The name, address, e-mail address, and telephone number of the accredited satellite facility;
 - ~~2.~~ The class or subclass of the accredited satellite facility, according to R9-10-102;
 - ~~2-3.~~ The name and e-mail address of the administrator;
 - ~~4.~~ A list of services to be provided at the accredited satellite facility;
 - ~~3-5.~~ The hours of operation during which the accredited satellite facility provides medical services, nursing services, behavioral health services, or health-related services; and
 - ~~4-6.~~ A copy of the accredited satellite facility’s current accreditation report.
- D.** A licensee with a single group license shall submit to the Department, with the relevant fees required in R9-10-106(D) and in a Department-provided format, the following, as applicable:
 - ~~1.~~ The information required in subsections (B)(1) through (5), or
 - ~~2.~~ The information and documentation required in subsections (C)(1) through (6).
- ~~D-E.~~** A governing authority shall:
 1. Notify the Department:
 - a. ~~At least 30 calendar days before a satellite facility or an accredited satellite facility on a single group license terminates operations;~~
 - b. Within 30 calendar days after adding a satellite facility or an accredited satellite facility under a single group license and provide, as applicable:
 - i. The information required in subsections (B)(1) through (5), or
 - ii. The information and documentation required in subsections (C)(1) through (6); and
 - c. At least 60 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license; and
 2. ~~Submit~~ Upon notifying the Department according to subsection (E)(1)(c), submit an application, according to the requirements in 9 A.A.C. 10, Article 1, at least 60 calendar days but not more than 120 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license.

R9-10-203. Administration

- A.** A governing authority shall:
 1. Consist of one or more individuals responsible for the organization, operation, and administration of a hospital;
 2. Establish, in writing:
 - a. A hospital’s scope of services,
 - b. Qualifications for an administrator,
 - c. Which organized services are to be provided in the hospital, and
 - d. The organized services that are to be provided in a multi-organized service unit according to R9-10-228(A);
 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
 4. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff ~~by laws~~ bylaws;
 5. Adopt a quality management program according to R9-10-204;
 6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a hospital’s premises for more than 30 calendar days, or
 - b. Not present on a hospital’s premises for more than 30 calendar days;
 8. Except as provided in (A)(7), notify the Department according to A.R.S. § 36-425(I) if there is a change of administrator and identify the name and qualifications of the new administrator; and
 9. For a health care institution under a single group license, ensure that the health care institution complies with the applicable requirements in this Chapter for the class or subclass of the health care institution.



- B. An administrator:
 - 1. Is directly accountable to the governing authority of a hospital for the daily operation of the hospital and hospital services and environmental services provided by or at the hospital;
 - 2. Has the authority and responsibility to manage the hospital; and
 - 3. Except as provided in subsection (A)(7), shall designate, in writing, an individual who is present on a hospital’s premises and available and accountable for hospital services and environmental services when the administrator is not present on the hospital’s premises.
- C. An administrator shall ensure that:
 - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills and knowledge for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to patient care;
 - d. Cover the requirements in Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training required in R9-10-206(5) including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
 - f. Cover use of private duty staff, if applicable;
 - g. Cover diversion, including:
 - i. The criteria for initiating diversion;
 - ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;
 - iii. The method for notifying emergency medical services providers of initiation of diversion, the type of diversion, and termination of diversion; and
 - iv. When the need for diversion will be reevaluated;
 - h. Include a method to identify a patient to ensure the patient receives hospital services as ordered;
 - i. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - j. Cover health care directives;
 - k. Cover medical records, including electronic medical records;
 - l. Cover quality management, including incident ~~report~~ reports and supporting documentation;
 - m. Cover contracted services;
 - n. Cover tissue and organ procurement and transplant; and
 - o. Cover when an individual may visit a patient in a hospital, including visiting a neonate in a nursery, if applicable;
 - 2. Policies and procedures for hospital services are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of hospital services;
 - c. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients;
 - d. Include when general consent and informed consent are required;
 - e. Include the age criteria for providing hospital services to pediatric patients;
 - f. Cover dispensing, administering, and disposing of medication;
 - g. Cover prescribing a controlled substance to minimize substance abuse by a patient;
 - h. Cover infection control;
 - i. Cover restraints that:
 - i. Require an order, including the frequency of monitoring and assessing the restraint; or
 - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a patient’s sudden, intense, or out-of-control behavior;
 - j. Cover seclusion of a patient including:
 - i. The requirements for an order, and
 - ii. The frequency of monitoring and assessing a patient in seclusion;
 - k. Cover communicating with a midwife when the midwife’s client begins labor and ends labor;
 - l. Cover telemedicine, if applicable; and
 - m. Cover environmental services that affect patient care;
 - 3. Policies and procedures are reviewed at least once every three years and updated as needed;
 - 4. Policies and procedures are available to personnel members;
 - 5. The licensed capacity in an organized service is not exceeded, except for an emergency admission of a patient;
 - 6. A patient is only admitted to an organized service that has exceeded the organized service’s licensed capacity after a medical staff member reviews the medical history of the patient and determines that the patient’s admission is an emergency; and
 - 7. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and

- b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.
- D.** An administrator of a special hospital shall ensure that:
- 1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the scope of services provided by the special hospital; and
 - 2. A physician or nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises.
- R9-10-206. Personnel**
An administrator shall ensure that:
- 1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
 - 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
 - 3. Sufficient personnel members are present on a hospital's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the hospital's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
 - 4. Orientation occurs within the first 30 calendar days after a personnel member begins providing hospital services and includes:
 - a. Informing a personnel member about Department rules for licensing and regulating hospitals and where the rules may be obtained,
 - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospital, and
 - c. Providing the information required by policies and procedures;
 - 5. Policies and procedures designate the categories of personnel providing medical services or nursing services who are:
 - a. Required to be qualified in cardiopulmonary resuscitation within 30 calendar days after the individual's starting date, and
 - b. Required to maintain current qualifications in cardiopulmonary resuscitation;
 - 6. A personnel record for each personnel member is established and maintained and includes:
 - a. The personnel member's name, date of birth, and contact telephone number;
 - b. The personnel member's starting date and, if applicable, ending date;
 - c. Verification of a personnel member's certification, license, or education, if necessary for the position held;
 - d. Documentation of evidence of freedom from infectious tuberculosis required in ~~R9-10-230(A)(5)~~ R9-10-230(5);
 - e. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and
 - f. Orientation documentation;
 - 7. Personnel receive in-service education according to criteria established in policies and procedures;
 - 8. In-service education documentation for a personnel member includes:
 - a. The subject matter,
 - b. The date of the in-service education, and
 - c. The signature of the personnel member;
 - 9. Personnel records and in-service education documentation are maintained by the hospital for at least 24 months after the last date the personnel member worked; and
 - 10. Personnel records and in-service education documentation, for a personnel member who has not worked in the hospital during the previous 12 months, are provided to the Department within 72 hours after the Department's request.
- R9-10-207. Medical Staff**
A governing authority shall ensure that:
- 1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a hospital;
 - 2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and



- governing authority requirements;
- 3. A medical staff member complies with medical staff bylaws and medical staff regulations;
- 4. The medical staff of a general hospital or a special hospital includes at least two physicians who have clinical privileges to admit inpatients to the general hospital or special hospital;
- 5. The medical staff of a rural general hospital includes at least one physician who has clinical privileges to admit inpatients to the rural general hospital and one additional physician who serves on a committee according to subsection (A)(7)(c);
- 6. A medical staff member is available to direct patient care;
- 7. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
 - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
 - b. Appointing members to the medical staff, subject to approval by the governing authority;
 - c. Establishing committees including identifying the purpose and organization of each committee;
 - d. Appointing one or more medical staff members to a committee;
 - e. Obtaining and documenting permission for an autopsy of a patient, performing an autopsy, and notifying, if applicable, the medical practitioner coordinating the patient’s medical services when an autopsy is performed;
 - f. Requiring that each inpatient has a medical practitioner who coordinates the inpatient’s care;
 - g. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member’s patient;
 - h. Defining a medical staff member’s responsibilities for the transport or transfer of a patient;
 - i. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
 - j. Establishing a time-frame for a medical staff member to complete a patient’s medical record;
 - k. Establishing criteria for granting, denying, revoking, and suspending clinical privileges;
 - l. Specifying pre-anesthesia and post-anesthesia responsibilities for medical staff members; and
 - m. Approving the use of medication and devices under investigation by the U.S. Department of Health and Human Services, Food and Drug Administration including:
 - i. Establishing criteria for patient selection;
 - ii. Obtaining informed consent before administering the investigational medication or device; and
 - iii. Documenting the administration of and, if applicable, the adverse reaction to an investigational medication or device; and
- 8. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.

B. An administrator shall ensure that:

- 1. A medical staff member provides evidence of freedom from infectious tuberculosis according to the requirements in ~~R9-10-230(A)(5)~~ R9-10-230(5);
- 2. A record for each medical staff member is established and maintained that includes:
 - a. A completed application for clinical privileges;
 - b. The dates and lengths of appointment and reappointment of clinical privileges;
 - c. The specific clinical privileges granted to the medical staff member, including revision or revocation dates for each clinical privilege; and
 - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
- 3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
 - a. As soon as possible, but not more than two hours after the time of the Department’s request, if the individual is a current medical staff member; and
 - b. Within 72 hours after the time of the Department’s request if the individual is no longer a current medical staff member.

R9-10-210. Transport

A. For a transport of a patient, the administrator of a sending hospital shall ensure that:

- 1. Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which the sending hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
 - b. Require an assessment of the patient by a registered nurse or a medical staff member before transporting the patient and after the patient’s return;
 - c. Specify the information in the sending hospital’s patient medical record that is required to accompany the patient, which shall include the information related to the medical services to be provided to the patient at the receiving health care institution;
 - d. Specify how the sending hospital personnel members communicate patient medical record information that the sending hospital does not provide at the time of transport but is requested by the receiving health care institution; and
 - e. Specify how a medical staff member explains the risks and benefits of a transport to the patient or the patient’s representative based on the:
 - i. Patient’s medical condition, and
 - ii. Mode of transport; and

2. Documentation in the patient's medical record includes:
 - a. Consent for transport by the patient or the patient's representative or why consent could not be obtained;
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transport to the receiving health care institution;
 - d. The date and time of the patient's return to the sending hospital, if applicable;
 - e. The mode of transportation; and
 - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.
- B.** For a transport of a patient to a receiving hospital, the administrator of the receiving hospital shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which the receiving hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
 - b. Require an assessment of the patient by a registered nurse or a medical staff member upon arrival of the patient and before the patient is returned to the sending ~~hospital~~ health care institution unless the receiving facility is a satellite facility, as established in A.R.S. § 36-422, and does not have a registered nurse or a medical staff member at the satellite facility;
 - c. Specify the information in the receiving hospital's patient medical record required to accompany the patient when the patient is returned to the sending ~~hospital~~ health care institution, if applicable; and
 - d. Specify how the receiving hospital personnel members communicate patient medical record information to the sending ~~hospital~~ health care institution that is not provided at the time of the patient's return; and
 2. Documentation in the patient's medical record includes:
 - a. The date and time the patient ~~arrives~~ arrived at the receiving hospital;
 - b. The medical services provided to the patient at the receiving hospital;
 - c. Any adverse reaction or negative outcome the patient ~~experiences~~ experienced at the receiving hospital, if applicable;
 - d. The date and time the receiving hospital ~~returns~~ returned the patient to the sending ~~hospital~~ health care institution, if applicable;
 - e. The mode of transportation to return the patient to the sending ~~hospital~~ health care institution, if applicable; and
 - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

R9-10-215. Surgical Services

An administrator of a general hospital shall ensure that:

1. There is an organized service that provides surgical services under the direction of a medical staff member;
2. There is a designated area for providing surgical services as an organized service;
3. The area of the hospital designated for surgical services is managed by a registered nurse or a physician;
4. Documentation is available in the surgical services area that specifies each medical staff member's clinical privileges to perform surgical procedures in the surgical services area;
5. Postoperative orders are documented in the patient's medical record;
6. There is a chronological log of surgical procedures performed in the surgical services area that contains:
 - a. The date of the surgical procedure,
 - b. The patient's name,
 - c. The type of surgical procedure,
 - d. The time in and time out of the operating room,
 - e. The name and title of each individual performing or assisting in the surgical procedure,
 - f. The type of anesthesia used,
 - g. An identification of the operating room used, and
 - h. The disposition of the patient after the surgical procedure;
7. The chronological log required in subsection ~~(A)(6)~~ (6) is maintained in the surgical services area for at least 12 months after the date of the surgical procedure and then maintained by the hospital for an additional 12 months;
8. The medical staff designate in writing the surgical procedures that may be performed in areas other than the surgical services area;
9. The hospital has the medical staff members, personnel members, and equipment to provide the surgical procedures offered in the surgical services area;
10. A patient and the surgical procedure to be performed on the patient are identified before initiating the surgical procedure;
11. Except in an emergency, a medical staff member or a surgeon performs a medical history and physical examination within 30 calendar days before performing a surgical procedure on a patient;
12. Except ~~in an emergency~~ as provided in subsection (14), a medical staff member or a surgeon enters an interval note in the patient's medical record before performing a surgical procedure;
13. Except ~~in an emergency~~ as provided in subsection (14), the following are documented in a patient's medical record before a surgical procedure:
 - a. A preoperative diagnosis;
 - b. Each diagnostic test performed in the hospital;



- c. A medical history and physical examination as required in subsection ~~(A)(11)~~ (11) and an interval note as required in subsection ~~(A)(12)~~ (12);
 - d. A consent or refusal for blood or blood products signed by the patient or the patient’s representative, if applicable; and
 - e. Informed consent according to policies and procedures; and
14. ~~Within~~ In an emergency, the documentation required in subsections (12) and (13) is completed within 24 hours after a surgical procedure on a patient is completed.

R9-10-217. Emergency Services

- A.** An administrator of a general hospital or a rural general hospital shall ensure that:
- 1. Emergency services are provided 24 hours a day in a designated area of the hospital;
 - 2. Emergency services are provided as an organized service under the direction of a medical staff member;
 - 3. The scope and extent of emergency services offered are documented in the hospital’s scope of services;
 - 4. Emergency services are provided to an individual, including a woman in active labor, requesting emergency services;
 - 5. If emergency services cannot be provided at the hospital to meet the needs of a patient in an emergency, measures and procedures are implemented to minimize risk to the patient until the patient is transported or transferred to another hospital;
 - 6. A roster of on-call medical staff members is available in the emergency services area;
 - 7. There is a chronological log of emergency services provided to patients that includes:
 - a. The patient’s name;
 - b. The date, time, and mode of arrival; and
 - c. The disposition of the patient including discharge, transfer, or admission; and
 - 8. The chronological log required in subsection (A)(7) is maintained:
 - a. In the emergency services area for at least 12 months after the date of the emergency services; and
 - b. By the hospital for at least an additional four years.
- B.** An administrator of a special hospital that provides emergency services shall comply with subsection (A).
- C.** An administrator of a hospital that provides emergency services, but does not provide perinatal organized services, shall ensure that emergency perinatal services are provided within the hospital’s capabilities to meet the needs of a patient and a neonate, including the capability to deliver a neonate and to keep the neonate warm until transfer to a hospital providing perinatal organized services.
- D.** An administrator of a hospital that provides emergency services shall ensure that a room used for seclusion in a designated area of the hospital used for providing emergency services, complies with applicable physical plant health and safety codes and standards for ~~seclusion rooms~~ a secure hold room as described in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities, incorporated by reference in A.A.C. R9-1-412.

R9-10-219. Clinical Laboratory Services and Pathology Services

- An administrator shall ensure that:
- 1. Clinical laboratory services and pathology services are provided by a hospital through a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
 - 2. A copy of the certificate of accreditation or certificate of compliance in subsection (1) is provided to the Department for review upon the Department’s request;
 - 3. A general hospital or a rural general hospital provides clinical laboratory services 24 hours a day on the hospital’s premises to meet the needs of a patient in an emergency;
 - 4. A special hospital whose patients require clinical laboratory services:
 - a. Is able to provide clinical laboratory services when needed by the patients,
 - b. Obtains specimens for clinical laboratory services without transporting the patients from the special hospital’s premises, and
 - c. Has the examination of the specimens performed by a clinical laboratory on the special hospital’s premises or by arrangement with a clinical laboratory not on the special hospital’s premises;
 - 5. A hospital that provides clinical laboratory services 24 hours a day has on duty or on-call laboratory personnel authorized by policies and procedures to perform testing;
 - 6. A hospital that offers surgical services provides pathology services on the hospital’s premises or by contracted service to meet the needs of a patient;
 - 7. Clinical laboratory and pathology test results are:
 - a. Available to the medical staff:
 - i. Within 24 hours after the test is completed if the test is performed at a laboratory on the hospital’s premises, or
 - ii. Within 24 hours after the test result is received if the test is performed at a laboratory not on the hospital’s premises; and
 - b. Documented in a patient’s medical record;
 - 8. If a test result is obtained that indicates a patient may have an emergency medical condition, as established by medical staff, laboratory personnel notify the ordering medical staff member or a registered nurse in the patient’s assigned unit;
 - 9. If a clinical laboratory report, a pathology report, or an autopsy report is completed on a patient, a copy of the report is included in the patient’s medical record;
 - 10. Policies and procedures are established, documented, and implemented for:
 - a. Procuring, storing, transfusing, and disposing of blood and blood products;

- b. Blood typing, antibody detection, and blood compatibility testing; and
- c. Investigating transfusion adverse reactions that specify a process for review through the quality management program;
- 11. If blood and blood products are provided by contract, the contract includes:
 - a. The availability of blood and blood products ~~from the contractor~~ through the contract, and
 - b. The process for delivery of blood and blood products ~~from the contractor~~ through the contract; and
- 12. Expired laboratory supplies are discarded according to policies and procedures.

R9-10-220. Radiology Services and Diagnostic Imaging Services

- A.** An administrator shall ensure that:
 - 1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and ~~42 A.A.C. 19 A.A.C. 7~~;
 - 2. A copy of a certificate documenting compliance with subsection ~~(4)~~ (A)(1) is provided to the Department for review upon the Department's request;
 - 3. A general hospital or a rural general hospital provides radiology services 24 hours a day on the hospital's premises to meet the emergency needs of a patient;
 - 4. A hospital that provides surgical services has radiology services and diagnostic imaging services on the hospital's premises to meet the needs of patients;
 - 5. A general hospital or a rural general hospital has a radiologic technologist on duty or on-call; and
 - 6. Except as provided in subsection (A)(4), a special hospital whose patients require radiology services and diagnostic imaging services is able to provide the radiology services and diagnostic imaging services when needed by the patients:
 - a. On the special hospital's premises, or
 - b. By arrangement with a radiology and diagnostic imaging facility that is not on the special hospital's premises.
- B.** An administrator of a hospital that provides radiology services or diagnostic imaging services on the hospital's premises shall ensure that:
 - 1. Radiology services and diagnostic imaging services are provided:
 - a. Under the direction of a medical staff member; and
 - b. According to an order that includes:
 - i. The patient's name,
 - ii. The name of the ordering individual,
 - iii. The radiological or diagnostic imaging procedure ordered, and
 - iv. The reason for the procedure;
 - 2. A medical staff member or radiologist interprets the radiologic or diagnostic image;
 - 3. A radiologic or diagnostic imaging patient report is prepared that includes:
 - a. The patient's name;
 - b. The date of the procedure;
 - c. A medical staff member's or radiologist's interpretation of the image;
 - d. The type and amount of radiopharmaceutical used, if applicable; and
 - e. The adverse reaction to the radiopharmaceutical, if any; and
 - 4. A radiologic or diagnostic imaging report is included in the patient's medical record.

R9-10-224. Pediatric Services

- A.** An administrator of a hospital that provides pediatric services or ~~organized~~ organized services according to the requirements in this Section shall ensure that:
 - 1. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of the pediatric patient to stay overnight;
 - 2. Policies and procedures are established, documented, and implemented for:
 - a. Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and
 - b. Visitation of a pediatric patient, including age limits if applicable;
 - 3. A pediatric inpatient is only admitted if the hospital has the staff, equipment, and supplies available to meet the needs of the pediatric patient based on the pediatric patient's medical condition and the hospital's scope of services; and
 - 4. If the hospital provides pediatric intensive care services, the pediatric intensive care services comply with intensive care services requirements in R9-10-221.
- B.** An administrator of a hospital that provides pediatric organized services shall ensure that pediatric services are provided in a designated area under the direction of a medical staff member.
- C.** An administrator shall ensure that in a multi-organized service unit or a patient care unit that is providing medical and nursing services to an adult patient and a pediatric patient according to this Section:
 - 1. A pediatric patient is not placed in a patient room with an adult patient, and
 - 2. A medication for a pediatric patient that is stored in the patient care unit is stored separately from a medication for an adult patient.
- D.** ~~Except as provided in subsections (F) and (G), an administrator of a hospital that does not provide pediatric organized services may admit a pediatric inpatient only in an emergency.~~
- E.D.** A hospital may use a bed in a pediatric organized services patient care unit for an adult patient if an administrator establishes, documents, and implements policies and procedures that:
 - 1. Delineate the specific conditions under which an adult patient is placed in a bed in the pediatric organized services unit, and



- 2. Except as provided in ~~subsection~~ subsections (H) and (I), ensure that an adult patient is:
 - a. Not placed in a pediatric organized services patient care unit if a pediatric patient is admitted to and present in the pediatric organized services patient care unit, and
 - b. Transferred out of the pediatric organized services patient care unit to an appropriate level of care when a pediatric patient is admitted to the pediatric organized services patient care unit.

E. Except as provided in subsections (F) and (G), an administrator of a hospital that does not provide pediatric organized services may admit a pediatric inpatient only in an emergency.

F. Subsection (G) only applies to a general hospital or rural general hospital that:

- 1. Does not provide pediatric organized services;
- 2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to a pediatric patient;
- 3. Has a licensed capacity of less than 100; and
- 4. Is located in a county with a population of less than 500,000.

G. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (F) shall ensure that:

- 1. There are pediatric-appropriate equipment and supplies available, based on the hospital services designated for pediatric patients in the general hospital or rural general hospital's scope of services; and
- 2. Personnel members that are or may be assigned to provide hospital services to a pediatric patient have the appropriate skills and knowledge for providing hospital services to a pediatric patient, based on the general hospital's or rural general hospital's scope of services.

H. Subsection (I) only applies to a general hospital or a rural general hospital that:

- 1. Provides ~~organized~~ pediatric organized services in a patient care unit;
- 2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to an adult patient in an ~~organized~~ pediatric organized services patient care unit;
- 3. Has a licensed capacity of less than 100; and
- 4. Is located in a county with a population of less than 500,000.

I. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (H) shall comply with the requirements in subsection ~~(E)(1)~~ (D)(1).

R9-10-225. Psychiatric Services

A. An administrator of a hospital that contains an organized psychiatric services unit or a special hospital licensed to provide psychiatric services shall ensure that in the organized psychiatric unit or special hospital:

- 1. Psychiatric services are provided under the direction of a medical staff member;
- 2. An inpatient admitted to the organized psychiatric services unit or special hospital has a principal diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
- 3. Except in an emergency, a patient receives a nursing assessment before treatment for the patient is initiated;
- 4. An individual whose medical needs cannot be met while the individual is an inpatient in an organized psychiatric services unit or a special hospital is not admitted to or is transferred out of the organized psychiatric services unit or special hospital;
- 5. Policies and procedures for the organized psychiatric services unit or special hospital are established, documented, and implemented that:
 - a. Establish qualifications for medical staff members and personnel members who provide clinical oversight to behavioral health technicians;
 - b. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - c. Establish the process for developing and implementing a patient's care plan including:
 - i. Obtaining the patient's or the patient's representative's participation in the development of the patient's care plan;
 - ii. Ensuring that the patient is informed of the modality, frequency, and duration of any treatments that are included in the patient's care plan;
 - iii. Informing the patient that the patient has the right to refuse any treatment;
 - iv. Updating the patient's care plan and informing the patient of any changes to the patient's care plan; and
 - v. Documenting the actions in subsection (A)(5)(c)(i) through (iv) in the patient's medical record;
 - d. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a medical staff member or personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;
 - e. Establish the criteria for determining when an inpatient's absence is unauthorized, including whether the inpatient:
 - i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
 - ii. Is absent against medical advice; or
 - iii. Is under 18 years of age;
 - f. Identify each type of restraint and seclusion used in the organized psychiatric services unit or special hospital and include for each type of restraint and seclusion used:
 - i. The qualifications of a medical staff member or personnel member who can:

- (1) Order the restraint or seclusion,
- (2) Place a patient in the restraint or seclusion,
- (3) Monitor a patient in the restraint or seclusion,
- (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
- (5) Renew the order for restraint or seclusion;
- ii. On-going training requirements for a medical staff member or personnel member who has direct patient contact while the patient is in a restraint or in seclusion; and
- iii. Criteria for monitoring and assessing a patient including:
 - (1) Frequencies of monitoring and assessment based on a patient's condition, cognitive status, situational factors, and risks associated with the specific restraint or seclusion;
 - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
 - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
 - (4) If a mechanical restraint is used, how often the mechanical restraint is monitored or loosened; and
 - (5) A process for meeting a patient's nutritional needs and elimination needs;
- g. Establish the criteria and procedures for renewing an order for restraint or seclusion;
- h. Establish procedures for internal review of the use of restraint or seclusion;
- i. Establish requirements for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
- j. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
6. If ~~time-out~~ time-out is used in the organized psychiatric services unit or special hospital, a ~~time-out~~ time-out:
 - a. Takes place in an area that is unlocked, lighted, quiet, and private;
 - b. Does not take place in the room approved for seclusion by the Department under R9-10-104;
 - c. Is time-limited and does not exceed two hours per incident or four hours per day;
 - d. Does not result in a patient's missing a meal if the patient is in ~~time-out~~ time-out at mealtime;
 - e. Includes monitoring of the patient by a medical staff member or personnel member at least once every 15 minutes to ensure the patient's health, safety, and welfare and to determine if the patient is ready to leave ~~time-out~~ time-out; and
 - f. Is documented in the patient's medical record, to include:
 - i. The date of the ~~time-out~~ time-out,
 - ii. The reason for the ~~time-out~~ time-out,
 - iii. The duration of the ~~time-out~~ time-out, and
 - iv. The action planned and taken to address the reason for the ~~time-out~~ time-out;
7. Restraint or seclusion is:
 - a. Not used as a means of coercion, discipline, convenience, or retaliation;
 - b. Only used when all of the following conditions are met:
 - i. Except as provided in subsection (A)(8), after obtaining an order for the restraint or seclusion;
 - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
 - c. Discontinued at the earliest possible time;
8. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
 - a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
 - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
9. Restraint or seclusion is:
 - a. Only ordered by a physician or a registered nurse practitioner, and
 - b. Not written as a standing order or on an as-needed basis;
10. An order for restraint or seclusion includes:
 - a. The name of the individual ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
 - e. The specific criteria for release from restraint or seclusion without an additional order; and
 - f. The maximum duration authorized for the restraint or seclusion;



- 11. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
 - a. Four continuous hours for a patient who is 18 years of age or older,
 - b. Two continuous hours for a patient who is between the ages of nine and 17 years of age, or
 - c. One continuous hour for a patient who is younger than nine years of age;
- 12. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:
 - a. Face-to-face monitoring by a medical staff member or personnel member, or
 - b. Video and audio monitoring by a medical staff member or personnel member who is in close proximity to the patient;
- 13. If an order for restraint or seclusion of a patient is not provided by a medical practitioner coordinating the patient's medical services, the medical practitioner is notified as soon as possible;
- 14. A medical staff member or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion until the medical staff member or personnel member completes education and training that:
 - a. Includes:
 - i. Techniques to identify medical staff member, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
 - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
 - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
 - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
 - vii. Training exercises in which medical staff members and personnel members successfully demonstrate the techniques that the medical staff members and personnel members have learned for managing emergency situations; and
 - b. Is provided by individuals qualified according to policies and procedures;
- 15. When a patient is placed in restraint or seclusion:
 - a. The restraint or seclusion is conducted according to policies and procedures;
 - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
 - i. Chronological and developmental age;
 - ii. Size;
 - iii. Gender;
 - iv. Physical condition;
 - v. Medical condition;
 - vi. Psychiatric condition; and
 - vii. Personal history, including any history of physical or sexual abuse;
 - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
 - d. A patient is monitored and assessed according to policies and procedures;
 - e. A physician or other health professional authorized by policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
 - i. The patient's current behavior,
 - ii. The patient's reaction to the restraint or seclusion used,
 - iii. The patient's medical and behavioral condition, and
 - iv. Whether to continue or terminate the restraint or seclusion;
 - f. The patient is given the opportunity:
 - i. To eat during mealtime, and
 - ii. To use the toilet; and
 - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
- 16. If a patient is placed in seclusion, the room used for seclusion:
 - a. Is approved for use as a seclusion room by the Department under R9-10-104;
 - b. Is not used as a patient's bedroom or a sleeping area;
 - c. Allows full view of the patient in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. Except as provided in subsection (A)(17), contains a non-adjustable bed that:
 - i. Consists of a mattress on a solid platform that is:
 - (1) Constructed of a durable, non-hazardous material; and
 - (2) Raised off of the floor;

- ii. Does not have wire springs or a storage drawer; and
 - iii. Is securely anchored in place;
- 17. If a room used for seclusion does not contain a non-adjustable bed required in subsection (A)(16)(f):
 - a. A piece of equipment is available for use in the room used for seclusion that:
 - i. Is commercially manufactured to safely and humanely restrain a patient’s body;
 - ii. Provides support to the trunk and head of a patient’s body;
 - iii. Provides restraint to the trunk of a patient’s body;
 - iv. Is able to restrict movement of a patient’s arms, legs, trunk, and head;
 - v. Allows a patient’s body to recline; and
 - vi. Does not inflict harm on a patient’s body; and
 - b. Documentation of the manufacturer’s specifications for the piece of equipment in subsection (A)(17)(a) is maintained;
- 18. A seclusion room may be used for services or activities other than seclusion if:
 - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
 - b. No permanent equipment other than the bed required in subsection (A)(16)(f) is in the room;
 - c. Policies and procedures are established, documented, and implemented that:
 - i. Delineate which services or activities other than seclusion may be provided in the room,
 - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
 - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
 - d. The sign required in subsection (A)(18)(a) and equipment and supplies in the room, other than the bed required in subsection (A)(16)(f), are removed before a patient is placed in seclusion in the room;
- 19. A medical staff member or personnel member documents the following information in a patient’s medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient’s restraint or seclusion does not end during the shift in which it began, during the shift in which the patient’s restraint or seclusion ends:
 - a. The emergency situation that required the patient to be restrained or put in seclusion;
 - b. The times the patient’s restraint or seclusion actually began and ended;
 - c. The time of the face-to-face assessment required in subsection (A)(12)(a);
 - d. The monitoring required in subsection (A)(12)(b) or (15)(d), as applicable;
 - e. The times the patient was given the opportunity to eat or use the toilet according to subsection (A)(15)(f); and
 - f. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and
- 20. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures.

B. An administrator of a hospital that provides opioid treatment services to an outpatient shall comply with the requirements in R9-10-1020.

R9-10-226. Behavioral Health Observation/Stabilization Services

An administrator of a hospital that is authorized to provide behavioral health ~~observation/stabilizations~~ observation/stabilization services shall ensure that:

- 1. Behavioral health observation/stabilization services are provided according to the requirements in R9-10-1012, and
- 2. Restraint and seclusion are provided according to the requirements for restraint and seclusion in R9-10-225.

R9-10-233. Environmental Standards

An administrator shall ensure that:

- 1. An individual providing environmental services who has the potential to transmit infectious tuberculosis to patients, as determined by the infection control risk assessment criteria in R9-10-230(4)(c), provides evidence of freedom from infectious tuberculosis:
 - a. Using a screening method described in R9-10-113(1), on or before the date the individual begins providing environmental services at or on behalf of the hospital and at least once every 12 months thereafter; or
 - b. According to R9-10-113(2);
- 2. The hospital premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer’s instructions to prevent, minimize, and control infection or illness; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
- 3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
- 4. The hospital maintains a tobacco smoke-free environment;
- 5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
- 6. Equipment used to provide hospital services is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer’s recommendations or, if there are no manufacturer’s recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer’s recommendations; and
- 7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair.



ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES

R9-10-302. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for an initial license as a behavioral health inpatient facility shall include in a Department-provided format whether the applicant is requesting authorization to provide:

1. Inpatient services to individuals 18 years of age and older, including the licensed capacity requested;
2. ~~Court-ordered pre-petition~~ Pre-petition screening;
3. Court-ordered evaluation;
4. Court-ordered treatment;
5. Behavioral health observation/stabilization services, including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals:
 - a. Under 18 years of age, and
 - b. 18 years of age and older;
6. Child and adolescent residential treatment services, including the licensed capacity requested;
7. Detoxification services;
8. Seclusion;
9. Clinical laboratory services;
10. Radiology services; or
11. Diagnostic imaging services.

R9-10-303. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health inpatient facility;
2. Establish, in writing:
 - a. A behavioral health inpatient facility's scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-304;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
 - a. Expected not to be present on the behavioral health inpatient facility's premises for more than 30 calendar days, or
 - b. Not present on the behavioral health inpatient facility's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority of a behavioral health inpatient facility for the daily operation of the behavioral health inpatient facility and for all services provided by or at the behavioral health inpatient facility;
2. Has the authority and responsibility to manage the behavioral health inpatient facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health inpatient facility's premises and accountable for the behavioral health inpatient facility when the administrator is not present on the behavioral health inpatient facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - f. Cover first aid training;
 - g. Cover the requirements in subsection (J), if applicable;
 - ~~g-h~~ Include a method to identify a patient to ensure the patient receives physical health and behavioral health services as ordered;
 - ~~h-i~~ Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - ~~i-j~~ Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The behavioral health inpatient facility to respond to a patient's complaint;
 - ~~j-k~~ Cover health care directives;

- ~~k.l.~~ Cover medical records, including electronic medical records;
- ~~k.m.~~ Cover quality management, including incident reports and supporting documentation;
- ~~m.n.~~ Cover contracted services; and
- ~~n.o.~~ Cover when an individual may visit a patient in the behavioral health inpatient facility;
- 2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of behavioral health services and physical health services;
 - c. Include when general consent and informed consent are required;
 - d. Cover restraint and, if applicable, seclusion;
 - e. Cover dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - f. Cover prescribing a controlled substance to minimize substance abuse by a patient;
 - g. Cover infection control;
 - h. Cover telemedicine, if applicable;
 - i. Cover environmental services that affect patient care;
 - j. Cover patient outings;
 - k. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of patients or the public;
 - l. If the behavioral health inpatient facility is involved in research, cover the establishment or use of a Human Subject Review Committee;
 - m. Cover the process for receiving a fee from a patient and refunding a fee to a patient;
 - n. Cover the process for obtaining patient preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - o. Cover the security of a patient's possessions that are allowed on the premises; and
 - p. Cover smoking and the use of tobacco products on the premises;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to personnel members, employees, volunteers and students; and
- 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health inpatient facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health inpatient facility.
- D. An administrator shall designate a:
 - 1. Medical director who:
 - a. Provides direction for physical health services provided by or at the behavioral health inpatient facility;
 - b. Is a physician or registered nurse practitioner; and
 - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1)(a) and (b);
 - 2. Clinical director who:
 - a. Provides direction for the behavioral health services provided by or at the behavioral health inpatient facility;
 - b. Is a behavioral health professional; and
 - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(2)(a) and (b); and
 - 3. Registered nurse to provide direction for nursing services provided by or at the behavioral health inpatient facility.
- E. An administrator shall provide written notification to the Department of a patient's:
 - 1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
 - 2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F. Except as specified in R9-10-318(A)(1), if abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a behavioral health inpatient facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454.
- G. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a behavioral health inpatient facility's employee or personnel member, the administrator shall:
 - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (G)(1); and
 - c. The report in subsection (G)(2);



- 4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
 - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (G)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient’s physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 - 6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- H.** An administrator shall establish and document the criteria for determining when a patient’s absence is unauthorized, including the criteria for a patient who:
- 1. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
 - 2. Is absent against medical advice; or
 - 3. Is under the age of 18.
- I.** An administrator shall:
- 1. For a patient who is under a court’s jurisdiction, within an hour after determining that the patient’s absence is unauthorized according to the criteria in subsection (H), notify the appropriate court or a person designated by the appropriate court;
 - 2. Document the notification in subsection (I)(1) and the written log required in subsection (I)(3);
 - 3. Maintain a written log of unauthorized absences for at least 12 months after the date of a patient’s absence that includes the:
 - a. Name of a patient absent without authorization;
 - b. If applicable, name of the person notified as required in subsection (I)(1); and
 - c. Date of the notification; and
 - 4. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-304.
- J.** If a behavioral health inpatient facility has a physician or registered nurse practitioner on-call to comply with R9-10-306(J)(1), an administrator shall ensure that:
- 1. The on-call schedule is documented;
 - 2. Personnel members are aware of:
 - a. The location at which the on-call schedule is available to personnel members of the behavioral health inpatient facility;
 - b. The process through which the on-call physician or registered nurse practitioner is contacted;
 - c. The circumstances that would require the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility, and
 - d. The process through which a request is made for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility;
 - 3. A request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is documented, including:
 - a. The time that a request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is made;
 - b. The name of the individual making the request;
 - c. The reason for the request;
 - d. The name of the physician or registered nurse practitioner contacted and requested to come to the behavioral health inpatient facility, and
 - e. The time the on-call physician or registered nurse practitioner arrives at the behavioral health inpatient facility in response to a request;
 - 4. The documentation in subsections (J)(1) and (3) is maintained for at least 12 months after the last date on the documentation; and
 - 5. Documentation related to the request is included in the medical record of the applicable patient.
- R9-10-306. Personnel**
- A.** An administrator shall ensure that:
- 1. A personnel member is:
 - a. At least 21 years old, or
 - b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member’s scope of practice;
 - 2. An employee is at least 18 years old;
 - 3. A student is at least 18 years old; and
 - 4. A volunteer is at least 21 years old.
- B.** An administrator shall ensure that:
- 1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and

- ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
 - 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
 - 3. Sufficient personnel members are present on a behavioral health inpatient facility's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the behavioral health inpatient facility's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient.
- C. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.
- E. An administrator shall ensure that a personnel member or an employee, volunteer, or student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
 - 1. On or before the date the individual begins providing services at or on behalf of the behavioral health in-patient facility, and
 - 2. As specified in R9-10-113.
- F. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
 - 1. The individual's name, date of birth, and contact telephone number;
 - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - 3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the employee's job duties;
 - b. The individual's education and experience applicable to the employee's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-316;
 - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-303(C)(1)(e);
 - h. First aid training, if required for the individual according to this Article or policies and procedures; and
 - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (E).
- G. An administrator shall ensure that personnel records are:
 - 1. Maintained:
 - a. Throughout an individual's period of providing services in or for the behavioral health inpatient facility, and
 - b. For at least 24 months after the last date the individual provided services in or for the behavioral health inpatient facility; and
 - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health inpatient facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H. An administrator shall ensure that:
 - 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A clinical director develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member; and
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,



- b. The date of the training, and
- c. The subject or topics covered in the training.
- I. An administrator shall ensure that a behavioral health inpatient facility has a daily staffing schedule that:
 - 1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 - 2. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
 - 3. Is maintained for at least 12 months after the last date on the daily staffing schedule.
- J. An administrator shall ensure that:
 - 1. A physician or registered nurse practitioner is:
 - a. ~~present~~ Present on the behavioral health inpatient facility’s premises,
 - b. Available through telemedicine, or
 - c. ~~on-call~~ On-call and on the premises within 30 minutes after a request to come to the behavioral health inpatient facility;
 - 2. A registered nurse is present on the behavioral health inpatient facility’s premises; ~~and~~
 - 3. A registered nurse who provides direction for the nursing services provided at the behavioral health inpatient facility is present at the behavioral health inpatient facility at least 40 hours every week; ~~and~~
 - 4. The types and numbers of personnel members required according to the acuity plan in R9-10-315(A)(3) are present in each unit in the behavioral health inpatient facility.

R9-10-307. Admission; Assessment

Except as provided in R9-10-315(E) or (F), an administrator shall ensure that:

- 1. A patient is admitted based upon the patient’s presenting behavioral health issue and treatment needs and the behavioral health inpatient facility’s ability and authority to provide physical health services, behavioral health services, and ancillary services consistent with the patient’s treatment needs;
- 2. A patient is admitted on the order of a medical practitioner or clinical director;
- 3. A medical practitioner or clinical director, authorized by policies and procedures to accept a patient for admission, is available;
- 4. Except in an emergency or as provided in subsections (6) and (7), general consent is obtained from a patient or, if applicable, the patient’s representative before or at the time of admission;
- 5. The general consent obtained in subsection (4) or the lack of consent in an emergency is documented in the patient’s medical record;
- 6. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
- 7. General consent is not required from a patient receiving treatment according to A.R.S. § 36-512;
- 8. A medical practitioner performs a medical history and physical examination on a patient within 30 calendar days before admission or within ~~72~~ 24 hours after admission and documents the medical history and physical examination in the patient’s medical record within ~~72~~ 24 hours after admission;
- 9. If a medical practitioner performs a medical history and physical examination on a patient before admission, the medical practitioner enters an interval note into the patient’s medical record within seven calendar days after admission;
- 10. Except when a patient needs crisis services, a behavioral health assessment of a patient is completed to determine the acuity of the patient’s behavioral health issue and to identify the behavioral health services needed by the patient before treatment for the patient is initiated and whenever the patient has a significant change in condition or experiences an event that affects treatment;
- 11. If a behavioral health assessment is conducted by a:
 - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient;
- 12. When a patient is admitted, a registered nurse:
 - a. Conducts a nursing assessment of a patient’s medical condition and history;
 - b. Determines whether the:
 - i. Patient requires immediate physical health services, and
 - ii. Patient’s behavioral health issue may be related to the patient’s medical condition and history;
 - c. Determines the acuity of the patient’s medical condition;
 - ~~e-d.~~ Documents the patient’s nursing assessment and the determinations required in subsection (12)(b) and (c) in the patient’s medical record; and
 - ~~d-c.~~ Signs the patient’s medical record;
- 13. A behavioral health assessment:
 - a. Documents the patient’s:
 - i. Presenting issue, including the acuity of the patient’s presenting issue;
 - ii. Substance abuse history;

- iii. Co-occurring disorder;
 - iv. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - v. Court-ordered evaluation;
 - vi. Court-ordered treatment;
 - vii. Criminal justice record;
 - viii. Family history;
 - ix. Behavioral health treatment history;
 - x. Symptoms reported by the patient; and
 - xi. Referrals needed by the patient, if any; and
- b. Includes:
- i. Recommendations for further assessment or examination of the patient’s needs;
 - ii. Recommendations for staffing levels or personnel member qualifications related to the patient’s treatment to ensure patient health and safety;
 - ~~iii.~~ For a patient who:
 - (1) Is admitted to receive crisis services, the behavioral health services and physical health services that will be provided to the patient; or
 - (2) Does not need crisis services, the behavioral health services or physical health services that will be provided to the patient until the patient’s treatment plan is completed; and
 - ~~iii-iv.~~ The signature and date signed of the personnel member conducting the behavioral health assessment;
14. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient’s behavioral health issue may be related to the patient’s medical condition;
15. A request for participation in a patient’s behavioral health assessment is made to the patient or the patient’s representative;
16. An opportunity for participation in the patient’s behavioral health assessment is provided to the patient or the patient’s representative;
17. The request in subsection (15) and the opportunity in subsection (16) are documented in the patient’s medical record;
18. For a patient who is admitted to receive crisis services, the patient’s behavioral health assessment is documented in the patient’s medical record within ~~24~~ eight hours after admission;
19. Except as provided in subsection (18), a patient’s behavioral health assessment is documented in the patient’s medical record within ~~48~~ 24 hours after completing the assessment; and
20. If the information listed in subsection (13) is obtained about a patient after the patient’s behavioral health assessment is completed, an interval note, including the information, is documented in the patient’s medical record within 48 hours after the information is obtained.

R9-10-308. Treatment Plan

- A. Except for a patient admitted to receive crisis services or as provided in R9-10-315(E) or (F), an administrator shall ensure that a treatment plan is developed and implemented for a patient that is:
- 1. ~~Based~~ Is based on the behavioral health assessment and on-going changes to the behavioral health assessment of the patient;
 - 2. ~~Completed~~ Is completed:
 - a. By a behavioral health professional or by a behavioral health technician under the clinical oversight of a behavioral health professional, and
 - b. Before the patient receives treatment;
 - 3. ~~Documented~~ Is documented in the patient’s medical record within ~~48~~ 24 hours after the patient first receives treatment;
 - 4. Includes:
 - a. The patient’s presenting issue, including the acuity of the patient’s presenting issue;
 - b. The behavioral health services and physical health services to be provided to the patient;
 - c. The signature of the patient or the patient’s representative and date signed, or documentation of the refusal to sign;
 - d. The date when the patient’s treatment plan will be reviewed;
 - e. If a discharge date has been determined, the treatment needed after discharge; and
 - f. The signature of the personnel member who developed the treatment plan and the date signed;
 - 5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan identifies the acuity of the patient and meets the patient’s treatment needs; and
 - 6. ~~Reviewed~~ Is 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 patient’s behavioral health assessment is identified, and
 - d. When a patient has a significant change in condition or experiences an event that affects treatment.
- B. An administrator shall ensure that:
- 1. A request for participation in developing a patient’s treatment plan is made to the patient or the patient’s representative;



- 2. An opportunity for participation in developing the patient’s treatment plan is provided to the patient or the patient’s representative; and
- 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient’s medical record.

C. If a patient who is admitted to receive crisis services remains admitted as a patient after the patient no longer needs crisis services, an administrator shall ensure that a treatment plan for the patient is:

- 1. Except for subsection (A)(3), completed according to the requirements in subsection (A); and
- 2. Documented in the patient’s medical record within 24 hours after the patient no longer needs crisis services.

R9-10-314. Physical Health Services

A. An administrator shall ensure that:

- 1. Medical services are provided under the direction of a physician or registered nurse practitioner;
- 2. Nursing services are provided:
 - a. ~~under~~ Under the direction of a registered nurse,
 - b. According to an acuity plan developed for the behavioral health inpatient facility, and
 - c. To meet the needs of a patient based on the patient’s acuity; and
- 3. If a behavioral health inpatient facility is authorized to provide:
 - a. Clinical laboratory services, as defined in R9-10-101, the behavioral health inpatient facility complies with the requirements for clinical laboratory services in R9-10-219; or
 - b. Radiology services or diagnostic imaging services, the behavioral health inpatient facility complies with the requirements in R9-10-220.

B. An administrator shall ensure that, if a patient requires immediate medical services to ensure the patient’s health and safety that the behavioral health inpatient facility is not authorized or not able to provide, a personnel member arranges for the patient to be transported to a hospital, another health care institution, or a health care provider where the medical services can be provided.

R9-10-315. Behavioral Health Services

A. An administrator shall ensure that:

- 1. Behavioral health services listed in the behavioral health inpatient facility’s scope of services are provided to meet the needs of a patient;
- 2. When behavioral health services are:
 - a. Listed in the behavioral health inpatient facility's scope of services, the behavioral health services are provided on the behavioral health inpatient facility’s premises; and
 - b. Provided in a setting or activity with more than one patient participating, before a patient participates, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical abuse or sexual abuse, of the patients participating are reviewed to ensure that the:
 - i. Health and safety of each patient is protected, and
 - ii. Treatment needs of each patient participating in the setting or activity are being met;
- 3. An acuity plan is developed, documented, and implemented for each unit in the behavioral health inpatient facility that:
 - a. Includes:
 - i. A method that establishes the types and numbers of personnel members that are required for each unit in the behavioral health inpatient facility to ensure patient health and safety, and
 - ii. A policy and procedure stating the steps the behavioral health inpatient facility will take to obtain or assign the necessary personnel members to address patient acuity;
 - b. Is used when making assignments for patient treatment; and
 - c. Is reviewed and updated, as necessary, at least once every 12 months;
- 4. A patient is assigned to a unit in the behavioral health inpatient facility based, as applicable, on the patient’s:
 - a. Presenting issue,
 - b. Substance abuse history,
 - c. Behavioral health treatment history,
 - d. Acuity, and
 - e. Treatment needs; and
- 3-5. A patient does not share any space, participate in any activity or treatment, or verbally or physically interact with any other patient that, based on the other patient's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history, may present a threat to the patient’s health and safety.

B. An administrator shall ensure that counseling is:

- 1. Offered as described in the behavioral health inpatient facility’s scope of services,
- 2. Provided according to the frequency and number of hours identified in the patient’s treatment plan, and
- 3. Provided by a behavioral health professional or a behavioral health technician.

C. An administrator shall ensure that each counseling session is documented in a patient’s medical record to include:

- 1. The date of the counseling session;
- 2. The amount of time spent in the counseling session;
- 3. Whether the counseling was individual counseling, family counseling, or group counseling;
- 4. The treatment goals addressed in the counseling session; and
- 5. The signature of the personnel member who provided the counseling and the date signed.

D. An administrator of a behavioral health inpatient facility authorized to provide pre-petition screening shall ensure pre-petition screening is provided according to the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.

E. An administrator of a behavioral health inpatient facility authorized to provide court-ordered evaluation shall ensure that court-

ordered evaluation is provided according to the court-evaluation requirements in A.R.S. Title 36, Chapter 5.

F. An administrator is not required to comply with the following provisions in this Chapter for a patient receiving court-ordered evaluation:

1. Admission requirements in R9-10-307,
2. Patient assessment requirements in R9-10-307,
3. Treatment plan requirements in R9-10-308, and
4. Discharge requirements in R9-10-309.

G. An administrator of a behavioral health inpatient facility authorized to provide court-ordered treatment shall ensure that court-ordered treatment is provided according to the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5.

R9-10-316. Seclusion; Restraint

A. An administrator shall ensure that restraint is provided according to the requirements in subsection (C).

B. An administrator of a behavioral health inpatient facility authorized to provide seclusion shall ensure that:

1. Seclusion is provided according to the requirements in subsection (C);
2. If a patient is placed in seclusion, the room used for seclusion:
 - a. Is approved for use as a seclusion room by the Department;
 - b. Is not used as a patient's bedroom or a sleeping area;
 - c. Allows full view of the patient in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
 - i. Consists of a mattress on a solid platform that is:
 - (1) Constructed of a durable, non-hazardous material; and
 - (2) Raised off of the floor;
 - ii. Does not have wire springs or a storage drawer; and
 - iii. Is securely anchored in place;
3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
 - a. A piece of equipment is available that:
 - i. Is commercially manufactured to safely and humanely restrain a patient's body;
 - ii. Provides support to the trunk and head of a patient's body;
 - iii. Provides restraint to the trunk of a patient's body;
 - iv. Is able to restrict movement of a patient's arms, legs, body, and head;
 - v. Allows a patient's body to recline; and
 - vi. Does not inflict harm on a patient's body; and
 - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and
4. A seclusion room may be used for services or activities other than seclusion if:
 - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
 - b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
 - c. Policies and procedures:
 - i. Delineate which services or activities other than seclusion may be provided in the room,
 - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
 - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
 - d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before ~~use~~ being used for seclusion.

C. An administrator shall ensure that:

1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
 - i. The qualifications of a personnel member who can:
 - (1) Order the restraint or seclusion,
 - (2) Place a patient in the restraint or seclusion,
 - (3) Monitor a patient in the restraint or seclusion,
 - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
 - (5) Renew the order for restraint or seclusion;
 - ii. On-going training requirements for a personnel member who has direct patient contact while the patient is in a restraint or seclusion; and
 - iii. Criteria for monitoring and assessing a patient including:
 - (1) Frequencies of monitoring and assessment based on a patient's medical condition and risks associated with the specific restraint or seclusion;
 - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required



- before the order is renewed and, if an assessment is required, who may conduct the assessment;
 - (3) Assessment content, which may include, depending on a patient’s condition, the patient’s vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
 - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
 - (5) A process for meeting a patient’s nutritional needs and elimination needs;
 - c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
 - d. Establish procedures for internal review of the use of restraint or seclusion; and
 - e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
 - 2. An order for restraint or seclusion is:
 - a. Obtained from a physician or registered nurse practitioner, and
 - b. Not written as a standing order or on an as-needed basis;
 - 3. Restraint or seclusion is:
 - a. Not used as a means of coercion, discipline, convenience, or retaliation;
 - b. Only used when all of the following conditions are met:
 - i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
 - ii. For the management of a patient’s aggressive, violent, or self-destructive behavior;
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
 - c. Discontinued at the earliest possible time;
 - 4. If as a result of a patient’s aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
 - a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
 - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
 - 5. An order for restraint or seclusion includes:
 - a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. If a drug is ordered as a chemical restraint, the drug’s name, strength, dosage, and route of administration;
 - e. The specific criteria for release from restraint or seclusion without an additional order; and
 - f. The maximum duration authorized for the restraint or seclusion;
 - 6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
 - 7. If an order for restraint or seclusion of a patient is not provided by the patient’s attending physician, the patient’s attending physician is notified as soon as possible;
 - 8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
 - a. Includes:
 - i. Techniques to identify medical practitioner, personnel member, and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient’s medical or behavioral health condition;
 - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
 - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
 - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
 - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
 - b. Is provided by individuals qualified according to policies and procedures;
 - 9. When a patient is placed in restraint or seclusion:
 - a. The restraint or seclusion is conducted according to policies and procedures;

- b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
 - i. Chronological and developmental age;
 - ii. Size;
 - iii. Gender;
 - iv. Physical condition;
 - v. Medical condition;
 - vi. Psychiatric condition; and
 - vii. Personal history, including any history of physical or sexual abuse;
 - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
 - d. The patient is monitored and assessed according to policies and procedures;
 - e. A physician or registered nurse assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
 - i. The patient's current behavior,
 - ii. The patient's reaction to the restraint or seclusion used,
 - iii. The patient's medical and behavioral condition, and
 - iv. Whether to continue or terminate the restraint or seclusion;
 - f. The patient is given the opportunity:
 - i. To eat during mealtime, and
 - ii. To use the toilet; and
 - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
10. A medical practitioner or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
- a. The emergency situation that required the patient to be restrained or put in seclusion;
 - b. The times the patient's restraint or seclusion actually began and ended;
 - c. The time of the assessment required in subsection (C)(9)(e);
 - d. The monitoring required in subsection (C)(9)(d);
 - e. The names of the medical practitioners and personnel members with direct patient contact while the patient was in the restraint or seclusion;
 - f. The times the patient was given the opportunity to eat or use the toilet according to subsection (C)(9)(f); and
 - g. The patient evaluation required in subsection (C)(12);
11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
- a. The specific criteria for release from restraint or seclusion without an additional order, and
 - b. The maximum duration authorized for the restraint or seclusion; and
12. A patient is evaluated after restraint or seclusion is no longer being used for the patient.

R9-10-321. Food Services

- A.** An administrator shall ensure that:
- 1. The behavioral health inpatient facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
 - 2. A copy of the behavioral health inpatient facility's food establishment license or permit is maintained;
 - 3. If a behavioral health inpatient facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health inpatient facility:
 - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health inpatient facility; and
 - b. The behavioral health inpatient facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
 - 4. A registered dietitian is employed full-time, part-time, or as a consultant; and
 - 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.
- B.** A registered dietitian or director of food services shall ensure that:
- 1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 - 2. Meals and snacks provided by the behavioral health inpatient facility are served according to posted menus;
 - 3. Meals and snacks for each day are planned using:
 - a. The applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp> <http://www.health.gov/dietaryguidelines/2015>, and
 - b. Preferences for meals and snacks obtained from patients;



- 4. A patient is provided:
 - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A patient group agrees; and
 - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 - 5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 - 6. Water is available and accessible to patients.
- C.** An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
- 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 - 2. Food is protected from potential contamination;
 - 3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
 - 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 - 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 - 6. Frozen foods are stored at a temperature of 0° F or below; and
 - 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

R9-10-324. Physical Plant Standards

- A.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
 - 1. The services stated in the behavioral health inpatient facility's scope of services, and
 - 2. An individual accepted as a patient by the behavioral health inpatient facility.
- B.** An administrator shall ensure that:
 - 1. A behavioral health inpatient facility has a:
 - a. Waiting area with seating for patients and visitors;
 - b. Room that provides privacy for a patient to receive treatment or visitors; and
 - c. Common area and a dining area that:
 - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
 - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the patients and other individuals in the behavioral health inpatient facility;
 - 2. A bathroom is available for use by visitors during the behavioral health inpatient facility's hours of operation and:
 - a. Provides privacy; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
 - 3. For every six patients, there is at least one working toilet that flushes and has a seat and one sink with running water;
 - 4. For every eight patients, there is at least one working bathtub or shower with a slip-resistant surface;
 - 5. A patient bathroom complies with the following:
 - a. Provides privacy when in use;
 - b. Contains:
 - i. A shatterproof mirror, unless the patient's treatment plan requires otherwise;
 - ii. A window that opens or another means of ventilation; and
 - iii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
 - c. Has plumbing, piping, ductwork, or other potentially hazardous elements concealed above a ceiling;
 - d. If the bathroom or shower area has a door, the door swings outward to allow for staff emergency access;

- e. If grab bars for the toilet and tub or shower or other assistive devices are identified in the patient's treatment plan, has grab bars or other assistive devices to provide for patient safety;
 - f. If a grab bar is provided, has the space between the grab bar and the wall filled to prevent a cord being tied around the grab bar;
 - g. Does not contain a towel bar, a shower curtain rod, or a lever handle that is not a specifically designed anti-ligature lever handle;
 - h. Has tamper-resistant lighting fixtures, sprinkler heads, and electrical outlets; and
 - i. For a bathroom with a sprinkler head where a patient is not supervised while the patient is in the bathroom, has a sprinkler head that is recessed or designed to minimize patient access;
6. If a patient bathroom door locks from the inside, an employee has a key and access to the bathroom;
7. Each patient is provided a bedroom for sleeping;
8. A patient bedroom complies with the following:
- a. Is not used as a common area;
 - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of ~~the~~ a patient occupying the bedroom;
 - c. Contains a door that opens into a hallway, common area, or outdoors and, except as provided in subsection (E), another means of egress;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide patient privacy;
 - f. Has floor to ceiling walls:
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than four patients;
 - (2) Contains, except as provided in subsection (B)(9), at least 60 square feet of floor space, not including a closet, for each patient occupying the bedroom; and
 - (3) Provides sufficient space between beds to ensure that a patient has unobstructed access to the bedroom door;
 - h. Contains for each patient occupying the bedroom:
 - i. A bed that is: at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens that is not a threat to health and safety; and
 - ii. Individual storage space for personnel effects and clothing such as shelves, a dresser, or chest of drawers;
 - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each patient;
 - j. Has sufficient lighting for a patient occupying the bedroom to read; and
 - k. If applicable, has a drawer pull that is recessed to eliminate the possibility of use as a tie-off point;
9. If a behavioral health inpatient facility licensed before November 1, 2003 was approved for 50 square feet of floor space for each patient in a bedroom, ensure that the bedroom contains at least 50 square feet for each patient not including the closet;
10. In a patient bathroom or a patient bedroom:
- a. The ceiling is secured from access or at least 9 feet in height; and
 - b. A ventilation grille is:
 - i. Secured and has perforations that are too small to use as a tie-off point, or
 - ii. Of sufficient height to prevent patient access;
11. For a door located in an area of the behavioral health inpatient facility that is accessible to patients:
- a. A door closing device, if used on a patient bedroom door, is mounted on the public side of the door;
 - b. A door's hinges are designed to minimize points for hanging;
 - c. Except for a door lever handle that contains specifically designed anti-ligature hardware, a door lever handle points downward when in the latched or unlatched position; and
 - d. Hardware has tamper-resistant fasteners; and
12. A window located in an area of the behavioral health inpatient facility that is accessible to patients is fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens.
- C. An administrator of a licensed behavioral health inpatient facility may submit a request, in a Department-provided format, for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) that includes:
- 1. The rule citation for the specific plant requirement,
 - 2. The current physical plant condition that does not comply with the physical plant requirement,
 - 3. How the current physical plant condition will be changed to comply with the physical plant requirement,
 - 4. Estimated completion date of the identified physical plant change, and
 - 5. Specific actions taken to ensure the health and safety of a patient until the physical plant requirement is met.
- D. When the Department receives a request for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) submitted according to subsection (C), the Department may approve the request for up to 24 months after the effective date of these rules based on:



- 1. The behavioral health inpatient facility’s scope of services,
 - 2. The expected patient acuity based on the behavioral health inpatient facility’s scope of services,
 - 3. The specific physical plant requirement in the request, and
 - 4. The threat to patients’ health and safety.
- E.** A bedroom in a behavioral health inpatient facility is not required to have a second means of egress if:
- 1. An administrator ensures that policies and procedures are established, documented, and implemented that provide for the safe evacuation of a patient in the bedroom based on the patient’s physical and mental limitations and the location of the bedroom; or
 - 2. The building where the bedroom is located has a fire alarm system and a sprinkler system required in R9-10-322(A)(1).
- F.** If a swimming pool is located on the premises, an administrator shall ensure that:
- 1. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (F)(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; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 - 2. A life preserver or shepherd’s crook is available and accessible in the pool area.
- G.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

ARTICLE 4. NURSING CARE INSTITUTIONS

R9-10-401. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

- 1. “Administrator” has the same meaning as in A.R.S. § 36-446.
- 2. “Care plan” means a documented description of physical health services and behavioral health services expected to be provided to a resident, based on the resident's comprehensive assessment, that includes measurable objectives and the methods for meeting the objectives.
- 3. “Direct care” means medical services, nursing services, or social services provided to a resident.
- 4. “Director of nursing” means an individual who is responsible for the nursing services provided in a nursing care institution.
- 5. “Full-time” means 40 hours or more every consecutive seven calendar days.
- 6. “Highest practicable” means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.
- 7. “Interdisciplinary team” means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment.
- 8. “Intermittent” means not on a regular basis.
- 9. “Nursing care institution services” means medical services, nursing services, behavioral care, health-related services, ancillary services, social services, and environmental services provided to a resident.
- 10. “Resident group” means residents or residents' family members who:
 - a. Plan and participate in resident activities, or
 - b. Meet to discuss nursing care institution issues and policies.
- 11. “Secured” means the use of a method, device, or structure that:
 - a. Prevents a resident from leaving an area of the nursing care institution's premises, or
 - b. Alerts a personnel member of a resident's departure from the nursing care institution.
- 12. “Social services” means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
- 13. “Total health condition” means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
- 14. “Unnecessary drug” means a medication that is not required because:
 - a. There is no documented indication for a resident’s use of the medication;
 - b. The medication is duplicative;
 - c. The medication is administered before determining whether the resident requires the medication; or
 - d. The resident has experienced an adverse reaction from the medication, indicating that the medication should be reduced or discontinued.
- 15. “Ventilator” means a device designed to provide, to a resident who is physically unable to breathe or who is breathing insufficiently, the mechanism of breathing by mechanically moving breathable air into and out of the resident’s lungs.

R9-10-402. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for ~~an initial~~ a license as a nursing care institution shall include:

- 1. In a Department-provided format whether the applicant:
 - a. Has:
 - i. A secured area for a resident with Alzheimer’s disease or other dementia, or

- ii. An area for a resident on a ventilator;
 - b. Is requesting authorization to provide to a resident:
 - i. Behavioral health services,
 - ii. Clinical laboratory services,
 - iii. Dialysis services, or
 - iv. Radiology services and diagnostic imaging services; and
 - c. Is requesting authorization to operate a nutrition and feeding assistant training program; and
- 2. If the governing authority is requesting authorization to operate a nutrition and feeding assistant training program, the information in R9-10-116(B)(1)(a), (B)(1)(c), and (B)(2).

R9-10-403. Administration

- A. A governing authority shall:
 - 1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
 - 2. Establish, in writing, the nursing care institution’s scope of services;
 - 3. Designate, in writing, a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
 - 4. Adopt a quality management program according to R9-10-404;
 - 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 - 6. Designate, in writing, an acting administrator licensed according to A.R.S. § Title 36, Chapter 4, Article 6, if the administrator is:
 - a. Expected not to be present on the nursing care institution’s premises for more than 30 calendar days, or
 - b. Not present on the nursing care institution’s premises for more than 30 calendar days; and
 - 7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department.
- B. An administrator:
 - 1. Is directly accountable to the governing authority of a nursing care institution for the daily operation of the nursing care institution and all services provided by or at the nursing care institution;
 - 2. Has the authority and responsibility to manage the nursing care institution;
 - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the nursing care institution's premises and accountable for the nursing care institution when the administrator is not present on the nursing care institution’s premises;
 - 4. Ensures the nursing care institution’s compliance with A.R.S. § 36-411; and
 - 5. If the nursing care institution provides feeding and nutrition assistant training, ensures the nursing care institution complies with the requirements for the operation of a feeding and nutrition assistant training program in R9-10-116.
- C. An administrator shall ensure that:
 - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to resident care;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training including:
 - i. Which personnel members are required to obtain cardiopulmonary resuscitation training,
 - ii. The method and content of cardiopulmonary resuscitation training,
 - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
 - f. Cover first aid training;
 - g. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
 - h. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
 - i. Cover specific steps for:
 - i. A resident to file a complaint, and
 - ii. The nursing care institution to respond to a resident’s complaint;
 - j. Cover health care directives;
 - k. Cover medical records, including electronic medical records;
 - l. Cover a quality management program, including incident reports and supporting documentation;
 - m. Cover contracted services;
 - n. Cover resident’s personal accounts;
 - o. Cover petty cash funds;
 - p. Cover fees and refund policies;
 - q. Cover misappropriation of resident property; and



- r. Cover when an individual may visit a resident in a nursing care institution; and
- 2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of physical health services and behavioral health services;
 - c. Include when general consent and informed consent are required;
 - d. Cover storing, dispensing, administering, and disposing of medication;
 - e. Cover infection control;
 - f. Cover how personnel members will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
 - g. Cover telemedicine, if applicable; and
 - h. Cover environmental services that affect resident care;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
- 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing care institution.
- D.** Except for health screening services, an administrator shall ensure that medical services, nursing services, health-related services, behavioral health services, or ancillary services provided by a nursing care institution are only provided to a resident.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
 - 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620;
- F.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing care institution's employee or personnel member, an administrator shall:
 - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
 - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 - 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 - 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** An administrator shall:
 - 1. Allow a resident advocate to assist a resident, the resident's representative, or a resident group with a request or recommendation, and document in writing any complaint submitted to the nursing care institution;
 - 2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
 - 3. Ensure that the following are conspicuously posted on the premises:
 - a. The current nursing care institution license and quality rating issued by the Department;
 - b. The name, address, and telephone number of:
 - i. The Department's Office of Long Term Care,
 - ii. The State Long-Term Care Ombudsman Program, and
 - iii. Adult Protective Services of the Department of Economic Security;
 - c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
 - d. The monthly schedule of recreational activities; and
 - e. One of the following:
 - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
 - ii. A notice that the current license survey report with information identifying residents redacted, any

subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.

- H.** An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- I.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
1. Comply with policies and procedures established according to subsection (C)(1)(n);
 2. Designate a personnel member who is responsible for the personal accounts;
 3. Maintain a complete and separate accounting of each personal account;
 4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
 5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
 6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
 7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- J.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The policies and procedures established according to subsection (C)(1)(o) include:
 - a. A prescribed cash limit of the petty cash fund, and
 - b. The hours of the day a resident may access the petty cash fund; and
 2. A resident's written acknowledgment is obtained for a petty cash transaction.
- R9-10-408. Transfer; Discharge**
- A.** An administrator shall ensure that:
1. A resident is transferred or discharged if:
 - a. The nursing care institution is not authorized or not able to meet the needs of the resident, or
 - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution; and
 2. Documentation of a resident's transfer or discharge includes:
 - a. The date of the transfer or discharge;
 - b. The reason for the transfer or discharge;
 - c. A 30-day written notice except:
 - i. In an emergency, or
 - ii. If the resident no longer requires nursing care institution services as determined by a physician or the physician's designee;
 - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
 - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.
- B.** An administrator may transfer or discharge a resident for failure to pay for residency if:
1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and
 2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.
- C.** Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the resident;
 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer;
 - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer; is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- ~~C-D.~~** Except in an emergency, a director of nursing shall ensure that before a resident is discharged:
1. Written follow-up instructions are developed with the resident or the resident's representative that includes:
 - a. Information necessary to meet the resident's need for medical services and nursing services; and
 - b. The state long-term care ombudsman's name, address, and telephone number;
 2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
 3. A discharge summary is developed by a personnel member and authenticated by the resident's attending physician or designee and includes:



- a. The resident’s medical condition at the time of transfer or discharge,
- b. The resident’s medical and psychosocial history,
- c. The date of the transfer or discharge, and
- d. The location of the resident after discharge.

R9-10-409. Transport; ~~Transfer~~

A. Except as provided in subsection (B), an administrator shall ensure that:

- 1. A personnel member coordinates the transport and the services provided to the resident;
- 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Information from the resident’s medical record is provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the resident or the resident’s representative; and
- 3. Documentation in the resident’s medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transport.

B. Subsection (A) does not apply to:

- 1. Transportation to a location other than a licensed health care institution,
- 2. Transportation provided for a resident by the resident or the resident’s representative,
- 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident’s representative, or
- 4. A transport to another licensed health care institution in an emergency.

C. ~~Except for a transfer of a resident due to an emergency, an administrator shall ensure that:~~

- ~~1. A personnel member coordinates the transfer and the services provided to the resident;~~
- ~~2. According to policies and procedures:

 - ~~a. An evaluation of the resident is conducted before the transfer;~~
 - ~~b. Information from the resident’s medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and~~
 - ~~c. A personnel member explains risks and benefits of the transfer to the resident or the resident’s representative; and~~~~
- ~~3. Documentation in the resident’s medical record includes:

 - ~~a. Communication with an individual at a receiving health care institution;~~
 - ~~b. The date and time of the transfer;~~
 - ~~c. The mode of transportation; and~~
 - ~~d. If applicable, the name of the personnel member accompanying the resident during a transfer.~~~~

R9-10-412. Nursing Services

A. An administrator shall ensure that:

- 1. Nursing services are provided 24 hours a day in a nursing care institution;
- 2. A director of nursing is appointed who:
 - a. Is a registered nurse,
 - b. Works full-time at the nursing care institution, and
 - c. Is responsible for the direction of nursing services;
- 3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
- 4. If the daily census of the nursing care institution is ~~less than 60~~ or more, the director of nursing ~~may~~ does not provide direct care to residents on a regular basis.

B. A director of nursing shall ensure that:

- 1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents’ comprehensive assessments, orders for physical health services and behavioral health services, and care plans and the nursing care institution’s scope of services;
- 2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are on the nursing care institution premises to meet the needs of a resident for nursing services;
- 3. At least one nurse is present on the nursing care institution's premises and responsible for providing direct care to not more than 64 residents;
- 4. Documentation of nursing personnel present on the nursing care institution's premises each day is maintained and includes:
 - a. The date,
 - b. The number of residents,
 - c. The name and license or certification title of each nursing personnel member who worked that day, and
 - d. The actual number of hours each nursing personnel member worked that day;
- 5. The documentation of nursing personnel required in subsection (B)(4) is maintained for at least 12 months after the date of the documentation;
- 6. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:

- a. Is injured,
 - b. Is involved in an incident that may require medical services, or
 - c. Has a significant change in condition; and
7. An unnecessary drug is not administered to a resident.

R9-10-414. Comprehensive Assessment; Care Plan

A. A director of nursing shall ensure that:

- 1. A comprehensive assessment of a resident:
 - a. Is conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team;
 - b. Is completed for the resident within 14 calendar days after the resident’s admission to a nursing care institution;
 - c. Is updated:
 - i. No later than 12 months after the date of the resident’s last comprehensive assessment, and
 - ii. When the resident experiences a significant change;
 - d. Includes the following information for the resident:
 - i. Identifying information;
 - ii. An evaluation of the resident’s hearing, speech, and vision;
 - iii. An evaluation of the resident’s ability to understand and recall information;
 - iv. An evaluation of the resident’s mental status;
 - v. Whether the resident’s mental status or behaviors:
 - (1) Put the resident at risk for physical illness or injury,
 - (2) Significantly interfere with the resident’s care,
 - (3) Significantly interfere with the resident’s ability to participate in activities or social interactions,
 - (4) Put other residents or personnel members at significant risk for physical injury,
 - (5) Significantly intrude on another resident’s privacy, or
 - (6) Significantly disrupt care for another resident;
 - vi. Preferences for customary routine and activities;
 - vii. An evaluation of the resident’s ability to perform activities of daily living;
 - viii. Need for a mobility device;
 - ix. An evaluation of the resident’s ability to control the resident’s bladder and bowels;
 - x. Any diagnosis that impacts nursing care institution services that the resident may require;
 - xi. Any medical conditions that impact the resident’s functional status, quality of life, or need for nursing care institution services;
 - xii. An evaluation of the resident’s ability to maintain adequate nutrition and hydration;
 - xiii. An evaluation of the resident’s oral and dental status;
 - xiv. An evaluation of the condition of the resident’s skin;
 - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
 - xvi. Identification of any treatment or medication ordered for the resident;
 - ~~xvii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;~~
 - ~~xviii-xvii.~~ A description of the resident or resident’s representative’s participation in the comprehensive assessment;
 - ~~xix-xviii.~~ The name and title of the interdisciplinary team members who participated in the resident’s comprehensive assessment;
 - ~~xx-xix.~~ Potential for rehabilitation; and
 - ~~xxi-xx.~~ Potential for discharge; and
 - e. Is signed and dated by:
 - i. The registered nurse who conducts or coordinates the comprehensive assessment or review; and
 - ii. If a behavioral health professional is required to review according to subsection (A)(2), the behavioral health professional who reviewed the comprehensive assessment or review;
- 2. If any of the conditions in (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident’s comprehensive assessment or review and care plan to ensure that the resident’s needs for behavioral health services are being met;
- 3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and
- 4. A resident’s comprehensive assessment is reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident’s condition.

B. An administrator shall ensure that a care plan for a resident:

- 1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident’s comprehensive assessment required in subsection (A)(1);
- 2. Is reviewed and revised based on any change to the resident’s comprehensive assessment; and
- 3. Ensures that a resident is provided nursing care institution services that:
 - a. Address any medical condition or behavioral health issue identified in the resident’s comprehensive



- assessment, and
- b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

R9-10-415. Behavioral Health Services

Except for behavioral care, if a nursing care institution is authorized to provide behavioral health services, an administrator shall ensure that:

- 1. The behavioral health services are provided:
 - a. Under the direction of a behavioral health professional licensed or certified to provide the type of behavioral health services in the nursing care institution's scope of services; and
 - b. In compliance with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
 - ii. For an assessment, in R9-10-1011(B); and
- 2. Except for a psychotropic drug ~~used as a chemical restraint~~ ordered by a medical practitioner for a resident's out-of-control behavior or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

R9-10-418. Radiology Services and Diagnostic Imaging Services

If radiology services or diagnostic imaging services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

- 1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and ~~42 A.A.C. 19~~ A.A.C. 7;
- 2. A copy of a certificate documenting compliance with subsection (1) is maintained by the nursing care institution;
- 3. When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution's scope of services are provided on the nursing care institution's premises;
- 4. Radiology services and diagnostic imaging services are provided:
 - a. Under the direction of a physician; and
 - b. According to an order that includes:
 - i. The resident's name,
 - ii. The name of the ordering individual,
 - iii. The radiological or diagnostic imaging procedure ordered, and
 - iv. The reason for the procedure;
- 5. A medical director, attending physician, or radiologist interprets the radiologic or diagnostic image;
- 6. A radiologic or diagnostic imaging report is prepared that includes:
 - a. The resident's name;
 - b. The date of the procedure;
 - c. A medical director, attending physician, or radiologist's interpretation of the image;
 - d. The type and amount of radiopharmaceutical used, if applicable; and
 - e. The resident's adverse reaction to the radiopharmaceutical, if any; and
- 7. A radiologic or diagnostic imaging report is included in the resident's medical record.

R9-10-425. Environmental Standards

A. An administrator shall ensure that:

- 1. A nursing care institution's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
 - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
- 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
- 3. Equipment used to provide direct care is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
- 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
- 5. Garbage and refuse are:
 - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
 - b. In areas not used for food storage, food preparation, or food service, stored:
 - i. According to the requirements in subsection ~~(5)(a)~~ (A)(5)(a), or
 - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
 - c. Removed from the premises at least once a week;
- 6. Heating and cooling systems maintain the nursing care institution at a temperature between 70° F and 84° F;
- 7. Common areas:
 - a. Are lighted to assure the safety of residents, and
 - b. Have lighting sufficient to allow personnel members to monitor resident activity;

8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
 9. Linens are clean before use, without holes and stains, and not in need of repair;
 10. Oxygen containers are secured in an upright position;
 11. Poisonous or toxic materials stored by the nursing care institution are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
 12. Combustible or flammable liquids stored by the nursing care institution are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
 13. If pets or animals are allowed in the nursing care institution, pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. For a dog or cat, vaccinated against rabies;
 14. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or ~~E. coli~~ *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
 15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a nursing care institution, and
 2. Smoking tobacco products may be permitted outside a nursing care institution 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.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-403(C)(1)(e) is present in the pool area when a resident is in the pool area, and
 2. At least two personnel members are present in the pool area when two or more residents are in the pool area.
- R9-10-427. Quality Rating**
- A.** As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a compliance ~~survey~~ inspection.
- B.** The following quality ratings are established:
1. A quality rating of “A” for excellent is issued if the nursing care institution achieves a score of 90 to 100 points,
 2. A quality rating of “B” is issued if the nursing care institution achieves a score of 80 to 89 points,
 3. A quality rating of “C” is issued if the nursing care institution achieves a score of 70 to 79 points, and
 4. A quality rating of “D” is issued if the nursing care institution achieves a score of 69 or fewer points.
- C.** The quality rating is determined by the total number of points awarded based on the following criteria:
1. Nursing Services:
 - a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident’s highest practicable physical, mental, and psychosocial well-being according to the resident’s comprehensive assessment and care plan.
 - b. 5 points: The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.
 - c. 5 points: The nursing care institution ensures the resident’s representative is notified and the resident’s attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.
 2. Resident Rights:
 - a. 10 points: The nursing care institution is implementing a system that ensures a resident’s privacy needs are met.
 - b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident’s medical condition.
 - c. 5 points: The nursing care institution ensures that a resident or the resident’s representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.
 3. Administration:
 - a. 10 points: The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last ~~survey or other survey~~ compliance inspection or a complaint investigation conducted between the last ~~survey~~ compliance inspection and the current ~~survey~~ compliance inspection.
 - b. 5 points: The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident’s property, and report each allegation of abuse of a resident and misappropriation of resident’s property to the Department and as required by A.R.S. § 46-454.
 - c. 5 points: The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns, and documents



actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.

- d. 1 point: The nursing care institution is implementing a system to provide social services and a program of ongoing recreational activities to meet the resident’s needs based on the resident’s comprehensive assessment.
 - e. 1 point: The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.
 - f. 2 points: The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.
 - g. 1 point: The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.
4. Environment and Infection Control:
- a. 5 points: The nursing care institution environment is free from a condition or situation within the nursing care institution’s control that may cause a resident injury.
 - b. 1 point: The nursing care institution establishes and maintains a pest control program that complies with A.A.C. R3-8-201(C)(4).
 - c. 1 point: The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.
 - d. 1 point: The nursing care institution ensures orientation to the disaster plan for each personnel member is completed within the first scheduled week of employment.
 - e. 1 point: The nursing care institution maintains a clean and sanitary environment.
 - f. 5 points: The nursing care institution is implementing a system to prevent and control infection.
 - g. 1 point: An employee cleans the employee’s hands after each direct resident contact or when hand cleaning is indicated to prevent the spread of infection.
5. Food Services:
- a. 1 point: The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.
 - b. 3 points: The nursing care institution provides each resident with food that meets the resident’s needs as specified in the resident’s comprehensive assessment and care plan.
 - c. 2 points: The nursing care institution obtains input from each resident or the resident’s representative and implements recommendations for meal planning and food choices consistent with the resident’s dietary needs.
 - d. 2 points: The nursing care institution provides assistance to a resident who needs help in eating so that the resident’s nutritional, physical, and social needs are met.
 - e. 1 point: The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.
 - f. 1 point: The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.
- D. A nursing care institution’s quality rating remains in effect until a survey subsequent compliance inspection or complaint investigation is conducted by the Department ~~for the next renewal period~~ except as provided in subsection (E).
- E. If the Department issues a provisional license, the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance survey inspection. If the Department determines that, as a result of a substantial compliance survey inspection, the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).
- F. The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.

ARTICLE 6. HOSPICES

R9-10-602. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for ~~an initial~~ a license as a hospice service agency or hospice inpatient facility shall include on the application:

- 1. For an application as a hospice service agency:
 - a. The hours of operation for the hospice’s administrative office, and
 - b. The geographic region to be served by the hospice service agency; and
- 2. For an application as a hospice inpatient facility, the requested licensed capacity.

R9-10-607. Admission

- A. Before admitting an individual as a patient, an administrator shall obtain:
- 1. The name of the individual’s physician;
 - 2. Documentation that the individual has a diagnosis by a physician that indicates that the individual has a specific, progressive, normally irreversible disease that is likely to cause the individual’s death in six months or less; and
 - 3. Documentation from the individual or the individual’s representative acknowledging that:
 - a. Hospice services include palliative care and supportive ~~care~~ services and are not curative, and
 - b. The individual or individual’s representative has received a list of services to be provided by the hospice.
- B. At the time of admission, a physician or registered nurse shall:
- 1. Assess a patient’s medical, social, nutritional, and psychological needs; and

- 2. As applicable, obtain informed consent or general consent.
- C. Before or at the time of admission, a personnel member qualified according to policies and procedures shall assess the social and psychological needs of a patient’s family, if applicable.

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

R9-10-702. Supplemental Application and Documentation Submission Requirements

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for ~~an initial a~~ license as a behavioral health residential facility shall include on the application:
 - 1. Whether the applicant is requesting authorization to provide:
 - a. Behavioral health services to individuals under 18 years of age, including the licensed capacity requested;
 - b. Behavioral health services to individuals 18 years of age and older, including the licensed capacity requested; or
 - c. Respite services;
 - 2. Whether the applicant is requesting authorization to provide an outdoor behavioral health care program, including:
 - a. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 12 to 17 years of age, and
 - b. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 18 to 24 years of age;
 - 3. Whether the applicant is requesting authorization to provide:
 - a. Residential services to individuals 18 years of age or older whose behavioral health issue limits the individuals’ ability to function independently, or
 - b. Personal care services;
 - 4. Whether the applicant is requesting authorization to provide recidivism reduction services as an adult residential care institution, including the requested licensed capacity for providing recidivism reduction services;
 - 4-5. For a behavioral health residential facility requesting authorization to provide respite services, the requested number of individuals the behavioral health residential facility plans to admit for respite services who:
 - a. Are included in the requested licensed capacities in subsections (A)(1)(a) and (b),
 - b. Are under 18 years of age and who do not stay overnight in the behavioral health residential facility; and
 - c. Are 18 years of age and older and who do not stay overnight in the behavioral health residential facility; and
 - 5-6. For an outdoor behavioral health care program, a copy of the outdoor behavioral health care program’s current accreditation report.
- ~~B. In addition to the renewal license application requirements in A.R.S. § 36-422 and R9-10-107, an administrator of an outdoor behavioral health care program shall submit with a renewal application, a copy of the outdoor behavioral health care program’s current accreditation report.~~
- B. A licensee of an outdoor behavioral health care program shall submit a copy of the outdoor behavioral health care program’s current accreditation report to the Department with the relevant fees required in R9-10-106(C).

R9-10-703. Administration

- A. A governing authority shall:
 - 1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health residential facility;
 - 2. Establish, in writing:
 - a. A behavioral health residential facility’s scope of services, and
 - b. Qualifications for an administrator;
 - 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
 - 4. Adopt a quality management program according to R9-10-704;
 - 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 - 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
 - a. Expected not to be present on the behavioral health residential facility’s premises for more than 30 calendar days, or
 - b. Not present on the behavioral health residential facility’s premises for more than 30 calendar days; and
 - 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:
 - 1. Is directly accountable to the governing authority of a behavioral health residential facility for the daily operation of the behavioral health residential facility and all services provided by or at the behavioral health residential facility;
 - 2. Has the authority and responsibility to manage the behavioral health residential facility; and
 - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health residential facility’s premises and accountable for the behavioral health residential facility when the administrator is not present on the behavioral health residential facility’s premises.
- C. An administrator shall ensure that:
 - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;



- c. Include how a personnel member may submit a complaint relating to services provided to a resident;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - ~~f.~~ f. Cover implementation of the requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
 - ~~f.g.~~ f.g. Cover first aid training;
 - ~~g-h.~~ g-h. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
 - ~~h-i.~~ h-i. Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;
 - ~~i-j.~~ i-j. Cover specific steps for:
 - i. A resident to file a complaint, and
 - ii. The behavioral health residential facility to respond to a resident complaint;
 - ~~j-k.~~ j-k. Cover health care directives;
 - ~~k-l.~~ k-l. Cover medical records, including electronic medical records;
 - ~~l-m.~~ l-m. Cover a quality management program, including incident reports and supporting documentation;
 - ~~m-n.~~ m-n. Cover contracted services; and
 - ~~n-o.~~ n-o. Cover when an individual may visit a resident in a behavioral health residential facility;
2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a resident that:
- a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of behavioral health services and physical health services;
 - c. Include when general consent and informed consent are required;
 - d. Cover emergency safety responses;
 - e. Cover a resident's personal funds account;
 - f. Cover dispensing medication, administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - g. Cover prescribing a controlled substance to minimize substance abuse by a resident;
 - h. Cover respite services, including, as applicable, respite services for individuals who are admitted:
 - i. To receive respite services for up to 30 calendar days as a resident of the behavioral health residential facility, and
 - ii. For respite services and do not stay overnight in the behavioral health residential facility;
 - i. Cover services provided by an outdoor behavioral health care program, if applicable;
 - j. Cover infection control;
 - k. Cover resident ~~time-out~~ time-out;
 - l. Cover resident outings;
 - m. Cover environmental services that affect resident care;
 - n. Cover whether pets and other animals are allowed on the premises, including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public;
 - o. If animals are used as part of a therapeutic program, cover:
 - i. Inoculation/vaccination requirements, and
 - ii. Methods to minimize risks to a resident's health and safety;
 - p. Cover the process for receiving a fee from a resident and refunding a fee to a resident;
 - q. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - r. Cover the security of a resident's possessions that are allowed on the premises;
 - s. Cover smoking and the use of tobacco products on the premises; and
 - t. Cover how the behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health residential facility.
- D. If an applicant requests or a behavioral health residential facility has a licensed capacity of 10 or more residents, an administrator

shall designate a clinical director who:

1. Provides direction for the behavioral health services provided by or at the behavioral health residential facility;
 2. Is a behavioral health professional; and
 3. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1) and (2).
- E.** Except for respite services, an administrator shall ensure that medical services, nursing services, health-related services, or ancillary services provided by a behavioral health residential facility are only provided to a resident who is expected to be present in the behavioral health residential facility for more than 24 hours.
- F.** An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 2. Self-injury, within two working days after the resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.
- G.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a behavioral health residential facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- H.** If an administrator has a reasonable basis, according to A.R.S. §§ § 13-3620 or 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a behavioral health residential facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the resident:
 - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (H)(1); and
 - c. The report in subsection (H)(2);
 4. Maintain the documentation in subsection (H)(3) for at least 12 months after the date of the report in subsection (H)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (H)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (H)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- I.** An administrator shall:
1. Establish and document requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
 2. Establish and document guidelines for meeting the needs of an individual residing at a behavioral health residential facility with a resident, such as a child accompanying a parent in treatment, if applicable;
 3. If children under the age of 12, who are not admitted to a behavioral health residential facility, are residing at the behavioral health residential facility and being cared for by employees or personnel members, ensure that:
 - a. An employee or personnel member caring for children has current cardiopulmonary resuscitation and first aid training specific to the ages of children being cared for; and
 - b. The staff-to-children ratios in A.A.C. R9-5-404(A) are maintained, based on the age of the youngest child in the group;
 4. Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services;
 5. Establish and document the criteria for determining when a resident's absence is unauthorized, including criteria for a resident who:
 - a. Was admitted under A.R.S. Title 36, Chapter 5, Articles ~~1, 2, or 3~~ 3, 4, or 5;
 - b. Is absent against medical advice; or
 - c. Is under the age of 18;
 6. If a resident's absence is unauthorized as determined according to the criteria in subsection (I)(5), within an hour after determining that the resident's absence is unauthorized, notify:
 - a. For a resident who is under 18 years of age, the resident's parent or legal guardian; and
 - b. For a resident who is under a court's jurisdiction, the appropriate court;
 7. Maintain a written log of unauthorized absences for at least 12 months after the date of a resident's absence that includes the:
 - a. Name of a resident absent without authorization,



- b. Name of the individual to whom the report required in subsection (I)(6) was submitted, and
- c. Date of the report; and

~~8. Document the notification in subsection (I)(6) and the written log required in subsection (I)(7); and~~
~~9-8. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704.~~

J. An administrator shall ensure that a personnel member who is able to read, write, understand, and communicate in English is on the premises of the behavioral health residential facility.

J.K. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident’s representative:

- 1. The behavioral health residential facility’s current license,
- 2. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review, and
- 3. The calendar days and times when a resident may accept visitors or make telephone calls.

K.L. An administrator shall ensure that:

- 1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510;
- 2. A resident 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;
- 3. The administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and
- 4. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident’s representative to act on the resident’s behalf.

L.M. If an administrator determines that a resident is incapable of handling the resident’s financial affairs, the administrator shall:

- 1. Notify the resident’s representative or contact a public fiduciary or a trust officer to take responsibility of the resident’s financial affairs, and
- 2. Maintain documentation of the notification required in subsection ~~(L)(1)(a)~~ **(M)(1)** in the resident’s medical record for at least 12 months after the date of the notification.

M.N. If an administrator manages a resident’s money through a personal funds account, the administrator shall ensure that:

- 1. Policies and procedure are established, developed, and implemented for:
 - a. Using resident’s funds in a personal funds account,
 - b. Protecting resident’s funds in a personal funds account,
 - c. Investigating a complaint about the use of resident’s funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
 - d. Processing each deposit into and withdrawal from a personal funds account, and
 - e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
- 2. The personal funds account is only initiated after receiving a written request that:
 - a. Is provided:
 - i. Voluntarily by the resident,
 - ii. By the resident’s representative, or
 - iii. By a court of competent jurisdiction;
 - b. May be withdrawn at any time; and
 - c. Is maintained in the resident’s record.

R9-10-706. Personnel

A. An administrator shall ensure that:

- 1. A personnel member is:
 - a. At least 21 years old, or
 - b. Licensed or certified under A.R.S. Title 32 and providing services within the personnel member’s scope of practice;
- 2. An employee is at least 18 years old;
- 3. A student is at least 18 years old; and
- 4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the residents receiving behavioral health services or physical health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
 3. Sufficient personnel members are present on a behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
 - a. Provide the services in the behavioral health residential facility's scope of services,
 - b. Meet the needs of a resident, and
 - c. Ensure the health and safety of a resident.
- C.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- D.** An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.
- E.** An administrator shall ensure that:
1. A plan to provide orientation, specific to the duties of a personnel member, an employee, a volunteer, or a student, is developed, documented, and implemented;
 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 4. A written plan is developed and implemented to provide in-service education specific to the duties of a personnel member; and
 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- F.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with residents, provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the behavioral health residential facility, and
 2. As specified in R9-10-113.
- G.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. ~~If the behavioral health residential facility is authorized to provide services to children, the~~ The individual's compliance with the ~~fingerprinting~~ requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
 - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(e);
 - h. First aid training, if required for the individual according to this Article or policies and procedures; and
 - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- H.** An administrator shall ensure that personnel records are:
1. Maintained:
 - a. Throughout an individual's period of providing services in or for the behavioral health residential facility, and
 - b. For at least 24 months after the last date the individual provided services in or for the behavioral health residential facility; and
 2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- I.** An administrator shall ensure that a personnel member who is recidivism reduction staff at an adult residential care institution:
1. Submits an application for a fingerprint clearance card according to A.R.S. § 36-411; and
 2. If the personnel member is denied a fingerprint clearance card, is evaluated to determine whether the personnel member:
 - a. Has successfully completed treatment for recidivism reduction as shown by:
 - i. Documentation of completion of treatment for recidivism reduction;
 - ii. If applicable, continued negative results on random drug screening tests;



- iii. If applicable, continued participation in a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous, or a support group related to the personnel member’s behavioral health issue; and
- iv. No arrests or convictions of the personnel member related to the reason for denial of the fingerprint clearance card within the previous two years; and
- b. Is not likely to be a threat to the health or safety of staff or residents through:
 - i. Review of the reasons for denial of a fingerprint clearance card;
 - ii. Assessment of the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
 - iii. Review of the steps taken by the personnel member to address the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
 - iv. Observation of the personnel member’s interactions with residents while under direct visual supervision, as defined in A.R.S. § 36-411, by personnel members having a valid fingerprint clearance card; and
 - v. Institution of any other methods, according to policies and procedures, specific to the:
 - (1) Behavioral health residential facility;
 - (2) Issues of the residents that place them at risk for a future threat of prosecution, diversion, or incarceration; and
 - (3) Recidivism reduction services that are expected to be provided by the personnel member.

I.J. An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training specific to the populations served by the behavioral health residential facility:

- 1. At least one personnel member who is present at the behavioral health residential facility during hours of operation of the behavioral health residential facility, and
- 2. Each personnel member participating in an outing.

J.K. An administrator shall ensure that:

- 1. At least one personnel member is present and awake at the behavioral health residential facility when a resident is on the premises;
- 2. In addition to the personnel member in subsection ~~(J)(1)~~ **(K)(1)**, at least one personnel member is on-call and available to come to the behavioral health residential facility if needed;
- 3. There is a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 - b. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
 - c. Is maintained for at least 12 months after the last date on the documentation;
- 4. A behavioral health professional is present at the behavioral health residential facility or on-call;
- 5. A registered nurse is present at the behavioral health residential facility or on-call; and
- 6. If a resident requires services that the behavioral health residential facility is not authorized or not able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided.

R9-10-707. Admission; Assessment

A. An administrator shall ensure that:

- 1. A resident is admitted based upon:
 - a. ~~the~~ The resident’s presenting primary condition for which the resident is admitted to the behavioral health residential facility being a behavioral health issue, and
 - b. The resident’s behavioral health issue and treatment needs and are within the behavioral health residential facility’s scope of services;
- 2. A behavioral health professional, authorized by policies and procedures to ~~accept~~ admit a resident ~~for admission~~, is available;
- 3. General consent is obtained from:
 - a. An adult resident or the resident’s representative before or at the time of admission, or
 - b. A resident’s representative, if the resident is not an adult;
- 4. The general consent obtained in subsection (A)(3) is documented in the resident’s medical record;
- 5. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within ~~seven calendar days~~ 72 hours after admission and documents the medical history and physical examination or nursing assessment in the resident’s medical record within ~~seven calendar days~~ 72 hours after admission;
- 6. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note or the nurse enters a progress note in the resident’s medical record within seven calendar days after admission;
- 7. If a behavioral health assessment is conducted by a:
 - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the resident; or

- b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the resident;
 - 8. Except as provided in subsection (A)(9), a behavioral health assessment for a resident is completed before treatment for the resident is initiated;
 - 9. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains a behavioral health assessment that was completed within 12 months before the date of the resident's current admission:
 - a. The resident's assessment information is reviewed before treatment for the resident is initiated and updated if additional information that affects the resident's assessment is identified, and
 - b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;
 - 10. A behavioral health assessment:
 - a. Documents a resident's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - v. Criminal justice record;
 - vi. Family history;
 - vii. Behavioral health treatment history;
 - viii. Symptoms reported by the resident; and
 - ix. Referrals needed by the resident, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the resident's needs,
 - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
 - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
 - c. Is documented in resident's medical record;
 - 11. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition; and
 - 12. Except as provided in subsection (E)(1)(d), a resident provides evidence of freedom from infectious tuberculosis:
 - a. Before or within seven calendar days after the resident's admission, and
 - b. As specified in R9-10-113.
- B.** An administrator shall ensure that:
- 1. A request for participation in a resident's behavioral health assessment is made to the resident or the resident's representative,
 - 2. An opportunity for participation in the resident's behavioral health assessment is provided to the resident or the resident's representative, and
 - 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.
- C.** An administrator shall ensure that a resident's behavioral health assessment information is documented in the medical record within 48 hours after completing the behavioral health assessment.
- D.** If information in subsection (A)(10) is obtained about a resident after the resident's behavioral health assessment is completed, an administrator shall ensure that an interval note, including the information, is documented in the resident's medical record within ~~48~~ 24 hours after the information is obtained.
- E.** If a behavioral health residential facility is authorized to provide respite services, an administrator shall ensure that:
- 1. Upon admission of a resident for respite services:
 - a. Except as provided in subsection (F), a medical history and physical examination of the resident:
 - i. Is performed; or
 - ii. ~~Dated~~ If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
 - b. A treatment plan that meets the requirements in R9-10-708:
 - i. Is developed; or
 - ii. ~~Dated~~ If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
 - c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident's medical record; and
 - d. ~~If the resident is not expected to be present in the behavioral health residential facility for more than seven~~



days, the The resident is not required to comply with the requirements in subsection (A)(12) if the resident is not expected to be present in the behavioral health residential facility:

- i. For more than seven consecutive days, or
- ii. For 10 days or more days in a 90-consecutive-day period;

- 2. The common area required in R9-10-722(B)(1)(b) provides at least 25 square feet for each resident, including residents who do not stay overnight; and
 - 3. In addition to the requirements in R9-10-722(B)(3), toilets and hand-washing sinks are available to residents, including residents who do not stay overnight, as follows:
 - a. There is at least one working toilet that flushes and has a seat and one sink with running water for every 10 residents,
 - b. There are at least two working toilets that flush and have seats and two sinks with running water if there are 11 to 25 residents, and
 - c. There is at least one additional working toilet that flushes and has a seat and one additional sink with running water for each additional 20 residents.
- F. A medical history and physical examination is not required for a child who is admitted or expected to be admitted to a residential behavioral health facility for less than 10 days in a 90-consecutive-day period.

R9-10-708. Treatment Plan

- A. An administrator shall ensure that a treatment plan is developed and implemented for each resident that:
- 1. Is based on the medical history and physical examination or nursing assessment required in R9-10-707(A)(5) or ~~(E)(4)~~ (E)(1)(a) and the behavioral health assessment required in R9-10-707(A)(8) or (9) and on-going changes to the behavioral health assessment of the resident;
 - 2. Is completed:
 - a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
 - b. Before the resident receives physical health services or behavioral health services or within 48 hours after the assessment is completed;
 - 3. Is documented in the resident’s medical record within 48 hours after the resident first receives physical health services or behavioral health services;
 - 4. Includes:
 - a. The resident’s presenting issue;
 - b. The physical health services or behavioral health services to be provided to the resident;
 - c. The signature of the resident or the resident’s representative, and date signed, or documentation of the refusal to sign;
 - d. The date when the resident’s treatment plan will be reviewed;
 - e. If a discharge date has been determined, the treatment needed after discharge; and
 - f. The signature of the personnel member who developed the treatment plan and the date signed;
 - 5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident’s treatment needs; and
 - 6. Is 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 changed,
 - c. When additional information that affects the resident’s behavioral health assessment is identified, and
 - d. When a resident has a significant change in condition or experiences an event that affects treatment.
- B. An administrator shall ensure that:
- 1. A request for participation in developing a resident’s treatment plan is made to the resident or the resident’s representative,
 - 2. An opportunity for participation in developing the resident’s treatment plan is provided to the resident or the resident’s representative, and
 - 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident’s medical record.

R9-10-711. Resident Rights

- A. An administrator shall ensure that:
- 1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
 - 2. At the time of admission, a resident or the resident’s representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and
 - 3. Policies and procedures include:
 - a. How and when a resident or the resident’s representative is informed of the resident rights in subsection (E), and
 - b. Where resident rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
- 1. A resident is treated with dignity, respect, and consideration;
 - 2. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;

- c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity;
 - k. Misappropriation of personal and private property by the behavioral health residential facility’s personnel members, employees, volunteers, or students;
 - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident’s treatment needs, except as established in a fee agreement signed by the resident or the resident’s representative; or
 - m. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet;
3. Except as provided in subsection (C) or (D), and unless restricted by the resident’s representative, a resident is allowed to:
- a. Associate with individuals of the resident’s choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility;
 - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
4. A resident or the resident’s representative:
- a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is:
 - i. ~~is ordered~~ Ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01;
 - ii. ~~is necessary~~ Necessary to save the resident’s life or physical health; or
 - iii. ~~is provided~~ Provided according to A.R.S. § 36-512;
 - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The behavioral health residential facility’s policy on health care directives, and
 - ii. The resident complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the resident’s:
 - i. Medical record, or
 - ii. Financial records.
- C. For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident’s treatment requires the behavioral health residential facility to restrict the resident’s ability to participate in the activities in subsection (B)(3), the behavioral health professional shall:
- 1. Document a specific treatment purpose in the resident’s medical record that justifies restricting the resident from the activity,
 - 2. Inform the resident or resident’s representative of the reason why the activity is being restricted, and
 - 3. Inform the resident or resident’s representative of the resident’s right to file a complaint and the procedure for filing a complaint.
- D. For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident’s treatment requires the behavioral health residential facility to restrict the resident’s ability to participate in the activities in subsection (B)(3), the clinical director shall comply with the requirements in subsections (C)(1) through (3).
- E. A resident has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive treatment that:
 - a. Supports and respects the resident’s individuality, choices, strengths, and abilities;
 - b. Supports the resident’s personal liberty and only restricts the resident’s personal liberty according to a court order, by the resident’s or the resident’s representative’s general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the resident’s treatment needs;
 - 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. A resident may be photographed when admitted to a behavioral health residential facility for identification and administrative purposes;
 - b. For a resident 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;
 - 4. Not to be prevented or impeded from exercising the resident’s civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is not able to exercise a specific right or category of rights;
 - 5. To review, upon written request, the resident’s own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-



- 2294.01;
- 6. To be provided locked storage space for the resident’s belongings while the resident receives treatment;
- 7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
- 8. To be informed of the requirements necessary for the resident’s discharge or transfer to a less restrictive physical environment;
- 9. To receive a referral to another health care institution if the behavioral health residential facility is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
- 10. To participate or have the resident’s representative participate in the development of a treatment plan or decisions concerning treatment;
- 11. To participate or refuse to participate in research or experimental treatment; and
- 12. To receive assistance from a family member, the resident’s representative, or other individual in understanding, protecting, or exercising the resident’s rights.

R9-10-712. Medical Records

- A.** An administrator shall ensure that:
 - 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
 - 2. An entry in a resident’s medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 - 3. An order is:
 - a. Dated when the order is entered in the resident’s medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 - 5. A resident’s medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the resident’s medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident’s representative; or
 - c. As permitted by law;
 - 6. Policies and procedures include the maximum time-frame to retrieve a resident’s medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
 - 7. A resident’s medical record is protected from loss, damage, or unauthorized use.
- B.** If a behavioral health residential facility maintains residents’ medical records electronically, an administrator shall ensure that:
 - 1. Safeguards exist to prevent unauthorized access, and
 - 2. The date and time of an entry in a resident’s medical record is recorded by the computer’s internal clock.
- C.** An administrator shall ensure that a resident’s medical record contains:
 - 1. Resident information that includes:
 - a. The resident’s name;
 - b. The resident’s address;
 - c. The resident’s date of birth; and
 - d. Any known allergies, including medication allergies;
 - 2. The name of the admitting medical practitioner or behavioral health professional;
 - 3. An admitting diagnosis or presenting behavioral health issues;
 - 4. The date of admission and, if applicable, date of discharge;
 - 5. If applicable, the name and contact information of the resident’s representative and:
 - a. If the resident is 18 years of age or older or an emancipated minor, the document signed by the resident consenting for the resident’s representative to act on the resident’s behalf; or
 - b. If the resident’s representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 - 6. If applicable, documented general consent and informed consent for treatment by the resident or the resident’s representative;
 - 7. Documentation of medical history and results of a physical examination;
 - 8. A copy of resident’s health care directive, if applicable;
 - 9. Orders;
 - 10. Assessment;
 - 11. Treatment plans;
 - 12. Interval notes;
 - 13. Progress notes;

- 14. Documentation of behavioral health services and physical health services provided to the resident;
- 15. If applicable, documentation of the use of an emergency safety response;
- 16. If applicable, documentation of ~~time-out~~ time-out required in R9-10-714(6);
- 17. Except as allowed in R9-10-707(E)(1)(d), documentation of freedom from infectious tuberculosis required in R9-10-707(A)(12);
- 18. The disposition of the resident after discharge;
- 19. The discharge plan;
- 20. The discharge summary, if applicable;
- 21. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Diagnostic reports, and
 - d. Consultation reports; and
- 22. Documentation of medication administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain, when administered initially or on a PRN basis:
 - i. An assessment of the resident’s pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication, when administered initially or on a PRN basis:
 - i. An assessment of the resident’s behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or providing assistance in the self-administration of the medication; and
 - f. Any adverse reaction a resident has to the medication.

R9-10-713. Transportation; Resident Outings

- A. An administrator of a behavioral health residential facility that uses a vehicle owned or leased by the behavioral health residential facility to provide transportation to a resident shall ensure that:
 - 1. The vehicle:
 - a. Is safe and in good repair,
 - b. Contains a first aid kit,
 - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
 - d. Contains a working heating and air conditioning system;
 - 2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle ~~is~~ are maintained;
 - 3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
 - d. Does not leave in the vehicle an unattended:
 - i. Child,
 - ii. Resident who may be a threat to the health or safety of the resident or another individual, or
 - iii. Resident who is incapable of independent exit from the vehicle; and
 - e. Ensures the safe and hazard-free loading and unloading of residents; and
 - 4. Transportation safety is maintained as follows:
 - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident’s body.
- B. An administrator shall ensure that:
 - 1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing;
 - 2. At least two personnel members are present on an outing;
 - 3. In addition to the personnel members required in subsection (B)(2), a sufficient number of personnel members are present to ensure each resident’s health and safety on the outing;
 - 4. Documentation is developed before an outing that includes:
 - a. The name of each resident participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and
 - f. If applicable, the license plate number of each vehicle used to transport a resident;
 - 5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
 - 6. Emergency information for each resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:



- a. The resident’s name;
- b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
- c. The resident’s allergies; and
- d. The name and telephone number of a designated individual, to notify in case of an emergency, who is present on the behavioral health residential facility’s premises.

R9-10-714. Resident ~~Time-Out~~ Time-Out

An administrator shall ensure that a ~~time-out~~ time-out:

- 1. Is provided to a resident who voluntarily decides to go in a ~~time-out~~ time-out;
- 2. Takes place in an area that is unlocked, lighted, quiet, and private;
- 3. Is time-limited and does not exceed the amount of time as determined by the resident;
- 4. Does not result in a resident missing a meal if the resident is in ~~time-out~~ time-out at mealtime;
- 5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident’s health and safety and to discuss with the resident if the resident is ready to leave ~~time-out~~ time-out; and
- 6. Is documented in the resident’s medical record, to include:
 - a. The date of the ~~time-out~~ time-out,
 - b. The reason for the ~~time-out~~ time-out,
 - c. The duration of the ~~time-out~~ time-out, and
 - d. The action planned and taken by the administrator to prevent the use of ~~time-out~~ time-out in the future.

R9-10-715. Physical Health Services

An administrator of a behavioral health residential facility that ~~provides~~ is authorized to provide personal care services shall ensure that:

- 1. Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5);
- 2. Residents receive personal care services according to the requirements in ~~R9-10-814(A), (C), (D), and (E)~~ R9-10-814(A), (D), (E), and (F); and
- 3. A resident who has a stage 3 or stage 4 pressure sore is not admitted to the behavioral health residential facility.

R9-10-716. Behavioral Health Services

A. An administrator shall ensure that:

- 1. If a behavioral health residential facility is licensed to provide behavioral health services to individuals whose behavioral health issue limits the individuals’ ability to function independently, a resident admitted to the behavioral health residential facility with limited ability to function independently, ~~in addition to~~ receives:
 - a. ~~behavioral~~ Behavioral health services and ~~personnel~~ personal care services as indicated in the resident’s treatment plan, and
 - b. ~~receives continuous~~ Continuous protective oversight;
- 2. A resident admitted to the behavioral health residential facility who needs behavioral health services to maintain or enhance the resident’s ability to function independently, ~~in addition to~~ receiving:
 - a. ~~Receives~~ behavioral health services, and, if indicated in the resident’s treatment plan, personal care services; and
 - b. ~~is~~ Is provided an opportunity to participate in activities designed to maintain or enhance the resident’s ability to function independently while:
 - i. ~~aring for~~ The resident receives services to ~~maintain~~ the resident’s health, safety, or personal hygiene; or
 - ii. ~~performing homemaking~~ Homemaking functions are performed for the resident;
- 3. Behavioral health services are provided to meet the needs of a resident and are consistent with a behavioral health residential facility’s scope of services;
- 4. Behavioral health services:
 - a. ~~Listed listed~~ in the behavioral health residential facility’s scope of services are provided on the premises; and
- 5. ~~When provided in a setting or activity with more than one resident participating, before~~ Before a resident participates in behavioral health services provided in a setting or activity with more than one resident participating, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical or sexual abuse, of the residents participating are reviewed to ensure that the:
 - ~~i.a.~~ Health and safety of each resident is protected, and
 - ~~ii.b.~~ Treatment needs of each resident participating are being met; and
- 6. ~~A resident does not:~~
 - a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident’s health or safety based on the resident’s documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
 - b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident’s health or safety, based on the other resident’s documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.

B. An administrator shall ensure that counseling is:

- 1. Offered as described in the behavioral health residential facility’s scope of services,
- 2. Provided according to the frequency and number of hours identified in the resident’s treatment plan, and
- 3. Provided by a behavioral health professional or a behavioral health technician.

C. An administrator shall ensure that:

1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
 2. Each counseling session is documented in a resident's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.
- D.** An administrator of a behavioral health residential facility authorized to provide behavioral health residential services to individuals under 18 years of age:
1. May continue to provide behavioral health services to a resident who is 18 years of age or older:
 - a. If the resident:
 - i. Was admitted to the behavioral health residential facility before the resident's 18th birthday;
 - ii. Is not 21 years of age or older; and
 - iii. Is:
 - (1) Attending classes or completing coursework to obtain a high school or a high school equivalency diploma, or
 - (2) Participating in a job training program; or
 - b. Through the last calendar day of the month of the resident's 18th birthday; and
 2. Shall ensure that:
 - a. A resident does not receive the following from other residents at the behavioral health residential facility:
 - i. Threats,
 - ii. Ridicule,
 - iii. Verbal harassment,
 - iv. Punishment, or
 - v. Abuse;
 - b. The interior of the behavioral health residential facility has furnishings and decorations appropriate to the ages of the residents receiving services at the behavioral health residential facility;
 - c. A resident older than three years of age does not sleep in a crib;
 - d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and
 - e. A resident's educational needs are met, including providing or arranging for transportation:
 - i. By establishing and providing an educational component, approved in writing by the Arizona Department of Education; or
 - ii. As arranged and documented by the administrator through the local school district.
- E.** An administrator shall ensure that:
1. An emergency safety response is:
 - a. Only used:
 - i. By a personnel member trained to use an emergency safety response,
 - ii. For the management of a resident's violent or self-destructive behavior, and
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - b. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
 2. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:
 - a. The date and time the emergency safety response was used;
 - b. The name of each personnel member who used an emergency safety response;
 - c. The specific emergency safety response used;
 - d. The personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - e. Any injury that resulted from the use of the emergency safety response;
 3. Within 10 working days after an emergency safety response is used for a resident, the administrator or clinical director reviews the information in subsection (E)(2); and
 4. After the review required in subsection (E)(3), the following information is entered, according to policies and procedures, into the resident's medical record:
 - a. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident,
 - b. A determination of whether the resident is appropriately placed at the behavioral health residential facility, and
 - c. Whether the resident's treatment plan was reviewed or needs to be reviewed and amended to ensure that the resident's treatment plan is meeting the resident's treatment needs.
- F.** An administrator shall ensure that:
1. A personnel member whose job description includes the ability to use an emergency safety response:
 - a. Completes training in crisis intervention that includes:



- i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;
- ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
- iii. 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; and
- b. Completes training required in subsection (F)(1)(a):
 - i. Before providing behavioral health services, and
 - ii. At least once every 12 months after the date the personnel member completed the initial training;
- 2. Documentation of the completed training in subsection (F)(1)(a) includes:
 - a. The name and credentials of the individual providing the training,
 - b. Date of the training, and
 - c. Verification of a personnel member’s ability to use the training; and
- 3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for at least 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

R9-10-717. Outdoor Behavioral Health Care Programs

- A. An administrator of a behavioral health residential facility ~~providing~~ authorized to provide an outdoor behavioral health care program shall ensure that:
 - 1. Behavioral health services are provided to a resident participating in the outdoor behavioral health care program consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident;
 - 2. Continuous protective oversight is provided to a resident;
 - 3. Transportation is provided to a resident from the behavioral health residential facility’s administrative office for the outdoor behavioral health care program to the location where the outdoor behavioral health care program is provided and from the location where the outdoor behavioral health care program is provided to the behavioral health residential facility’s administrative office for the outdoor behavioral health care program; and
 - 4. Communication is available between the outdoor behavioral health care program personnel and:
 - a. A behavioral health professional,
 - b. A registered nurse,
 - c. An emergency medical response team, and
 - d. The behavioral health residential facility’s administrative office for the outdoor behavioral health care program.
- B. An administrator of a behavioral health residential facility ~~providing~~ authorized to provide an outdoor behavioral health care program shall ensure that:
 - 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
 - 2. A food menu is prepared based on the number of calendar days scheduled for the behavioral health care program;
 - 3. Meals and snacks provided by the behavioral health care program are served according to menus;
 - 4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp> <http://www.health.gov/dietaryguidelines/2015>;
 - 5. A resident is provided:
 - a. A diet that meets the resident’s nutritional needs as specified in the resident’s assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if the resident agrees;
 - 6. Water is available and accessible to residents unless otherwise stated in a resident’s treatment plan;
 - 7. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 - 8. Food is protected from potential contamination; and
 - 9. Food being maintained in coolers containing ice is not in direct contact with ice or water if water may enter the food because of the nature of the food’s packaging, wrapping, or container or the positioning of the food in the ice or water.
- C. An administrator of a behavioral health residential facility ~~providing~~ authorized to provide an outdoor behavioral health care program shall ensure that:
 - 1. The location and, if applicable, equipment used by the outdoor behavioral health care program are sufficient to accommodate the activities, treatment, and ancillary services required by the residents participating in the behavioral health care program;
 - 2. The location and equipment are maintained in a condition that allows the location and equipment to be used for the original purpose of the location and equipment;
 - 3. Garbage and refuse are:
 - a. Stored in plastic bags in covered containers, and
 - b. Removed from the location used by the outdoor behavioral health care program at least once a week;
 - 4. Common areas:
 - a. Are lighted when in use to assure the safety of residents, and

- b. Have sufficient lighting to allow personnel members to monitor resident activity;
- 5. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
- 6. Soiled clothing is stored in closed containers away from food storage, medications, and eating areas;
- 7. Poisonous or toxic materials are maintained in labeled containers, secured, and separate from food preparation and storage, eating areas, and medications and inaccessible to residents;
- 8. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers, secured, and inaccessible to residents;
- 9. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
- 10. Smoking or the use of tobacco products may be permitted away from the residents.

R9-10-717.01. Recidivism Reduction Services

An administrator of a behavioral health residential facility that is an adult residential care institution and is authorized to provide recidivism reduction services shall ensure that:

- 1. A personnel member who is recidivism reduction staff at the adult residential care institution does not provide:
 - a. Behavioral health services other than recidivism reduction services; or
 - b. Recidivism reduction services to a resident who has not been referred by a physician, behavioral health professional, or court of competent jurisdiction to receive recidivism reduction services;
- 2. The adult residential care institution accepts an individual as a resident only if the individual:
 - a. Is at least 18 years of age; and
 - b. Has documentation of a referral to receive recidivism reduction services that:
 - i. Was made by a physician, behavioral health professional, or court of competent jurisdiction; and
 - ii. Complies with the requirements in A.R.S. § 36-411.01(D);
- 3. The referral is included in the resident’s medical record; and
- 4. The recidivism reduction services provided to a resident are:
 - a. Consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident; and
 - b. Provided by recidivism reduction staff whose experience is compatible with the experience of the resident.

R9-10-718. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

- 1. Include:
 - a. A process for providing information to a resident about medication prescribed for the resident including:
 - i. The prescribed medication’s anticipated results,
 - ii. The prescribed medication’s potential adverse reactions,
 - iii. The prescribed medication’s potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting any of the following:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a resident’s medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the resident’s needs;
 - d. Procedures for documenting, as applicable, medication administration and assistance in the self-administration of medication;
 - e. A process for monitoring a resident who self-administers medication;
 - f. Procedures for assisting a resident in obtaining medication; and
 - g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
- 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. If a behavioral health residential facility provides medication administration, an administrator shall ensure that:

- 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a resident only as ~~prescribed~~ ordered; and
 - d. Cover the documentation of a resident’s refusal to take prescribed medication in the resident’s medical record;
- 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
- 3. A medication administered to a resident:



- a. Is administered in compliance with an order, and
 - b. Is documented in the resident’s medical record.
- C. If a behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:
 - 1. A resident’s medication is stored by the behavioral health residential facility;
 - 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the resident;
 - c. Observing the resident while the resident removes the medication from the container;
 - d. Verifying that the medication is taken as ~~ordered~~ prescribed by the resident’s medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
 - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
 - e. Observing the resident while the resident takes the medication;
 - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
 - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member’s skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
 - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 - 6. Assistance in the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident’s medical record.
- D. An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. A current toxicology reference guide is available for use by personnel members; and
 - 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least once every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a behavioral health residential facility, an administrator shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident’s adverse reaction to a medication to the medical practitioner who ordered or prescribed the medication and, if applicable, the behavioral health residential facility’s clinical director.

R9-10-719. Food Services

- A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
1. For a behavioral health residential facility that has a licensed capacity of more than 10 residents:
 - a. The behavioral health residential facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
 - b. A copy of the behavioral health residential facility's food establishment license or permit is maintained;
 2. If a behavioral health residential facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health residential facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health residential facility;
 3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
 4. A registered dietitian is employed full-time, part-time, or as a consultant; and
 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.
- B.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:
1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
 2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 3. Meals and snacks provided by the behavioral health residential facility are served according to posted menus;
 4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp> <http://www.health.gov/dietaryguidelines/2015>;
 5. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. The resident agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.
- C.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 5. Frozen foods are stored at a temperature of 0° F or below; and
 6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

R9-10-720. Emergency and Safety Standards

- A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a behavioral health residential facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, and a sprinkler system installed according to the



National Fire Protection Association 13; Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that are in working order; or

2. An alternative method to ensure resident’s safety that is documented and approved by the local jurisdiction.

B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated;
 - b. How each resident’s medical record will be available to individuals providing services to the resident during a disaster;
 - c. A plan to ensure each resident’s medication will be available to administer to the resident during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the behavioral health residential facility, under the care and supervision of personnel members, or in the behavioral health residential facility’s relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents on the premises is conducted at least once every six months on each shift;
6. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and residents to evacuate the behavioral health residential facility;
 - c. Names of employees participating in the evacuation drill;
 - d. An identification of residents needing assistance for evacuation;
 - e. Any problems encountered in conducting the evacuation drill; and
 - f. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility.

C. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

R9-10-722. Physical Plant Standards

A. Except for a behavioral health outdoor program, an administrator shall ensure that the premises and equipment are sufficient to accommodate:

1. The services in the behavioral health residential facility’s scope of services, and
2. An individual ~~accepted~~ admitted as a resident by the behavioral health residential facility.

B. An administrator shall ensure that:

1. A behavioral health residential facility has a:
 - a. Room that provides privacy for a resident to receive treatment or visitors; and
 - b. Common area and a dining area that contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the behavioral health residential facility;
2. At least one bathroom is accessible from a common area that:
 - a. May be used by residents and visitors;
 - b. Provides privacy when in use; and
 - c. Contains the following:
 - i. At least one working sink with running water,
 - ii. At least one working toilet that flushes and has a seat,
 - iii. Toilet tissue for each toilet,
 - iv. Soap in a dispenser accessible from each sink,
 - v. Paper towels in a dispenser or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
3. For every six residents who stay overnight at the behavioral health residential facility, there is at least one working toilet that flushes and has a seat, and one sink with running water;
4. For every eight residents who stay overnight at the behavioral health residential facility, there is at least one working bathtub or shower;

- 5. A resident bathroom provides privacy when in use and contains:
 - a. A shatter-proof mirror, unless the resident’s treatment plan allows for otherwise;
 - b. A window that opens or another means of ventilation; and
 - c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
- 6. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
- 7. Each resident is provided a sleeping area that is in a bedroom; and
- 8. A resident bedroom complies with the following:
 - a. Is not used as a common area;
 - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 - c. Contains a door that opens into a hallway, common area, or outdoors;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide resident privacy;
 - f. Has floor to ceiling walls;
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than eight residents;
 - (2) Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and
 - (3) Provides at least three feet of floor space between beds or bunk beds;
 - h. Contains for each resident occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
 - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
 - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
 - j. Has sufficient lighting for a resident occupying the bedroom to read; and
 - k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.
- C. A behavioral health residential facility that was licensed as a Level 4 transitional agency before October 1, 2013 may continue to use a shared bedroom that provides at least 40 square feet of floor space, not including a closet, for each individual occupying the shared bedroom. If there is a modification to the shared bedroom, the behavioral health residential facility shall comply with the requirement in subsection (B)(8)(g).
- D. If a swimming pool is located on the premises, an administrator shall ensure that:
 - 1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool’s lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational vacuum cleaning system;
 - 2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (D)(2)(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; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 - 3. A life preserver or shepherd’s crook is available and accessible in the pool area.
- E. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(2) is covered and locked when not in use.

ARTICLE 8. ASSISTED LIVING FACILITIES

R9-10-801. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article, unless the context otherwise requires:

- 1. “Accept” or “acceptance” means:
 - a. An individual begins living in and receiving assisted living services from an assisted living facility; or



- b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
- 2. "Assistant caregiver" means an employee or volunteer who helps a manager or caregiver provide supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
- 3. "Assisted living services" means supervisory care services, personal care services, directed care services, behavioral ~~care, health services,~~ or ancillary services provided to a resident by or on behalf of an assisted living facility.
- 4. "Caregiver" means an individual who provides supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
- 5. "Common area" means licensed space that is:
 - a. Not a resident's bedroom or a residential unit,
 - b. Not restricted to use by employees or volunteers of an assisted living facility, and
 - c. Available for use by visitors and other individuals on the premises.
- ~~5-6.~~ "Manager" means an individual designated by a governing authority to act on behalf of the governing authority in the onsite management of the assisted living facility.
- ~~6-7.~~ "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
- ~~7-8.~~ "Primary care provider" means a physician, a physician's assistant, or registered nurse practitioner who directs a resident's medical services.
- ~~8-9.~~ "Residency agreement" means a document signed by a resident or the resident's representative and a manager, detailing the terms of residency.
- ~~9-10.~~ "Service plan" means a written description of a resident's need for supervisory care services, personal care services, directed care services, ancillary services, or behavioral health services and the specific assisted living services to be provided to the resident.
- ~~10-11.~~ "Termination of residency" or "terminate residency" means a resident is no longer living in and receiving assisted living services from an assisted living facility.

R9-10-802. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for ~~an initial a~~ license as an assisted living facility shall include in a Department-provided format:

- 1. Which of the following levels of assisted living services the applicant is requesting authorization to provide:
 - a. Supervisory care services,
 - b. Personal care services, or
 - c. Directed care services; and
- 2. Whether the applicant is requesting authorization to provide:
 - a. Adult day health care services, or
 - b. Behavioral health services other than behavioral care.

R9-10-803. Administration

- A. A governing authority shall:
 - 1. Consist of one or more individuals responsible for the organization, operation, and administration of an assisted living facility;
 - 2. Establish, in writing, an assisted living facility's scope of services;
 - 3. Designate, in writing, a manager who:
 - a. Is 21 years of age or older; and
 - b. Except for the manager of an adult foster care home, has either a:
 - i. Certificate as an assisted living facility manager issued under A.R.S. § 36-446.04(C), or
 - ii. A temporary certificate as an assisted living facility manager issued under A.R.S. § 36-446.06;
 - 4. Adopt a quality management program that complies with R9-10-804;
 - 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 - 6. Designate, in writing, an acting manager who has the qualifications established in subsection (A)(3), if the manager is:
 - a. Expected not to be present on the assisted living facility's premises for more than 30 calendar days, or
 - b. Not present on the assisted living facility's premises for more than 30 calendar days;
 - 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the manager and identify the name and qualifications of the new manager;
 - 8. Ensure that a manager or caregiver who is able to read, write, understand, and communicate in English is on an assisted living facility's premises; and
 - 9. Ensure compliance with A.R.S. § 36-411.
- B. A manager:
 - 1. Is directly accountable to the governing authority of an assisted living facility for the daily operation of the assisted living facility and all services provided by or at the assisted living facility;
 - 2. Has the authority and responsibility to manage the assisted living facility; and
 - 3. Except as provided in subsection (A)(6), designates, in writing, a caregiver who is:
 - a. At least 21 years of age, and
 - b. Present on the assisted living facility's premises and accountable for the assisted living facility when the manager is not present on the assisted living facility premises.
- C. A manager shall ensure that policies and procedures are:

1. Established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills and knowledge, education, and experience for employees and volunteers;
 - b. Cover orientation and in-service education for employees and volunteers;
 - c. Include how an employee may submit a complaint related to resident care;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Except as provided in subsection (M), cover cardiopulmonary resuscitation training for applicable employees and volunteers, including:
 - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the employee’s or volunteer’s ability to perform cardiopulmonary resuscitation;
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - iv. The documentation that verifies that the employee or volunteer has received cardiopulmonary resuscitation training;
 - f. Cover first aid training;
 - g. Cover how a caregiver will respond to a resident’s sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
 - h. Cover staffing and recordkeeping;
 - i. Cover resident acceptance; ~~and resident rights, and termination of residency;~~
 - j. Cover termination of residency, including:
 - i. Termination initiated by the manager of an assisted living facility, and
 - ii. Termination initiated by a resident or the resident’s representative;
 - ~~j-k.~~ Cover the provision of assisted living services, including:
 - i. Coordinating the provision of assisted living services,
 - ii. Making vaccination for influenza and pneumonia available to residents according to A.R.S. § 36-406(1)(d), and
 - iii. Obtaining resident preferences for food and the provision of assisted living services;
 - ~~k-l.~~ Cover the provision of respite services or adult day health services, if applicable;
 - m. Cover methods by which the assisted living facility is aware of the general or specific whereabouts of a resident, based on the level of assisted living services provided to the resident and the assisted living services the assisted living facility is authorized to provide;
 - ~~n.~~ Cover resident medical records, including electronic medical records;
 - ~~o.~~ Cover personal funds accounts, if applicable;
 - ~~p.~~ Cover specific steps for:
 - i. A resident to file a complaint, and
 - ii. The assisted living facility to respond to a resident’s complaint;
 - ~~q.~~ Cover health care directives;
 - ~~r.~~ Cover assistance in the self-administration of medication, and medication administration;
 - ~~s.~~ Cover food services;
 - ~~t.~~ Cover contracted services;
 - ~~u.~~ Cover equipment inspection and maintenance, if applicable;
 - ~~v.~~ Cover infection control; and
 - ~~w.~~ Cover a quality management program, including incident report and supporting documentation;
 2. Available to employees and volunteers of the assisted living facility; and
 3. Reviewed at least once every three years and updated as needed.
- D.** A manager shall ensure that the following are conspicuously posted:
1. A list of resident rights;
 2. The assisted living facility’s license;
 3. Current phone numbers of:
 - a. The unit in the Department responsible for licensing and monitoring the assisted living facility,
 - b. Adult Protective Services in the Department of Economic Security,
 - c. The State Long-Term Care Ombudsman, and
 - d. The Arizona Center for Disability Law; and
 4. The location at which a copy of the most recent Department inspection report and any plan of correction resulting from the Department inspection may be viewed.
- E.** A manager shall ensure that, unless otherwise stated:
1. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 2. When documentation or information is required by this Chapter to be submitted on behalf of an assisted living facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the assisted living facility.
- F.** If a requirement in this Article states that a manager shall ensure an action or condition or sign a document:
1. A governing authority or licensee may ensure the action or condition or sign the document and retain the responsibility to ensure compliance with the requirement in this Article;
 2. The manager may delegate ensuring the action or condition or signing the document to another individual, but the manager retains the responsibility to ensure compliance with the requirement in the Article; and



- 3. If the manager delegates ensuring an action or condition or signing a document, the delegation is documented and the documentation includes the name of the individual to whom the action, condition, or signing is delegated and the effective date of the delegation.
- G.** A manager shall:
 - 1. Not act as a resident’s representative and not allow an employee or a family member of an employee to act as a resident’s representative for a resident who is not a family member of the employee;
 - 2. If the assisted living facility administers personal funds accounts for residents and is authorized in writing by a resident or the resident’s representative to administer a personal funds account for the resident:
 - a. Ensure that the resident’s personal funds account does not exceed \$2,000;
 - b. Maintain a separate record for each resident’s personal funds account, including receipts and expenditures;
 - c. Maintain the resident’s personal funds account separate from any account of the assisted living facility; and
 - d. Provide a copy of the record of the resident’s personal funds account to the resident or the resident’s representative at least once every three months;
 - 3. Notify the resident’s representative, family member, public fiduciary, or trust officer if the manager determines that a resident is incapable of handling financial affairs; and
 - 4. Except when a resident’s need for assisted living services changes, as documented in the resident’s service plan, ensure that a resident receives at least 30 calendar days written notice before any increase in a fee or charge.
- H.** A manager shall permit the Department to interview an employee, a volunteer, or a resident as part of a compliance survey or a complaint investigation.
- I.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not on the premises and not receiving services from an assisted living facility’s manager, caregiver, or assistant caregiver, the manager shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.
- J.** If a manager has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect or exploitation has occurred on the premises or while a resident is receiving services from an assisted living facility’s manager, caregiver, or assistant caregiver, the manager shall:
 - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (J)(1); and
 - c. The report in subsection (J)(2);
 - 4. Maintain the documentation in subsection (J)(3) for at least 12 months after the date of the report in subsection(J)(2);
 - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (J)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident’s physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the manager to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 - 6. Maintain a copy of the documented information required in subsection (J)(5) for at least 12 months after the date the investigation was initiated.
- K.** A manager shall provide written notification to the Department of a resident’s:
 - 1. Death, if the resident’s death is required to be reported according to A.R.S. § 11-593, within one working day after the resident’s death; and
 - 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency services provider.
- L.** If a resident is receiving services from a home health agency or hospice service agency, a manager shall ensure that:
 - 1. The resident’s medical record contains:
 - a. The name, address, and contact individual, including contact information, of the home health agency or hospice service agency;
 - b. Any information provided by the home health agency or hospice service agency; and
 - c. A copy of resident follow-up instructions provided to the resident by the home health agency or hospice service agency; and
 - 2. Any care instructions for a resident provided to the assisted living facility by the home health agency or hospice service agency are:
 - a. Within the assisted living facility’s scope of services,
 - b. Communicated to a caregiver, and
 - c. Documented in the resident’s service plan.
- M.** A manager of an assisted living home may establish, in policies and procedures, requirements that a caregiver obtains and provides documentation of cardiopulmonary resuscitation training specific to adults, which includes a demonstration of the caregiver’s ability to perform cardiopulmonary resuscitation, from one of the following organizations:
 - 1. American Red Cross,
 - 2. American Heart Association, or

3. National Safety Council.
- R9-10-806. Personnel**
- A.** A manager shall ensure that:
 1. A caregiver:
 - a. Is 18 years of age or older; and
 - b. Provides documentation of:
 - i. Completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers;
 - ii. For supervisory care services, employment as a manager or caregiver of a supervisory care home before November 1, 1998;
 - iii. For supervisory care services or personal care services, employment as a manager or caregiver of a supportive residential living center before November 1, 1998; or
 - iv. For supervisory care services, personal care services, or directed services, one of the following:
 - (1) A nursing care institution administrator’s license issued by the Board of Examiners;
 - (2) A nurse’s license issued to the individual under A.R.S. Title 32, Chapter 15;
 - (3) Documentation of employment as a manager or caregiver of an unclassified residential care institution before November 1, 1998; or
 - (4) Documentation of sponsorship of or employment as a caregiver in an adult foster care home before November 1, 1998;
 2. An assistant caregiver:
 - a. Is 16 years of age or older, and
 - b. Interacts with residents under the supervision of a manager or caregiver;
 3. The qualifications, skills, and knowledge required for a caregiver or assistant caregiver:
 - a. Are based on:
 - i. The type of assisted living services, behavioral health services, or behavioral care expected to be provided by the caregiver or assistant caregiver according to the established job description; and
 - ii. The acuity of the residents receiving assisted living services, behavioral health services, or behavioral care from the caregiver or assistant caregiver according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description;
 - ii. The type and duration of education that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description; and
 - iii. The type and duration of experience that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services or behavioral care listed in the established job description;
 4. A caregiver’s or assistant caregiver’s skills and knowledge are verified and documented:
 - a. Before the caregiver or assistant caregiver provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
 5. An assisted living facility has a manager, caregivers, and assistant caregivers with the qualifications, experience, skills, and knowledge necessary to:
 - a. Provide the assisted living services, behavioral health services, behavioral care, and ancillary services in the assisted living facility’s scope of services;
 - b. Meet the needs of a resident; and
 - c. Ensure the health and safety of a resident;
 6. At least one manager or caregiver is present and awake at an assisted living center when a resident is on the premises;
 7. Documentation is maintained for at least 12 months after the last date on the documentation of the caregivers and assistant caregivers working each day, including the hours worked by each.
 - ~~7-8.~~ A manager, a caregiver, and an assistant caregiver, or an employee or a volunteer who has or is expected to have more than eight hours per week of direct interaction with residents, provides evidence of freedom from infectious tuberculosis:
 - a. On or before the date the individual begins providing services at or on behalf of the assisted living facility, and
 - b. As specified in R9-10-113;
 - ~~8-9.~~ Before providing assisted living services to a resident, a caregiver or an assistant caregiver receives orientation that is specific to the duties to be performed by the caregiver or assistant caregiver; and
 - ~~9-10.~~ Before providing assisted living services to a resident, a manager or caregiver provides current documentation of first aid training and cardiopulmonary resuscitation training certification specific to adults.
- B.** A manager of an assisted living home shall ensure that:
 1. An individual residing in an assisted living home, who is not a resident, a manager, a caregiver, or an assistant



caregiver:

- a. Either:
 - i. Complies with the fingerprinting requirements in A.R.S. § 36-411, or
 - ii. Interacts with residents only under the supervision of an individual who has a valid fingerprint clearance card; and
- b. If the individual is 12 years of age or older, provides evidence of freedom from infectious tuberculosis as specified in R9-10-113;
- 2. Documentation of compliance with the requirements in subsection (B)(1)(a) and evidence of freedom from infectious tuberculosis, if required under subsection (B)(1)(b), is maintained for an individual residing in the assisted living home who is not a resident, a manager, a caregiver, or an assistant caregiver;
- 3. As part of the policies and procedures required in R9-10-803(C)(1)(h), a plan is established, documented, and implemented to ensure that the manager or a caregiver is available as back-up to provide assisted living services to a resident if the manager or a caregiver assigned to work is not available or not able to provide the required assisted living services; and
- 3.4. At least the manager or a caregiver is present at an assisted living home when a resident is present in the assisted living home and:
 - a. Except for nighttime hours, the manager or caregiver is awake; and
 - b. If the manager or caregiver is not awake during nighttime hours:
 - i. The manager or caregiver can hear and respond to a resident needing assistance; and
 - ii. If the assisted living home is authorized to provide directed care services, policies and procedures are developed, documented, and implemented to establish a process for checking on a resident receiving directed care services during nighttime hours to ensure the resident’s health and safety.

C. A manager shall ensure that a personnel record for each employee or volunteer:

- 1. Includes:
 - a. The individual’s name, date of birth, and contact telephone number;
 - b. The individual’s starting date of employment or volunteer service and, if applicable, the ending date; and
 - c. Documentation of:
 - i. The individual’s qualifications, including skills and knowledge applicable to the individual’s job duties;
 - ii. The individual’s education and experience applicable to the individual’s job duties;
 - iii. The individual’s completed orientation and in-service education required by policies and procedures;
 - iv. The individual’s license or certification, if the individual is required to be licensed or certified in this Article or in policies and procedures;
 - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - vi. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection ~~(A)(7)~~ (A)(8);
 - vii. Cardiopulmonary resuscitation training, if required for the individual in this Article or policies and procedures;
 - viii. First aid training, if required for the individual in this Article or policies and procedures; and
 - ix. Documentation of compliance with the requirements in A.R.S. § 36-411(A) and (C);
- 2. Is maintained:
 - a. Throughout the individual’s period of providing services in or for the assisted living facility, and
 - b. For at least 24 months after the last date the individual provided services in or for the assisted living facility; and
- 3. For a manager, a caregiver, or an assistant caregiver who has not provided physical health services or behavioral health services at or for the assisted living facility during the previous 12 months, is provided to the Department within 72 hours after the Department’s request.

R9-10-807. Residency and Residency Agreements

- A. Except as provided in R9-10-808(B)(2), a manager shall ensure that a resident provides evidence of freedom from infectious tuberculosis:
 - 1. Before or within seven calendar days after the resident’s date of occupancy, and
 - 2. As specified in R9-10-113.
- B. A manager shall ensure that before or at the time of acceptance of an individual, the individual submits documentation that is dated within 90 calendar days before the individual is accepted by an assisted living facility and:
 - 1. If an individual is requesting or is expected to receive supervisory care services, personal care services, or directed care services:
 - a. Includes whether the individual requires:
 - i. Continuous medical services,
 - ii. Continuous or intermittent nursing services, or
 - iii. Restraints; and
 - b. Is dated and signed by a:
 - i. Physician,
 - ii. Registered nurse practitioner,
 - iii. Registered nurse, or

- iv. Physician assistant; and
 2. If an individual is requesting or is expected to receive behavioral health services, other than behavioral care, in addition to supervisory care services, personal care services, or directed care services from an assisted living facility:
 - a. Includes whether the individual requires continuous behavioral health services, and
 - b. Is signed and dated by a behavioral health professional.
- C. A manager shall not accept or retain an individual if:
 1. The individual requires continuous:
 - a. Medical services;
 - b. Nursing services, unless the assisted living facility complies with A.R.S. § 36-401(C); or
 - c. Behavioral health services;
 2. The primary condition for which the individual needs assisted living services is a behavioral health issue;
 - ~~2-3.~~ The assisted living services needed by the individual are not within the assisted living facility's scope of services and a home health agency or hospice service agency is not involved in the care of the individual;
 - ~~3-4.~~ The assisted living facility does not have the ability to provide the assisted living services needed by the individual; or
 - ~~4-5.~~ The individual requires restraints, including the use of bedrails.
- D. Before or at the time of an individual's acceptance by an assisted living facility, a manager shall ensure that there is a documented residency agreement with the assisted living facility that includes:
 1. The individual's name;
 2. Terms of occupancy, including:
 - a. Date of occupancy or expected date of occupancy,
 - b. Resident responsibilities, and
 - c. Responsibilities of the assisted living facility;
 3. A list of the services to be provided by the assisted living facility to the resident;
 4. A list of the services available from the assisted living facility at an additional fee or charge;
 5. For an assisted living home, whether the manager or a caregiver is awake during nighttime hours;
 6. The policy for refunding fees, charges, or deposits;
 7. The policy and procedure for a resident to terminate residency, including terminating residency because services were not provided to the resident according to the resident's service plan;
 8. The policy and procedure for an assisted living facility to terminate residency;
 9. The complaint process; and
 10. The manager's signature and date signed.
- E. Before or within five working days after a resident's acceptance by an assisted living facility, a manager shall obtain on the documented agreement, required in subsection (D), the signature of one of the following individuals:
 1. The resident,
 2. The resident's representative,
 3. The resident's legal guardian, or
 4. Another individual who has been designated by the individual under A.R.S. § 36-3221 to make health care decisions on the individual's behalf.
- F. A manager shall:
 1. Before or at the time of an individual's acceptance by an assisted living facility, provide to the resident or resident's representative a copy of:
 - a. The residency agreement in subsection (D),
 - b. Resident's rights, and
 - c. The policy and procedure on health care directives; and
 2. Maintain the original of the residency agreement in subsection (D) in the resident's medical record.
- G. A manager may terminate residency of a resident as follows:
 1. Without notice, if the resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in an assisted living facility;
 2. With a ~~14-calendar-day~~ 14-calendar-day written notice of termination of residency:
 - a. For nonpayment of fees, charges, or deposit; or
 - b. Under any of the conditions in subsection (C); or
 3. With a ~~30-calendar-day~~ 30-calendar-day written notice of termination of residency, for any other reason.
- H. A manager shall ensure that ~~a~~ the written notice of termination of residency in subsection (G) includes:
 1. The date of notice;
 2. The reason for termination;
 3. The policy for refunding fees, charges, or deposits;
 4. The deposition of a resident's fees, charges, and deposits; and
 5. Contact information for the State Long-Term Care Ombudsman.
- I. A manager shall provide the following to a resident when the manager provides ~~a~~ the written notice of termination of residency in subsection (G):
 1. A copy of the resident's current service plan, and
 2. Documentation of the resident's freedom from infectious tuberculosis.
- J. If an assisted living facility issues a written notice of termination of residency as provided in subsection (G) to a resident or the resident's representative because the resident needs services the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, a manager shall ensure that the written notice of termination of residency includes a description of the



specific services that the resident needs that the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide.

R9-10-808. Service Plans

- A.** Except as required in subsection (B), a manager shall ensure that a resident has a written service plan that:
 - 1. Is completed no later than 14 calendar days after the resident’s date of acceptance;
 - 2. Is developed with assistance and review from:
 - a. The resident or resident’s representative,
 - b. The manager, and
 - c. Any individual requested by the resident or the resident’s representative;
 - 3. Includes the following:
 - a. A description of the resident’s medical or health problems, including physical, behavioral, cognitive, or functional conditions or impairments;
 - b. The level of service the resident is expected to receive;
 - c. The amount, type, and frequency of assisted living services being provided to the resident, including medication administration or assistance in the self-administration of medication;
 - d. For a resident who requires intermittent nursing services or medication administration, review by a nurse or medical practitioner;
 - e. For a resident who requires behavioral care:
 - i. Any of the following that is necessary to provide assistance with the resident’s psychosocial interactions to manage the resident’s behavior:
 - (1) The psychosocial interactions or behaviors for which the resident requires assistance,
 - (2) Psychotropic medications ordered for the resident,
 - (3) Planned strategies and actions for changing the resident’s psychosocial interactions or behaviors, and
 - (4) Goals for changes in the resident’s psychosocial interactions or behaviors; and
 - ii. Review by a medical practitioner or behavioral health professional; and
 - f. For a resident who will be storing medication in the resident’s bedroom or residential unit, how the medication will be stored and controlled;
 - 4. Is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f):
 - a. No later than 14 calendar days after a significant change in the resident’s physical, cognitive, or functional condition; and
 - b. As follows:
 - i. At least once every 12 months for a resident receiving supervisory care services,
 - ii. At least once every six months for a resident receiving personal care services, and
 - iii. At least once every three months for a resident receiving directed care services; and
 - 5. When initially developed and when updated, is signed and dated by:
 - a. The resident or resident’s representative;
 - b. The manager;
 - c. If a review is required in subsection (A)(3)(d), the nurse or medical practitioner who reviewed the service plan; and
 - d. If a review is required in subsection (A)(3)(e)(ii), the medical practitioner or behavioral health professional who reviewed the service plan.
- B.** For a resident receiving respite care services, a manager shall ensure that:
 - 1. A written service plan is:
 - a. Based on a determination of the resident’s current needs and:
 - i. Is completed no later than three working days after the resident’s date of acceptance; or
 - ii. If the resident has a service plan in the resident’s medical record that was developed within the previous 12 months, is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the resident’s date of acceptance; and
 - b. If a significant change in the resident's physical, cognitive, or functional condition occurs while the resident is receiving respite care services, updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the significant change occurs; and
 - 2. If the resident is not expected to be present in the assisted living facility for more than seven calendar days, the resident is not required to comply with the requirements in R9-10-807(A).
- C.** A manager shall ensure that:
 - 1. A caregiver or an assistant caregiver:
 - a. Provides a resident with the assisted living services in the resident’s service plan;
 - b. Is only assigned to provide the assisted living services the caregiver or assistant caregiver has the documented skills and knowledge to perform;
 - c. Provides assistance with activities of daily living according to the resident’s service plan;
 - d. If applicable, suggests techniques a resident may use to maintain or improve the resident’s independence in performing activities of daily living;
 - e. Provides assistance with, supervises, or directs a resident’s personal hygiene according to the resident’s service plan;
 - f. Encourages a resident to participate in activities planned according to subsection (E); and



- g. Documents the services provided in the resident's medical record; and
- 2. A volunteer or an assistant caregiver who is 16 or 17 years of age does not provide:
 - a. Assistance to a resident for:
 - i. Bathing,
 - ii. Toileting, or
 - iii. Moving the resident's body from one surface to another surface;
 - b. Assistance in the self-administration of medication;
 - c. Medication administration; or
 - d. Nursing services.
- D. A manager of an assisted living facility that is authorized to provide adult day health services shall ensure that the adult day health care services are provided as specified in R9-10-1113.
- E. A manager shall ensure that:
 - 1. Daily social, recreational, or rehabilitative activities are planned according to residents' preferences, needs, and abilities;
 - 2. A calendar of planned activities is:
 - a. Prepared at least one week in advance of the date the activity is provided,
 - b. Posted in a location that is easily seen by residents,
 - c. Updated as necessary to reflect substitutions in the activities provided, and
 - d. Maintained for at least 12 months after the last scheduled activity;
 - 3. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity; and
 - 4. Daily Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information.
- F. If a resident is not receiving assistance with the resident's psychosocial interactions under the direction of a behavioral health professional or any other behavioral health services at an assisted living facility, the resident is not considered to be receiving behavioral care or behavioral health services from the assisted living facility if the resident:
 - 1. Is prescribed a psychotropic medication, or
 - 2. Is receiving directed care services and has a primary diagnosis of:
 - a. Dementia,
 - b. Alzheimer's disease-related dementia, or
 - c. Traumatic brain injury.

R9-10-810. Resident Rights

- A. A manager shall ensure that, at the time of admission acceptance, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C).
- B. A manager shall ensure that:
 - 1. A resident is treated with dignity, respect, and consideration;
 - 2. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by the assisted living facility's manager, caregivers, assistant caregivers, employees, or volunteers; and
 - 3. A resident or the resident's representative:
 - a. Is informed of the following:
 - i. The policy on health care directives, and
 - ii. The resident complaint process;
 - b. Consents to photographs of the resident before the resident is photographed, except that a resident may be photographed when ~~admitted to~~ accepted as a resident by an assisted living facility for identification and administrative purposes;
 - c. Except as otherwise permitted by law, provides written consent before the release of information in the resident's:
 - i. Medical record, or
 - ii. Financial records;
 - d. May:
 - i. Request or consent to relocation within the assisted living facility; and
 - ii. Except when relocation is necessary based on a change in the resident's condition as documented in the resident's service plan, refuse relocation within the assisted living facility;



- e. Has access to the resident’s records during normal business hours or at a time agreed upon by the resident or resident’s representative and the manager; and
- f. Is informed of:
 - i. The rates and charges for services before the services are initiated;
 - ii. A change in rates or charges at least 30 calendar days before the change is implemented, unless the change in rates or charges results from a change in services; and
 - iii. A change in services at least 30 calendar days before the change is implemented, unless the resident’s service plan changes.

C. A resident has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive assisted living services that support and respect the resident’s individuality, choices, strengths, and abilities;
- 3. To receive privacy in:
 - a. Care for personal needs;
 - b. Correspondence, communications, and visitation; and
 - c. Financial and personal affairs;
- 4. To maintain, use, and display personal items unless the personal items constitute a hazard;
- 5. To choose to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities;
- 6. To review, upon written request, the resident’s own medical record;
- 7. To receive a referral to another health care institution if the assisted living facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
- 8. To choose to access services from a health care provider, health care institution, or pharmacy other than the assisted living facility where the resident is residing and receiving services or a health care provider, health care institution, or pharmacy recommended by the assisted living facility;
- 9. To participate or have the resident’s representative participate in the development of, or decisions concerning, the resident’s service plan; and
- 10. To receive assistance from a family member, the resident’s representative, or other individual in understanding, protecting, or exercising the resident’s rights.

R9-10-814. Personal Care Services

- A.** A manager of an assisted living facility authorized to provide personal care services shall not accept or retain a resident who:
 - 1. Is unable to direct self-care;
 - 2. Except as specified in subsection (B), is confined to a bed or chair because of an inability to ambulate even with assistance; or
 - 3. Except as specified in subsection (C), has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- B.** A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who is confined to a bed or chair because of an inability to ambulate even with assistance if:
 - 1. The condition is a result of a short-term illness or injury; or
 - 2. The following requirements are met at the onset of the condition or when the resident is accepted by the assisted living facility:
 - a. The resident or resident’s representative requests that the resident be accepted by or remain in the assisted living facility;
 - b. The resident’s primary care provider or other medical practitioner:
 - i. Examines the resident at the onset of the condition, or within 30 calendar days before acceptance, and at least once every six months throughout the duration of the resident’s condition;
 - ii. Reviews the assisted living facility’s scope of services; and
 - iii. Signs and dates a determination stating that the resident’s needs can be met by the assisted living facility within the assisted living facility’s scope of services and, for retention of a resident, are being met by the assisted living facility; and
 - c. The resident’s service plan includes the resident’s increased need for personal care services.
- C.** A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner, if the requirements in subsection (B)(2) are met.
- D.** A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who:
 - 1. Is receiving nursing services from a home health agency or a hospice service agency; or
 - 2. Requires intermittent nursing services if:
 - a. The resident’s condition for which nursing services are required is a result of a short-term illness or injury, and
 - b. The requirements of subsection (B)(2) are met.
- E.** A manager shall ensure that a bell, intercom, or other mechanical means to alert employees to a resident’s needs or emergencies is available and accessible in a bedroom or residential unit being used by a resident receiving personal care services.
- F.** In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving personal care services includes:
 - 1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;



2. Offering sufficient fluids to maintain hydration;
 3. Incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting; and
 4. If applicable, the determination in subsection ~~(B)(2)(b)~~ (B)(2)(b)(iii).
- G.** A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving personal care services unless the resident has an order from the resident's primary care provider or another medical practitioner for the non-prescription medication.
- R9-10-815. Directed Care Services**
- A.** A manager shall ensure that a resident's representative is designated for a resident who is unable to direct self-care.
- B.** A manager of an assisted living facility authorized to provide directed care services shall not accept or retain a resident who, except as provided in R9-10-814(B)(2):
1. Is confined to a bed or chair because of an inability to ambulate even with assistance; or
 2. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- C.** In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:
1. The requirements in R9-10-814(F)(1) through (3);
 2. If applicable, the determination in ~~R9-10-814(B)(2)(b)~~ R9-10-814(B)(2)(b)(iii);
 3. Cognitive stimulation and activities to maximize functioning;
 4. Strategies to ensure a resident's personal safety;
 5. Encouragement to eat meals and snacks;
 6. Documentation:
 - a. Of the resident's weight, or
 - b. From a medical practitioner stating that weighing the resident is contraindicated; and
 7. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's service plan.
- D.** A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving directed care services unless the resident has an order from a medical practitioner for the non-prescription medication.
- E.** A manager shall ensure that:
1. A bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom being used by a resident receiving directed care services; or
 2. An assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.
- F.** A manager of an assisted living facility authorized to provide directed care services shall ensure that:
1. Policies and procedures are established, documented, and implemented that ensure the safety of a resident who may wander;
 2. There is a means of exiting the facility for a resident who does not have a key, special knowledge for egress, or the ability to expend increased physical effort that meets one of the following:
 - a. Provides access to an outside area that:
 - i. Allows the resident to be at least 30 feet away from the facility, and
 - ii. Controls or alerts employees of the egress of a resident from the facility;
 - b. Provides access to an outside area:
 - i. From which a resident may exit to a location at least 30 feet away from the facility, and
 - ii. Controls or alerts employees of the egress of a resident from the facility; or
 - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-1-412; and
 3. A caregiver or an assistant caregiver complies with the requirements for incidents in R9-10-804 when a resident who is unable to direct self-care wanders into an area not designated by the governing authority for use by the resident.
- R9-10-817. Food Services**
- A.** A manager shall ensure that:
1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu is served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 2. Meals and snacks provided by the assisted living facility are served according to posted menus;
 3. If the assisted living facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the assisted living facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the assisted living facility;
 4. The assisted living facility is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
 5. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp> <http://www.health.gov/dietaryguidelines/2015>;
 6. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's service plan;
 7. Water is available and accessible to residents at all times, unless otherwise stated in a medical practitioner's order; and



- 8. A resident requiring assistance to eat is provided with assistance that recognizes the resident’s nutritional, physical, and social needs, including the provision of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the resident.
- B.** If the assisted living facility offers therapeutic diets, a manager shall ensure that:
 - 1. A current therapeutic diet manual is available for use by employees, and
 - 2. The therapeutic diet is provided to a resident according to a written order from the resident’s primary care provider or another medical practitioner.
- C.** A manager shall ensure that food is obtained, prepared, served, and stored as follows:
 - 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 - 2. Food is protected from potential contamination;
 - 3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
 - 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 - 5. A refrigerator used by an assisted living facility to store food or medication contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 - 6. Frozen foods are stored at a temperature of 0° F or below; and
 - 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- D.** A manager of an assisted living center shall ensure that:
 - 1. The assisted living center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
 - 2. A copy of the assisted living center’s food establishment license or permit is maintained.

R9-10-818. Emergency and Safety Standards

- A.** A manager shall ensure that:
 - 1. A disaster plan is developed, documented, maintained in a location accessible to caregivers and assistant caregivers, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated;
 - b. How a resident’s medical record will be available to individuals providing services to the resident during a disaster;
 - c. A plan to ensure each resident’s medication will be available to administer to the resident during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the assisted living facility or the assisted living facility’s relocation site during a disaster;
 - 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
 - 3. Documentation of the disaster plan review required in subsection (A)(2) includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each employee or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 - 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
 - 5. An evacuation drill for employees and residents:
 - a. Is conducted at least once every six months; and
 - b. Includes all individuals on the premises except for:
 - i. A resident whose medical record contains documentation that evacuation from the assisted living facility would cause harm to the resident, and
 - ii. Sufficient caregivers to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
 - 6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and residents to evacuate the assisted living facility;
 - c. If applicable:
 - i. An identification of residents needing assistance for evacuation, and
 - ii. An identification of residents who were not evacuated;
 - d. Any problems encountered in conducting the evacuation drill; and

- e. Recommendations for improvement, if applicable; and
- 7. An evacuation path is conspicuously posted in each hallway of each floor of the assisted living facility.
- B.** A manager shall ensure that:
 - 1. A resident receives orientation to the exits from the assisted living facility and the route to be used when evacuating the assisted living facility within 24 hours after the resident's acceptance by the assisted living facility, and
 - 2. The resident's orientation is documented.
- C.** A manager shall ensure that a first-aid kit is maintained in the assisted living facility in a location accessible to caregivers and assistant caregivers.
- D.** When a resident has an accident, emergency, or injury that results in the resident needing medical services, a manager shall ensure that a caregiver or an assistant caregiver:
 - 1. Immediately notifies the resident's emergency contact and primary care provider; and
 - 2. Documents the following:
 - a. The date and time of the accident, emergency, or injury;
 - b. A description of the accident, emergency, or injury;
 - c. The names of individuals who observed the accident, emergency, or injury;
 - d. The actions taken by the caregiver or assistant caregiver;
 - e. The individuals notified by the caregiver or assistant caregiver; and
 - f. Any action taken to prevent the accident, emergency, or injury from occurring in the future.
- E.** A manager of an assisted living center shall ensure that:
 - 1. Unless the assisted living center has documentation of having received an exception from the Department before October 1, 2013, in the areas of the assisted living center providing personal care services or directed care services:
 - a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, and is in working order; and
 - b. A sprinkler system is installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, and is in working order;
 - 2. For the areas of the assisted living center providing only supervisory care services:
 - a. A fire alarm system and a sprinkler system meeting the requirements in subsection (E)(1) are installed and in working order, or
 - b. The assisted living center complies with the requirements in subsection (F);
 - 3. A fire inspection is conducted by a local fire department or the State Fire Marshal before initial licensing and according to the time-frame established by the local fire department or the State Fire Marshal;
 - 4. Any repairs or corrections stated on the fire inspection report are made; and
 - 5. Documentation of a current fire inspection is maintained.
- F.** A manager of an assisted living home shall ensure that:
 - 1. A fire extinguisher that is labeled as rated at least 2A-10-BC by the Underwriters Laboratories is mounted and maintained in the assisted living home;
 - 2. A disposable fire extinguisher is replaced when its indicator reaches the red zone;
 - 3. A rechargeable fire extinguisher:
 - a. Is serviced at least once every 12 months, and
 - b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher;
 - 4. Except as provided in subsection (G):
 - a. A smoke detector is:
 - i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
 - ii. Either battery operated or, if hard-wired into the electrical system of the assisted living home, has a back-up battery;
 - iii. In working order; and
 - iv. Tested at least once a month; and
 - b. Documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test;
 - 5. An appliance, light, or other device with a frayed or spliced electrical cord is not used at the assisted living home; and
 - 6. An electrical cord, including an extension cord, is not run under a rug or carpeting, over a nail, or from one room to another at the assisted living home.
- G.** A manager of an assisted living home may use a fire alarm system and a sprinkler system to ensure the safety of residents if the fire alarm system and sprinkler system:
 - 1. Are installed and in working order, and
 - 2. Meet the requirements in subsection (E)(1).
- R9-10-820. Physical Plant Standards**
- A.** A manager shall ensure that an assisted living center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, that:
 - 1. Are applicable to the level of services planned to be provided or being provided; and
 - 2. Were in effect on the date the assisted living facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.



- B.** A manager shall ensure that:
 - 1. The premises and equipment are sufficient to accommodate:
 - a. The services stated in the assisted living facility’s scope of services, and
 - b. An individual accepted as a resident by the assisted living facility;
 - 2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
 - 3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
 - 4. At least one bathroom is accessible from a common area and:
 - a. May be used by residents and visitors;
 - b. Provides privacy when in use; and
 - c. Contains the following:
 - i. At least one working sink with running water,
 - ii. At least one working toilet that flushes and has a seat,
 - iii. Toilet tissue for each toilet,
 - iv. Soap in a dispenser accessible from each sink,
 - v. Paper towels in a dispenser or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
 - 5. An outside activity space is provided and available that:
 - a. Is on the premises,
 - b. Has a hard-surfaced section for wheelchairs, and
 - c. Has an available shaded area;
 - 6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
 - 7. The key to the door of a lockable bathroom, bedroom, or residential unit is available to a manager, caregiver, and assistant caregiver.
- C.** A manager shall ensure that:
 - 1. For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
 - 2. For every eight residents there is at least one working bathtub or shower; and
 - 3. A resident bathroom provides privacy when in use and contains:
 - a. A mirror;
 - b. Toilet tissue for each toilet;
 - c. Soap accessible from each sink;
 - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is not in a residential unit and used by more than one resident;
 - e. A window that opens or another means of ventilation;
 - f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
 - g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers.
- D.** A manager shall ensure that:
 - 1. Each resident is provided with a sleeping area in a residential unit or a bedroom;
 - 2. For an assisted living home, a resident’s sleeping area is on the ground floor of the assisted living home unless:
 - a. The resident is able to direct self-care;
 - b. The resident is ambulatory without assistance; and
 - c. There are at least two unobstructed, usable exits to the outside from the sleeping area that the resident is capable of using;
 - 3. Except as provided in subsection (E), no more than two individuals reside in a residential unit or bedroom;
 - 4. A resident’s sleeping area:
 - a. Is not used as a common area;
 - b. Is not used as a passageway to a common area, another sleeping area, or common bathroom unless the resident’s sleeping area:
 - i. Was used as a passageway to a common area, another sleeping area, or common bathroom before October 1, 2013; and
 - ii. Written consent is obtained from the resident or the resident’s representative;
 - c. Is constructed and furnished to provide unimpeded access to the door;
 - d. Has floor-to-ceiling walls with at least one door;
 - e. Has access to natural light through a window or a glass door to the outside; and
 - f. Has a window or door that can be used for direct egress to outside the building;
 - 5. If a resident’s sleeping area is in a bedroom, the bedroom has:
 - a. For a private bedroom, at least 80 square feet of floor space, not including a closet or bathroom;
 - b. For a shared bedroom, at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom; and
 - c. A door that opens into a hallway, common area, or outdoors;
 - 6. If a resident’s sleeping area is in a residential unit, the residential unit has:

- a. Except as provided in subsection (E)(2), at least 220 square feet of floor space, not including a closet or bathroom, for one individual residing in the residential unit and an additional 100 square feet of floor space, not including a closet or bathroom, for each additional individual residing in the residential unit;
 - b. An individually keyed entry door;
 - c. A bathroom that provides privacy when in use and contains:
 - i. A working toilet that flushes and has a seat;
 - ii. A working sink with running water;
 - iii. A working bathtub or shower;
 - iv. Lighting;
 - v. A mirror;
 - vi. A window that opens or another means of ventilation;
 - vii. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
 - viii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in bathtubs and showers;
 - d. A resident-controlled thermostat for heating and cooling;
 - e. A kitchen area equipped with:
 - i. A working sink and refrigerator,
 - ii. A cooking appliance that can be removed or disconnected,
 - iii. Space for food preparation, and
 - iv. Storage for utensils and supplies; and
 - f. If not furnished by a resident:
 - i. An armchair, and
 - ii. A table where a resident may eat a meal; and
7. If not furnished by a resident, each sleeping area has:
- a. A bed, at least 36 inches in width and 72 inches in length, consisting of at least a frame and mattress that is clean and in good repair;
 - b. Clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
 - c. Sufficient light for reading;
 - d. Storage space for clothing;
 - e. Individual storage space for personal effects; and
 - f. Adjustable window covers that provide resident privacy.
- E.** A manager may allow more than two individuals to reside in a residential unit or bedroom if:
1. There is at least 60 square feet for each individual living in the bedroom;
 2. There is at least 100 square feet for each individual living in the residential unit; and
 3. The manager has documentation that the assisted living facility has been operating since before November 1, 1998, with more than two individuals living in the residential unit or bedroom.
- F.** If there is a swimming pool on the premises of the assisted living facility, a manager shall ensure that:
1. Unless the assisted living facility has documentation of having received an exception from the Department before October 1, 2013, the swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (F)(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; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use;
 2. A life preserver or shepherd’s crook is available and accessible in the swimming pool area; and
 3. Pool safety requirements are conspicuously posted in the swimming pool area.
- G.** A manager shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

R9-10-1002. Supplemental Application and Documentation Submission Requirements

- A.** In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for ~~an initial~~ a license as an outpatient treatment center shall submit, in a Department-provided format ~~provided by the Department:~~
1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
 2. A request to provide one or more of the following services:
 - a. Behavioral health services and, if applicable:
 - i. Behavioral health observation/stabilization services,
 - ii. Children’s behavioral health services,
 - iii. Court-ordered evaluation,



- iv. Court-ordered treatment,
- v. Counseling,
- vi. Crisis services,
- vii. Opioid treatment services,
- viii. Pre-petition screening,
- ix. Respite services,
- x. Respite services for children on the premises,
- xi. DUI education,
- xii. DUI screening,
- xiii. DUI treatment, or
- xiv. Misdemeanor domestic violence offender treatment;
- b. Diagnostic imaging services;
- c. Clinical laboratory services;
- d. Dialysis services;
- e. Emergency room services;
- f. Pain management services;
- g. Physical health services;
- h. Rehabilitation services;
- i. Sleep disorder services; or
- j. Urgent care services provided in a freestanding urgent care center setting.

- B.** In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an:
1. Affiliated outpatient treatment center, ~~as defined in R9-10-1901~~, applying for ~~an initial or renewal~~ a license for the affiliated outpatient treatment center shall submit, in a Department-provided format ~~provided by the Department~~, the following information for each counseling facility for which the affiliated outpatient treatment center is providing administrative support:
 - a. Name, and
 - b. Either:
 - i. The license number assigned to the counseling facility by the Department; or
 - ii. If the counseling facility is not currently licensed, the:
 - (1) Counseling facility’s street address, and
 - (2) Date the counseling facility submitted to the Department an application for ~~an initial~~ a health care institution license; and
 2. Outpatient treatment center, applying for ~~an initial or renewal~~ a license that includes a request for authorization to provide respite services for children on the premises, shall include the requested respite capacity, ~~as defined in R9-10-1025(A)~~.

C. A licensee of an affiliated outpatient treatment center shall submit to the Department the information required in subsection (B)(1) with the relevant fees required in R9-10-106(C) or (D), as applicable.

D. A licensee of an outpatient treatment center authorized to provide respite services for children on the premises shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:

1. The respite capacity, and
2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises.

E. A licensee of an outpatient treatment center authorized to operate as a collaborating outpatient treatment center shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:

1. The information and documentation required in R9-10-1031(D)(1); and
2. A floor plan that shows:
 - a. Each collocator’s proposed treatment area, and
 - b. The common areas of the collaborating outpatient treatment center.

R9-10-1003. Administration

A. If an outpatient treatment center is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) or (G), the hospital's governing authority is the governing authority for the outpatient treatment center.

B. A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;
2. Establish, in writing:
 - a. An outpatient treatment center’s scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (B)(2)(b);
4. Adopt a quality management program according to R9-10-1004;
5. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (B)(2)(b) if the administrator is:
 - a. Expected not to be present on an outpatient treatment center’s premises for more than 30 calendar days, or
 - b. Not present on an outpatient treatment center’s premises for more than 30 calendar days; and

7. Except as provided in subsection (B)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.
- C.** An administrator:
1. Is directly accountable to the governing authority for the daily operation of the outpatient treatment center and all services provided by or at the outpatient treatment center;
 2. Has the authority and responsibility to manage the outpatient treatment center; and
 3. Except as provided in subsection (B)(6), designates, in writing, an individual who is present on the outpatient treatment center's premises and accountable for the outpatient treatment center when the administrator is not available.
- D.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Cover the requirements in Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
 - f. Cover first aid training;
 - g. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
 - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - i. Cover health care directives;
 - j. Cover medical records, including electronic medical records;
 - k. Cover quality management, including incident report and supporting documentation; and
 - l. Cover contracted services;
 2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, assessment, transport, transfer, discharge plan, and discharge;
 - b. Cover the provision of medical services, nursing services, behavioral health services, health-related services, and ancillary services;
 - c. Include when general consent and informed consent are required;
 - d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
 - e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
 - f. Cover infection control;
 - g. Cover telemedicine, if applicable;
 - h. Cover environmental services that affect patient care;
 - i. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. An outpatient treatment center to respond to a complaint;
 - j. Cover smoking tobacco products on an outpatient treatment center's premises; and
 - k. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 3. Outpatient treatment center policies and procedures are:
 - a. Reviewed at least once every three years and updated as needed, and
 - b. Available to personnel members and employees;
 4. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient treatment center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient treatment center;
 5. The following are conspicuously posted:
 - a. The current license for the outpatient treatment center issued by the Department;
 - b. The name, address, and telephone number of the Department;
 - c. A notice that a patient may file a complaint with the Department about the outpatient treatment center;
 - d. One of the following:
 - i. A schedule of rates according to A.R.S. § 36-436.01(C), or
 - ii. A notice that the schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;



- e. A list of patient rights;
- f. A map for evacuating the facility; and
- g. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and
- 6. Patient follow-up instructions are:
 - a. Provided, orally or in written form, to a patient or the patient’s representative before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member’s advice; and
 - b. Documented in the patient’s medical record.
- E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from an outpatient treatment center’s employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
 - 1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from an outpatient treatment center’s employee or personnel member, an administrator shall:
 - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
 - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 - 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient’s physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 - 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. If an outpatient treatment center is an affiliated outpatient treatment center as defined in ~~R9-10-1901~~, an administrator shall ensure that the outpatient treatment center complies with the requirements for an affiliated outpatient treatment center in 9 A.A.C. 10, Article 19.

R9-10-1013. Court-ordered Evaluation

An administrator of an outpatient treatment center that is authorized to provide court-ordered evaluation shall comply with the requirements for court-ordered evaluation in ~~A.R.S. § 36-425.03~~ A.R.S. Title 36, Chapter 5, Article 4.

R9-10-1014. Court-ordered Treatment

An administrator of an outpatient treatment center that is authorized to provide court-ordered treatment shall comply with the requirements for court-ordered treatment in A.R.S. Title 36, Chapter 5, ~~Article 4~~ Article 5.

R9-10-1017. Diagnostic Imaging Services

An administrator of an outpatient treatment center that is authorized to provide diagnostic imaging services shall:

- 1. Designate an individual to provide direction for diagnostic imaging services who is a:
 - a. Radiologic technologist, certified under A.R.S. Title 32, Chapter 28, Article 2, who has at least 12 months experience in an outpatient treatment center;
 - b. Physician; or
 - c. Radiologist; and
- 2. Ensure that:
 - a. Diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and ~~42 A.A.C. 1 9 A.A.C. 7~~;
 - b. A copy of a certificate documenting compliance with subsection (2)(a) is maintained;
 - c. Diagnostic imaging services are provided to a patient according to an order that includes:
 - i. The patient’s name,
 - ii. The name of the ordering individual,
 - iii. The diagnostic imaging procedure ordered, and
 - iv. The reason for the diagnostic imaging procedure;
 - d. A physician or radiologist interprets the diagnostic image; and
 - e. A diagnostic imaging patient report is completed that includes:
 - i. The patient’s name,
 - ii. The date of the procedure, and
 - iii. A physician’s or radiologist’s interpretation of the diagnostic image.

R9-10-1018. Dialysis Services

- A.** In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:
1. “Caregiver” means an individual designated by a patient or a patient’s representative to perform self-dialysis in the patient’s stead.
 2. “Chief clinical officer” means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.
 3. “Long-term care plan” means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.
 4. “Modality” means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
 5. “Nutritional assessment” means an analysis of a patient’s weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient’s nutritional needs are being met.
 6. “Patient care plan” means a written document for a patient receiving dialysis that identifies the patient’s needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.
 7. “Peritoneal dialysis” means the process of using the peritoneal cavity for removing waste products by fluid exchange.
 8. “Psychosocial evaluation” means an analysis of an individual’s mental and social conditions to determine the individual’s need for social work services.
 9. “Reprocessing” means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
 10. “Self-dialysis” means dialysis performed by a patient or a caregiver on the patient’s body.
 11. “Social worker” means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the “practice of social work” as defined in A.R.S. § 32-3251.
 12. “Stable means” that a patient’s blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient’s usual medical condition so that medical intervention is not indicated.
 13. “Transplant surgeon” means a physician who:
 - a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and
 - b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.
- B.** A governing authority of an outpatient treatment center that is authorized to provide dialysis services shall:
1. Ensure that the administrator appointed as required in R9-10-1003(B)(3) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and
 2. Appoint a chief clinical officer to direct the dialysis services provided by or at the outpatient treatment center who is a physician who:
 - a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
 - b. Has at least 12 months of experience or training in providing dialysis services.
- C.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Long-term care plans and patient care plans,
 - b. Assigning a patient an identification number,
 - c. Personnel members’ response to a patient’s adverse reaction during dialysis, and
 - d. Personnel members’ response to an equipment malfunction during dialysis;
 2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-114 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
 3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
 - a. Before providing dialysis services, and
 - b. At least once every 12 months after the initial date of employment or volunteer service;
 4. A personnel member wears a name badge that displays the individual’s first name, job title, and professional license or certification; and
 5. At least one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.
- D.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
1. The premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date listed on the building permit or zoning clearance submitted, as required by R9-10-104, as part of the application for approval of the architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center’s scope of services;
 2. Before a modification of the premises of an outpatient treatment center where dialysis services are provided is made, an application for approval of the architectural plans and specifications of the outpatient treatment center required in R9-10-104(A):



- a. Is submitted to the Department; and
- b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, in effect on the date:
 - i. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
 - ii. The application for approval of the architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and
- 3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412 in effect on the date:
 - a. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
 - b. The application for approval of the architectural plans and specifications required in R9-10-104(A) is submitted to the Department.
- E. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that for a patient receiving dialysis services:
 - 1. The dialysis services provided to the patient meet the needs of the patient;
 - 2. A physician:
 - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
 - b. Documents the medical history and physical examination in the patient’s medical record within 48 hours after admission;
 - 3. If the patient’s medical history and physical examination required in subsection (E)(2) is not performed by the patient’s nephrologist, the patient’s nephrologist, within 30 calendar days after the date of the medical history and physical examination:
 - a. Reviews and authenticates the patient’s medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or
 - b. Performs a medical history and physical examination that includes information specific to nephrology;
 - 4. The patient’s nephrologist or the nephrologist’s designee:
 - a. Performs a medical history and physical examination on the patient at least once every 12 months after the date of the patient’s admission to the outpatient treatment center, and
 - b. Documents monthly notes related to the patient’s progress in the patient’s medical record;
 - 5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:
 - a. Reviews with the patient the results of any diagnostic tests performed on the patient;
 - b. Assesses the patient’s medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;
 - c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient’s medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or, if there is not a registered nurse responsible, the individual responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;
 - d. Informs the patient’s nephrologist of any changes in the patient’s medical condition or needs; and
 - e. Documents in the patient’s medical record:
 - i. Any notice provided as required in subsection (E)(5)(c), and
 - ii. Monthly notes related to the patient’s progress;
 - 6. If the patient is not stable, before dialysis is provided to the patient, a nephrologist is notified of the patient’s medical condition and dialysis is not provided until the nephrologist provides direction;
 - 7. The patient:
 - a. Is under the care of a nephrologist;
 - b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(b);
 - c. Is identified by a personnel member before beginning dialysis;
 - d. Receives the dialysis services ordered for the patient by a medical practitioner;
 - e. Is monitored by a personnel member while receiving dialysis at least once every 30 minutes; and
 - f. If the outpatient treatment center reprocesses and reuses dialyzers, is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis;
 - 8. Equipment used for hemodialysis is inspected and tested according to the manufacturer’s recommendations or the outpatient treatment center’s policies and procedures before being used to provide hemodialysis to a patient;
 - 9. The equipment inspection and testing required in subsection (E)(8) is documented in the patient’s medical record;
 - 10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer’s recommendations;
 - 11. If hemodialysis is provided to the patient, a personnel member:
 - a. Inspects the dialyzer before use to ensure that the:
 - i. External surface of the dialyzer is clean;
 - ii. Dialyzer label is intact and legible;

- iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and
 - iv. Dialyzer is free of visible blood and other foreign material;
 - b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
 - c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
 - d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:
 - i. The patient's name and the patient's identification number,
 - ii. The number of times the dialyzer has been used in patient treatments,
 - iii. The date of the last use of the dialyzer by the patient, and
 - iv. The date of the last reprocessing of the dialyzer;
 - e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and
 - f. Ensures that a patient's vascular access is visible to a personnel member during dialysis;
 - 12. A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;
 - 13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c);
 - 14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(d); and
 - 15. After a patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
 - a. A description of the patient's medical condition and the dialysis services provided to the patient, and
 - b. The signature of the nephrologist.
- F. If an outpatient treatment center provides support for self-dialysis services, an administrator shall ensure that:
 - 1. A patient or the patient's caregiver is:
 - a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction, and
 - b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;
 - 2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;
 - 3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
 - 4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
 - 5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);
 - 6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
 - a. Reviewed to ensure that the patient is receiving continuity of care, and
 - b. Placed in the patient's medical record; and
 - 7. If a patient uses self-dialysis and self-administers medication:
 - a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;
 - b. The patient and the patient's caregiver are informed of any potential:
 - i. Side effects of the medication; and
 - ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and
 - c. The patient or the patient's caregiver is:
 - i. Taught the route and technique of administration and is able to administer the medication, including injecting the medication;
 - ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication;
 - iii. Provided with instructions for the administration of the medication, including the specific route and technique the patient or the patient's caregiver has been taught to use;
 - iv. Able to read and understand the directions for using the medication;
 - v. Taught and able to self-monitor the patient's blood pressure; and
 - vi. Informed how to store the medication according to the manufacturer's instructions.
- G. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a social worker is employed by the outpatient treatment center to meet the needs of a patient receiving dialysis services including:
 - 1. Conducting an initial psychosocial evaluation of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
 - 2. Participating in reviewing the patient's need for social work services;
 - 3. Recommending changes in treatment based on the patient's psychosocial evaluation;
 - 4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;



- 5. Identifying community agencies and resources and assisting the patient and the patient’s representative to utilize the community agencies and resources;
 - 6. Documenting monthly notes related to the patient’s progress in the patient’s medical record; and
 - 7. Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months after the date of the patient’s admission to the outpatient treatment center.
- H.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a registered dietitian is employed by the outpatient treatment center to assist a patient receiving dialysis services to meet the patient’s nutritional and dietetic needs including:
- 1. Conducting an initial nutritional assessment of the patient within 30 calendar days after the patient’s admission to the outpatient treatment center;
 - 2. Consulting with the patient’s nephrologist and recommending a diet to meet the patient’s nutritional needs;
 - 3. Providing advice to the patient and the patient’s representative regarding a diet prescribed by the patient’s nephrologist;
 - 4. Monitoring the patient’s adherence and response to a prescribed diet;
 - 5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient’s nutritional or dietetic needs;
 - 6. Documenting monthly notes related to the patient’s progress in the patient’s medical record; and
 - 7. Conducting a follow-up nutritional assessment of the patient at least once every 12 months after the date of the patient’s admission to the outpatient treatment center.
- I.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a long-term care plan for each patient:
- 1. Is developed by a team that includes at least:
 - a. The chief clinical officer of the outpatient treatment center;
 - b. If the chief clinical officer is not a nephrologist, the patient’s nephrologist;
 - c. A transplant surgeon or the transplant surgeon’s designee;
 - d. A registered nurse responsible for nursing services provided to the patient;
 - e. A social worker;
 - f. A registered dietitian; and
 - g. The patient or patient’s representative, if the patient or patient’s representative chooses to participate in the development of the long-term care plan;
 - 2. Identifies the modality of treatment and dialysis services to be provided to the patient;
 - 3. Is reviewed and approved by the chief clinical officer;
 - 4. Is signed and dated by each personnel member participating in the development of the long-term care plan;
 - 5. Includes documentation signed by the patient or the patient’s representative that the patient or the patient’s representative was provided an opportunity to participate in the development of the long-term care plan;
 - 6. Is signed and dated by the patient or the patient’s representative; and
 - 7. Is reviewed at least once every 12 months by the team in subsection (I)(1) and updated according to the patient’s needs.
- J.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a patient care plan for each patient:
- 1. Is developed by a team that includes at least:
 - a. The patient’s nephrologist;
 - b. A registered nurse responsible for nursing services provided to the patient;
 - c. A social worker;
 - d. A registered dietitian; and
 - e. The patient or the patient’s representative, if the patient or patient’s representative chooses to participate in the development of the patient care plan;
 - 2. Includes an assessment of the patient’s need for dialysis services;
 - 3. Identifies treatment and treatment goals;
 - 4. Is signed and dated by each personnel member participating in the development of the patient care plan;
 - 5. Includes documentation signed by the patient or the patient’s representative that the patient or the patient’s representative was provided an opportunity to participate in the development of the patient care plan;
 - 6. Is signed and dated by the patient or the patient’s representative;
 - 7. Is implemented;
 - 8. Is evaluated by:
 - a. The registered nurse responsible for the dialysis services provided to the patient,
 - b. The registered dietitian providing services to the patient related to the patient’s nutritional or dietetic needs, and
 - c. The social worker providing services to the patient related to the patient’s psychosocial needs;
 - 9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
 - 10. Is reviewed and updated according to the needs of the patient:
 - a. At least once every six months for a patient whose medical condition is stable, and
 - b. At least once every 30 calendar days for a patient whose medical condition is not stable.
- K.** In addition to the requirements in R9-10-1009(C), an administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a medical record for each patient contains:
- 1. An annual medical history;
 - 2. An annual physical examination;

3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
 4. If applicable, documentation of:
 - a. The equipment inspection and testing required in subsection (E)(9), and
 - b. The self-dialysis required in subsection (F)(2); and
 5. If applicable, documentation of the patient's discharge.
- L.** For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center that is authorized to provide dialysis services, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
1. A description of the patient's medical condition and the dialysis services provided to the patient, and
 2. The signature of the nephrologist.
- M.** If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reuse Reprocessing of Hemodialyzers, ANSI/AAMI RD47:2002 & RD47:2002/A1:2003 ANSI/AAMI RD47:2008/(R)2013, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments. ~~Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201 4795.~~
- N.** A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Hemodialysis systems ANSI/AAMI RD5:2003 Dialysis Water and Dialysate Recommendations: A User Guide, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments. ~~Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201 4795.~~

R9-10-1019. Emergency Room Services

An administrator of an outpatient treatment center that is authorized to provide emergency room services shall ensure that:

1. Emergency room services are:
 - a. Available on the premises:
 - i. At all times, and
 - ii. To stabilize an individual's emergency medical condition; and
 - b. Provided:
 - i. In a designated area, and
 - ii. Under the direction of a physician;
2. Clinical laboratory services are available on the premises;
3. Diagnostic imaging services are available on the premises;
4. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in A.A.C. R9-1-412;
5. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that specify requirements for the use of a ~~seclusion room used for seclusion~~ that meets the requirements in R9-10-217(D);
6. A physician is present in an area designated for emergency room services;
7. A registered nurse is present in an area designated for emergency room services and provides direction for nursing services in the designated area;
8. The outpatient treatment center has a documented transfer agreement with a general hospital;
9. Emergency room services are provided to an individual, including a woman in active labor, requesting medical services in an emergency;
10. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection (8);
11. There is a chronological log of emergency room services provided to a patient that includes:
 - a. The patient's name;
 - b. The date, time, and mode of arrival; and
 - c. The disposition of the patient, including discharge or transfer; and
12. The chronological log required in subsection ~~(42)~~ (11) is maintained:
 - a. In the designated area for emergency room services for at least 12 months after the date the emergency room services were provided; and
 - b. By the outpatient treatment center for a total of at least 24 months after the date the emergency room services were provided.

R9-10-1025. Respite Services

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:

1. "Emergency safety response" has the same meaning as in R9-10-701.
2. "Outing" means travel by a child, who is receiving respite services provided by an outpatient treatment center, to a location away from the outpatient treatment center premises or, if applicable, the child's residence for a specific activity.
3. "Parent" means a child's:
 - a. Mother or father, or
 - b. Legal guardian.



- 4. ~~“Respite capacity” means the total number of children for whom an outpatient treatment center is authorized by the Department to provide respite services on the outpatient treatment center’s premises.~~
- B.** An administrator of an outpatient treatment center that is authorized to provide respite services shall ensure that:
 - 1. Respite services are not provided in a personnel member’s residence unless the personnel member’s residence is licensed as a behavioral health respite home;
 - 2. Except for an outpatient treatment center that is authorized to provide respite services for children on the premises, respite services are provided:
 - a. In a patient’s residence; or
 - b. Up to 10 continuous hours in a 24-hour time period while the individual who is receiving the respite services is:
 - i. Supervised by a personnel member;
 - ii. Awake;
 - iii. Except as stated in subsection (B)(3), provided food;
 - iv. Allowed to rest;
 - v. Provided an opportunity to use the toilet and meet the individual’s hygiene needs; and
 - vi. Participating in activities in the community but is not in a licensed health care institution or child care facility; and
 - 3. If a child is provided respite services according to subsection (B)(2)(b), the child is provided the appropriate meals or snacks in subsection (J)(1) for the amount of time the child is receiving respite services from the outpatient treatment center.
- C.** If an outpatient treatment center that is authorized to provide respite services for children includes outings in the outpatient treatment center’s scope of services, an administrator shall ensure that:
 - 1. Before a personnel member takes a child receiving respite services on an outing, written permission is obtained from the child’s parent that includes:
 - a. The child’s name;
 - b. A description of the outing;
 - c. The name of the outing destination, if applicable;
 - d. The street address and, if available, the telephone number of the outing destination;
 - e. Either:
 - i. The date or dates of the outing; or
 - ii. The time period, not to exceed 12 months, during which the permission is given;
 - f. The projected time of departure from the outpatient treatment center or, if applicable, the child’s residence;
 - g. The projected time of arrival back at the outpatient treatment center or, if applicable, the child’s residence; and
 - h. The dated signature of the child’s parent;
 - 2. Each motor vehicle used on an outing by a personnel member for a child receiving respite services from the outpatient treatment center:
 - a. Is maintained in a mechanically safe condition;
 - b. Is free from hazards;
 - c. Has an operational heating system;
 - d. Has an operational air-conditioning system; and
 - e. Is equipped with:
 - i. A first-aid kit that meets the requirements in subsection (S)(1), and
 - ii. Two large, clean towels or blankets;
 - 3. On an outing, a child does not ride in a truck bed, camper, or trailer attached to a motor vehicle;
 - 4. The Department is notified within 24 hours after a motor vehicle accident that involves a child who is receiving respite services while riding in the motor vehicle on an outing; and
 - 5. A personnel member who drives a motor vehicle with children receiving respite services from the outpatient treatment center in the motor vehicle:
 - a. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;
 - b. Does not permit a child to be seated in front of a motor vehicle’s air bag;
 - c. Requires that a child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;
 - d. Requires that a child is secured, as required in A.R.S. § 28-907 or 28-909, before the motor vehicle is set in motion and while the motor vehicle is in motion;
 - e. Assists a child into or out of the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose;
 - f. Carries drinking water in an amount sufficient to meet the needs of each child on the outing and a sufficient number of cups or other drinking receptacles so that each child can drink from a different cup or receptacle; and
 - g. Accounts for each child while on the outing.
- D.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
 - 1. Respite services are only provided on the premises for up to 10 continuous hours per day between the hours of 6:00 a.m. and 10:00 p.m.;

2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises is stated in the outpatient treatment center's hours of operation that is submitted as part of the outpatient treatment center's ~~initial or renewal~~ license application and according to R9-10-1002(D);
 3. A personnel member, who is expected to provide respite services eight or more hours a week, complies with the requirements for tuberculosis screening in R9-10-113;
 4. At least one personnel member who has current training in first aid and cardiopulmonary resuscitation is available on the premises when a child is receiving respite services on the premises;
 5. At least one personnel member who has completed training in crisis intervention according to R9-10-716(F) is available on the premises when a child is receiving respite services on the premises;
 6. A personnel member does not use or possess any of the following items when a child receiving respite services is on the premises:
 - a. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
 - b. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
 - c. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
 - d. A firearm as defined in A.R.S. § 13-105;
 7. An unannounced fire and emergency evacuation drill is conducted at least once a month, and at different times of the day, and each personnel member providing respite services for children on the premises and each child receiving respite services on the premises participates in the fire and emergency evacuation drill;
 8. Each fire and emergency evacuation drill is documented, and the documentation is maintained for at least 12 months after the date of the fire and emergency evacuation drill;
 9. Before a child receives respite services on the premises of the outpatient treatment center, in addition to the requirements in R9-10-1009, the following information is obtained and maintained in the child's medical record;
 - a. The name, home address, city, state, zip code, and contact telephone number of each parent of the child;
 - b. The name and contact telephone number of at least two additional individuals authorized by the child's parent to collect the child from the outpatient treatment center;
 - c. The name and contact telephone number of the child's health care provider;
 - d. The written authorization for emergency medical care of the child when the parent cannot be contacted at the time of an emergency;
 - e. The name of the individual to be contacted in case of injury or sudden illness of the child;
 - f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;
 - g. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a personnel member should be aware, and any specific requirements for health maintenance; and
 10. Documentation is obtained and maintained in the child's medical record each time the child receives respite services on the premises that includes:
 - a. The date and time of each admission to and discharge from receiving respite services; and
 - b. A signature, which contains at least a first initial of a first name and the last name of the child's parent or other individual designated by the child's parent, each time the child is admitted or discharged from receiving respite services on the premises;
 11. Policies and procedures are developed, documented, and implemented to ensure that the identity of an individual is known to a personnel member or is verified with picture identification before the personnel member discharges a child to the individual;
 12. A child is not discharged to an individual other than the child's parent or other individual designated according to subsection (D)(9)(b), except:
 - a. When the child's parent authorizes the administrator by telephone or electronic means to release the child to an individual not so designated, and
 - b. The administrator can verify the telephone or electronic authorization using a means of verification that has been agreed to by the administrator and the child's parent and documented in the child's medical record; and
 13. The number of personnel members providing respite services for children on the premises is determined by the needs of the children present, with a minimum of at least:
 - a. One personnel member providing supervision for every five children receiving respite services on the premises; and
 - b. Two personnel members on the premises when a child is receiving respite services on the premises.
- E.** If swimming activities are conducted at a swimming pool for a child receiving respite services on the premises of an outpatient treatment center, an administrator shall ensure that there is an individual at the swimming pool on the premises who has current lifeguard certification that includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation. If the individual is a personnel member, the personnel member cannot be counted in the personnel member-to-children ratio required by subsection (D)(13).
- F.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that in each area designated for providing respite services:
1. Drinking water is provided sufficient for the needs of and accessible to each child in both indoor and outdoor areas;
 2. Indoor areas used by children are decorated with age-appropriate articles such as bulletin boards, pictures, and posters;



- 3. Storage space is provided for indoor and outdoor toys, materials, and equipment in areas accessible to children;
- 4. Clean clothing is available to a child when the child needs a change of clothing;
- 5. At least one indoor area in the outpatient treatment center where respite services are provided for children is equipped with at least one cot or mat, a sheet, and a blanket, where a child can rest quietly away from the other children;
- 6. Except as provided in subsection (AA)(2)(a), outdoor or large muscle development activities are scheduled to allow not less than 75 square feet for each child occupying the outdoor area or indoor area substituted for outdoor area at any time;
- 7. The premises, including the buildings, are maintained free from hazards;
- 8. Toys and play equipment, required in this Section, are maintained:
 - a. Free from hazards, and
 - b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
- 9. Temperatures are maintained between 70° F and 84° F in each room or indoor area used by children;
- 10. Except when a child is napping or sleeping or for a child who has a sensory issue documented in the child’s behavioral health assessment, each room or area used by a child is maintained at a minimum of 30 foot candles of illumination;
- 11. When a child is napping or sleeping in a room, the room is maintained at a minimum of five foot candles of illumination;
- 12. Each child’s toothbrush, comb, washcloth, and cloth towel that are provided for the child’s use by the child’s parent are maintained in a clean condition and stored in an identified space separate from those of other children;
- 13. Except as provided in subsection (F)(14), the following are stored separate from food storage areas and are inaccessible to a child:
 - a. All materials and chemicals labeled as a toxic or flammable substance;
 - b. All substances that have a child warning label and may be a hazard to a child; and
 - c. Lawn mowers, ladders, toilet brushes, plungers, and other equipment that may be a hazard to a child;
- 14. Hand sanitizers:
 - a. When being stored, are stored separate from food storage areas and are inaccessible to children; and
 - b. When being provided for use, are accessible to children; and
- 15. Except when used as part of an activity, the following are stored in an area inaccessible to a child:
 - a. Garden tools, such as a rake, trowel, and shovel; and
 - b. Cleaning equipment and supplies, such as a mop and mop bucket.

G. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that a personnel member:

- 1. Supervises each child at all times;
- 2. Does not smoke or use tobacco:
 - a. In any area where respite services may be provided for a child, or
 - b. When transporting or transferring a child;
- 3. Except for a child who can change the child’s own clothing, changes a child’s clothing when wet or soiled;
- 4. Empties clothing soiled with feces into a toilet without rinsing;
- 5. Places a child’s soiled clothing in a plastic bag labeled with the child’s name, stores the clothing in a container used for this purpose, and sends the clothing home with the child’s parent;
- 6. Prepares and posts in each indoor area, before the first child arrives to receive respite services that day, a current schedule of age-appropriate activities that meet the needs of the children receiving respite services that day, including the times the following are provided:
 - a. Meals and snacks,
 - b. Naps,
 - c. Indoor activities,
 - d. Outdoor or large muscle development activities,
 - e. Quiet and active activities,
 - f. Personnel member-directed activities,
 - g. Self-directed activities, and
 - h. Activities that develop small muscles;
- 7. Provides activities and opportunities, consistent with a child’s behavioral health assessment, for each child to:
 - a. Gain a positive self-concept;
 - b. Develop and practice social skills;
 - c. Acquire communication skills;
 - d. Participate in large muscle physical activity;
 - e. Develop habits that meet health, safety, and nutritional needs;
 - f. Express creativity;
 - g. Learn to respect cultural diversity of children and staff;
 - h. Learn self-help skills; and
 - i. Develop a sense of responsibility and independence;
- 8. Implements the schedule in subsection (G)(6);
- 9. If an activity on the schedule in subsection (G)(6) is not implemented, writes on the schedule the activity that was not implemented and what activity was substituted;
- 10. Ensures that each indoor area has a supply of age-appropriate toys, materials, and equipment, necessary to implement



- the schedule required in subsection (G)(6), in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center that day, including:
- a. Art and crafts supplies;
 - b. Books;
 - c. Balls;
 - d. Puzzles, blocks, and toys to enhance manipulative skills;
 - e. Creative play toys;
 - f. Musical instruments; and
 - g. Indoor and outdoor equipment to enhance large muscle development;
11. Does the following when a parent permits or asks a personnel member to apply personal products, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations on the parent's child:
 - a. Obtains the child's personal products and written approval for use of the personal products from the child's parent;
 - b. Labels the personal products with the child's name; and
 - c. Keeps the personal products inaccessible to children; and
 12. Monitors a child for overheating or overexposure to the sun.
- H.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises and includes in the outpatient treatment center's scope of respite services for children wearing diapers shall ensure that there is a diaper changing space in the area designated for providing respite services for children that contains:
1. A nonabsorbent, sanitizable diaper changing surface that is:
 - a. Seamless and smooth, and
 - b. Kept clear of items not required for diaper changing;
 2. A hand-washing sink adjacent to the diaper changing surface, for a personnel member's use when changing diapers and for washing a child during or after diapering, that provides:
 - a. Running water,
 - b. Soap from a dispenser, and
 - c. Single-use paper hand towels from a dispenser;
 3. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled diapers; and
 4. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled clothing.
- I.** In a diaper changing space, an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. A diaper changing procedure is established, documented, and implemented that states that a child's diaper is changed as soon as it is soiled and that a personnel member when diapering:
 - a. Washes and dries the child, using a separate wash cloth and towel only once for each child;
 - b. If applicable, applies the child's individual personal products labeled with the child's name;
 - c. Uses single-use non-porous gloves;
 - d. Washes the personnel member's own hands with soap and running water according to the requirements in R9-10-1028(5);
 - e. Washes each child's hands with soap and running water after each diaper change; and
 - f. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and
 2. A personnel member:
 - a. Removes disposable diapers and disposable training pants from a diaper changing space as needed or at least twice every 24 hours to a waste receptacle outside the building; and
 - b. Does not:
 - i. Permit a bottle, formula, food, eating utensil, or food preparation in a diaper changing space;
 - ii. Draw water for human consumption from the hand-washing sink adjacent to a diaper changing surface, required in subsection (H)(2); or
 - iii. If responsible for food preparation, change diapers until food preparation duties have been completed for the day.
- J.** Except as provided in subsection (K)(3), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
1. Serve the following meals or snacks to a child receiving respite services on the premises:
 - a. For the following periods of time:
 - i. Two to four hours, one or more snacks;
 - ii. Four to eight hours, one or more snacks and one or more meals; and
 - iii. More than eight hours, two snacks and one or more meals;
 - b. Make breakfast available to a child receiving respite services on the premises before 8:00 a.m.;
 - c. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m.; and
 - d. Serve dinner to a child who is receiving respite services on the premises from 5:00 p.m. through 7:00 p.m. and who will remain on the premises after 7:00 p.m.;
 2. Ensure that a meal or snack provided by the outpatient treatment center meets the meal pattern requirements in Table 10.1; and
 3. If the outpatient treatment center provides a meal or snack to a child:



- a. Make a second serving of a food component of a provided snack or meal available to a child who requests a second serving, and
 - b. Substitute a food that is equivalent to a specific food component if a requested second serving of a specific food component is not available.
- K.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
- 1. May serve food provided for a child by the child’s parent;
 - 2. If a child’s parent does not provide a sufficient number of meals or snacks to meet the requirements in subsection (J)(1), shall supplement, according to the requirements in Table 10.1, the meals or snacks provided by the child’s parent; and
 - 3. If applicable, shall serve food to a child at the times and in quantities consistent with the information documented according to subsection (D)(9)(f) for the child and the child’s behavioral health assessment, to meet the child’s dietary and nutritional needs.
- L.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises that has a respite capacity of more than 10 shall obtain a food establishment license or permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment license or permit.
- M.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises serves food to a child receiving respite services on the premises that is not prepared by the outpatient treatment center or provided by the child’s parent, the administrator shall ensure that the food was prepared by a food establishment, as defined according to A.A.C. R9-8-101.
- N.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
- 1. Children, except infants and children who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
 - 2. A personnel member:
 - a. Washes the hands of an infant or a child who cannot wash the child’s own hands before and after the infant or child handles or eats food, using:
 - i. A washcloth,
 - ii. A single-use paper towel, or
 - iii. Soap and running water; and
 - b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;
 - 3. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
 - a. After each use:
 - i. Washed in an automatic dishwasher and air dried or heat dried; or
 - ii. Washed in hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
 - b. Stored in a clean area protected from contamination;
 - 4. Single-use utensils and equipment are disposed of after being used;
 - 5. Perishable foods are covered and stored in a refrigerator at a temperature of 41° F or less;
 - 6. A refrigerator at the outpatient treatment center maintains a temperature of 41° F or less, as shown by a thermometer kept in the refrigerator at all times;
 - 7. A freezer at the outpatient treatment center maintains a temperature of 0° F or less, as shown by a thermometer kept in the freezer at all times; and
 - 8. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
 - a. Cold held at a temperature of 45° F or less or hot held at a temperature of 130° F or more until served, or
 - b. Cold held at a temperature of 45° F or less and then reheated to a temperature of at least 165° F before being served.
- O.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
- 1. May allow a personnel member to separate a child who is receiving respite services on the premises from other children for unacceptable behavior for no longer than three minutes after the child has regained self-control, but not more than 10 minutes without the personnel member interacting with the child, consistent with the child’s behavioral health assessment;
 - 2. Shall ensure that:
 - a. A personnel member, consistent with the child’s behavioral health assessment:
 - i. Defines and maintains consistent and reasonable guidelines and limitations for a child’s behavior;
 - ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and
 - iii. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity;
 - b. An emergency safety response is:
 - i. Only used:
 - (1) By a personnel member trained according to R9-10-716(F)(1) to use an emergency safety response,
 - (2) For the management of a child’s violent or self-destructive behavior, and
 - (3) When less restrictive interventions have been determined to be ineffective; and
 - ii. Discontinued at the earliest possible time, but no longer than five minutes after the emergency



- a. Floor coverings are:
 - i. Clean; and
 - ii. Free from:
 - (1) Dampness,
 - (2) Odors, and
 - (3) Hazards;
 - b. Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours;
 - c. Each toilet room used by children receiving respite services on the premises contains, within easy reach of children:
 - i. Mounted toilet tissue;
 - ii. A sink with running water;
 - iii. Soap contained in a dispenser; and
 - iv. Disposable, single-use paper towels, in a mounted dispenser, or a mechanical hand dryer;
 - d. Personnel members wash their hands with soap and running water after toileting;
 - e. A child's hands are washed with soap and running water after toileting;
 - f. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
 - g. Food waste and other refuse is removed from the area of the premises where respite services are provided for children at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
 - h. A personnel member or a child does not draw water for human consumption from a toilet room hand-washing sink;
 - i. Toys, materials, and equipment are maintained in a clean condition;
 - j. Plumbing fixtures are maintained in a clean and working condition; and
 - k. Chipped or cracked sinks and toilets are replaced or repaired.
- R.** If laundry belonging to an outpatient treatment center providing respite services for children on the premises is done on the premises, an administrator shall:
- 1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
 - 2. Locate the laundry equipment in an area that is separate from areas used by children and inaccessible to children;
 - 3. Not permit a child to be in a laundry room or use a laundry area as a passageway for children; and
 - 4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.
- S.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that there is a first aid kit in the designated area of the outpatient treatment center where respite services are provided that:
- 1. Contains first aid supplies in a quantity sufficient to meet the needs of the children receiving respite services, including the following:
 - a. Sterile bandages including:
 - i. Self-adhering bandages of assorted sizes,
 - ii. Sterile gauze pads, and
 - iii. Sterile gauze rolls;
 - b. Antiseptic solution or sealed antiseptic wipes;
 - c. A pair of scissors;
 - d. Self-adhering tape;
 - e. Single-use, non-porous gloves; and
 - f. Reclosable plastic bags of at least one-gallon size; and
 - 2. Is accessible to personnel members but inaccessible to children receiving respite services on the premises.
- T.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
- 1. Prepare and date a written fire and emergency plan that contains:
 - a. The location of the first aid kit;
 - b. The names of personnel members who have first aid training;
 - c. The names of personnel members who have cardiopulmonary resuscitation training;
 - d. The directions for:
 - i. Initiating notification of a child's parent by telephone or other equally expeditious means within 60 minutes after a fire or emergency; and
 - ii. Providing written notification to the child's parent within 24 hours after a fire or emergency; and
 - e. The outpatient treatment center's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
 - 2. Maintain the plan required in subsection (T)(1) in the area designated for providing respite services;
 - 3. Post the plan required in subsection (T)(1) in any indoor area where respite services are provided that does not have an operable telephone service or two-way voice communication system that connects the indoor area where respite services are provided with an individual who has direct access to an in-and-out operable telephone services; and
 - 4. Update the plan in subsection (T)(1) at least once every 12 months after the date of initial preparation of the plan or when any information changes.
- U.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall

in the area designated for providing respite services:

1. Post, near a room's designated exit, a building evacuation plan that details the designated exits from the room and the facility where the outpatient treatment center is located; and
 2. Maintain and use a communication system that contains:
 - a. A direct-access, in-and-out, operating telephone service in the area where respite services are provided; or
 - b. A two-way voice communication system that connects the area where respite services are provided with an individual who has direct access to an in-and-out, operating telephone service.
- V. If, while receiving respite services at an outpatient treatment center authorized to provide respite services for children on the premises, a child has an accident, injury, or emergency that, based on an evaluation by a personnel member, requires medical treatment by a health care provider, an administrator shall ensure that a personnel member:
1. Notifies the child's parent immediately after the accident, injury, or emergency;
 2. Documents:
 - a. A description of the accident, injury, or emergency, including the date, time, and location of the accident, injury, or emergency;
 - b. The method used to notify the child's parent; and
 - c. The time the child's parent was notified; and
 3. Maintains the documentation required in subsection (V)(2) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- W. If a parent of a child who received respite services at an outpatient treatment center authorized to provide respite services for children on the premises informs a personnel member that the child's parent obtained medical treatment for the child from a health care provider for an accident, injury, or emergency the child had while on the premises, an administrator shall ensure that a personnel member:
1. Documents any information about the child's accident, injury, or emergency received from the child's parent; and
 2. Maintains the documentation required in subsection (W)(1) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- X. If a child exhibits signs of illness or infestation at an outpatient treatment center authorized to provide respite services for children on the premises, an administrator shall ensure that a personnel member:
1. Immediately separates the child from other children,
 2. Immediately notifies the child's parent by telephone or other expeditious means to arrange for the child's discharge from the outpatient treatment center,
 3. Documents the notification required in subsection (X)(2), and
 4. Maintains documentation of the notification required in subsection (X)(3) for at least 12 months after the date of the notification.
- Y. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall comply with the following physical plant requirements:
1. Toilets and hand-washing sinks are available to children in the area designated for providing respite services or on the premises as follows:
 - a. At least one flush toilet and one hand-washing sink for 10 or fewer children;
 - b. At least two flush toilets and two hand-washing sinks for 11 to 25 children; and
 - c. At least one flush toilet and one hand-washing sink for each additional 20 children;
 2. A hand-washing sink provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
 3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to a child; and
 4. There is at least 30 square feet of unobstructed indoor space for each child who may be receiving respite services on the premises, which excludes floor space occupied by:
 - a. The interior walls;
 - b. A kitchen, a bathroom, a closet, a hallway, a stair, an entryway, an office, an area designated for isolating a child from other children, a storage room, or a room or floor space designated for the sole use of personnel members;
 - c. Room space occupied by desks, file cabinets, storage cabinets, or hand-washing sinks for a personnel member's use; or
 - d. Indoor area that is substituted for required outdoor area.
- Z. An administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall ensure that, in addition to the policies and procedures required in this Article, policies and procedures are established, documented, and implemented for the children's use of a toilet and hand-washing sink that ensure the children's health and safety and include:
1. Supervision requirements for children using the toilet, based on a child's age, gender, and behavioral health issue; and
 2. If the outpatient treatment center does not have a toilet and hand-washing sink available for the exclusive use of children receiving respite services, a method to ensure that an individual, other than a child receiving respite services or a personnel member providing respite services, is not present in the toilet and hand-washing sink area when a child receiving respite services is present in the toilet and hand-washing sink area.
- AA. To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, an administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall:
1. Provide at least 75 square feet of outdoor area per child for at least 50% of the outpatient treatment center's respite capacity; or



- 2. Comply with one of the following:
 - a. If no child receives respite services on the premises for more than four hours per day, provide at least 50 square feet of indoor area for each child, based on the outpatient treatment center’s respite capacity;
 - b. If a child receives respite services on the premises for more than four hours but less than six hours per day, provide at least 75 square feet of indoor area per child for at least 50% of the outpatient treatment center’s respite capacity, in addition to the indoor area required in subsection (Y)(4); or
 - c. Provide at least 37.5 square feet of outdoor area and 37.5 square feet of indoor area per child for at least 50% of the outpatient treatment center’s respite capacity, in addition to the activity area required in subsection (Y)(4).

BB. If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises is substituting indoor area for outdoor area, the administrator shall:

- 1. Designate, on the site plan and the floor plan submitted with the license application or a request for an intended change or modification, the indoor area that is being substituted for an outdoor area; and
- 2. In the indoor area substituted for outdoor area, install and maintain a mat or pad designed to provide impact protection in the fall zone of indoor swings and climbing equipment.

CC. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:

- 1. An outdoor area used by children receiving respite services:
 - a. Is enclosed by a fence:
 - i. A minimum of 4.0 feet high,
 - ii. Secured to the ground, and
 - iii. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
 - b. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
 - c. Has gates that are kept closed while a child is in the outdoor area;
- 2. The following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor area:
 - a. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
 - b. A minimum depth of 6.0 inches of a nonhazardous, resilient material such as fine loose sand or wood chips;
- 3. Hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for shock-absorbing unitary surfacing material;
- 4. A swing or climbing equipment is not located in the fall zone of another swing or climbing equipment; and
- 5. A shaded area for each child occupying an outdoor area at any time of the day is provided.

DD. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in an outpatient treatment center’s kitchen and any other location required for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412.

EE. In addition to the requirements in R9-10-1029(F), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:

- 1. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the premises;
- 2. An unvented or open-flame space heater or portable heater is not used on the premises;
- 3. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
- 4. Heating and cooling equipment is inaccessible to a child;
- 5. Fans are mounted and inaccessible to a child;
- 6. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
- 7. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting; and
- 8. A toilet room door does not open into a kitchen or laundry.

R9-10-1031. Colocation Requirements

A. In addition to the definitions in A.R.S. §§ 36-401 and 36-439 and R9-10-101 and R9-10-1001, the following definition applies in this Section:

“Patient” means an individual who enters the premises of a collaborating outpatient treatment center to obtain physical health services or behavioral health services from the collaborating outpatient treatment center or a colocator that shares common areas with the collaborating outpatient treatment center.

B. Only one outpatient treatment center in a facility may be designated as a collaborating outpatient treatment center for the facility.

C. The following health care institutions are not permitted to be a collaborating outpatient treatment center or a colocator in a collaborating outpatient treatment center:

- 1. An affiliated counseling facility, ~~as defined in R9-10-1901;~~
- 2. An outpatient treatment center authorized by the Department to provide dialysis services according to R9-10-1018;
- 3. An outpatient treatment center authorized by the Department to provide emergency room services according to R9-10-1019; or
- 4. An outpatient treatment center operating under a single group license according to A.R.S. § ~~36-422 (F)~~ 36-422(F) or (G).

D. In addition to the requirements for an initial a license application in R9-10-105, ~~renewal license application in R9-10-107, or, if part of a license change or modification, the supplemental application requirements in R9-10-1002,~~ a governing authority of an outpatient treatment center requesting authorization to operate or continue to operate as a collaborating outpatient treatment

center shall submit, in a Department-provided format:

1. The following information for each proposed collocator that may share a common area and nontreatment personnel at the collaborating outpatient treatment center:
 - a. For each proposed associated licensed provider:
 - i. Name,
 - ii. The associated licensed provider’s license number or the date the associated licensed provider submitted to the Department ~~an initial~~ a license application for an outpatient treatment center or a counseling facility license,
 - iii. Proposed scope of services, and
 - iv. A copy of the written agreement with the collaborating outpatient treatment center required in subsection (E); and
 - b. For each exempt health care provider:
 - i. Name,
 - ii. Current health care professional license number,
 - iii. Proposed scope of services, and
 - iv. A copy of the written agreement required in subsection (F) with the collaborating outpatient treatment center; and
2. In addition to the requirements in ~~R9-10-105(A)(5)(b)(v)~~ R9-10-105(A)(5)(b)(vi), a floor plan that shows:
 - a. Each collocator’s proposed treatment area, and
 - b. The common areas of the collaborating outpatient treatment center.

E. An administrator of a collaborating outpatient treatment center shall have a written agreement with each associated licensed provider that includes:

1. In a Department-provided format:
 - a. The associated licensed provider’s name;
 - b. The name of the associated licensed provider’s governing authority;
 - c. Whether the associated licensed provider plans to share medical records with the collaborating outpatient treatment center;
 - d. If the associated licensed provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient’s:
 - i. General consent or informed consent, as applicable;
 - ii. Consent to allow a collocator access to the patient’s medical record; and
 - iii. Advance directives;
 - e. How the associated licensed provider will transport or transfer a patient to another collocator within the collaborating outpatient treatment center;
 - f. How the associated licensed provider will ensure controlled substances stored in the associated licensed provider’s licensed premises are not diverted;
 - g. How the associated licensed provider will ensure environmental services in the associated licensed provider’s licensed premises will not affect patient care in the collaborating outpatient treatment center;
 - h. How the associated licensed provider’s personnel members will respond to a patient’s sudden, intense, or out-of-control behavior, in the associated licensed provider’s treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
 - i. A statement that, if any of the collocators include children’s behavioral health services in the collocator’s scope of services, the associated licensed provider will ensure that all employees and personnel members of the associated licensed provider comply the fingerprint clearance card requirements in A.R.S. § 36-425.03;
 - j. A statement that the associated licensed provider will:
 - i. Document the following each time another collocator provides emergency health care services in the associated licensed provider’s treatment area:
 - (1) The name of the collocator;
 - (2) If different from the name of the collocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (E)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
 - k. A statement that the associated licensed provider will:
 - i. Document the following each time the associated licensed provider provides emergency health care services in another collocator’s treatment area:
 - (1) If different from the name of the associated licensed provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (2) The name of the collocator;
 - (3) A description of the emergency health care services provided; and



- (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (E)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
 - l. An attestation that the associated licensed provider will comply with the written agreement;
 - m. The signature of the associated licensed provider’s governing authority according to A.R.S. § 36-422(B) and the date signed; and
 - n. The signature of the collaborating outpatient treatment center’s governing authority according to A.R.S. § 36-422(B) and the date signed; and
 - 2. A copy of the associated licensed provider’s scope of services, including whether the associated licensed provider plans to provide behavioral health services for children.
- F. An administrator of a collaborating outpatient treatment center shall have a written agreement with each exempt health care provider that includes:
 - 1. In a Department-provided format:
 - a. The exempt health care provider’s name;
 - b. The exempt health care provider license type and license number;
 - c. Whether the exempt health care provider plans to share medical records with the collaborating outpatient treatment center;
 - d. If the exempt health care provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient’s:
 - i. General consent or informed consent, as applicable;
 - ii. Consent to allow a colocator access to the patient’s medical record; and
 - iii. Advance directives;
 - e. How the exempt health care provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
 - f. How the exempt health care provider will ensure controlled substances stored in the exempt health care provider’s designated premises are not diverted;
 - g. How the exempt health care provider will ensure environmental services in the exempt health care provider’s licensed premises will not affect patient care in the collaborating outpatient treatment center;
 - h. How the exempt health care provider and any staff of the exempt health care provider will respond to a patient’s sudden, intense, or out-of-control behavior, in the exempt health care provider’s treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
 - i. A statement that, if any of the colocators include children’s behavioral health services in the colocator’s statement of services, the exempt health care provider will ensure that all employees and staff of the exempt health care provider comply with the fingerprint clearance card requirements A.R.S. § 36-425.03;
 - j. A statement that the exempt health care provider will:
 - i. Document the following each time another colocator provides emergency health care services in the exempt health care provider’s treatment area:
 - (1) The name of the colocator;
 - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (F)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
 - k. A statement that the exempt health care provider will:
 - i. Document the following each time the exempt health care provider provides emergency health care services in another colocator’s treatment area:
 - (1) If different from the name of the exempt health care provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (2) The name of the colocator;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (F)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
 - l. An attestation that the exempt health care provider will comply with the written agreement;
 - m. The signature of the exempt health care provider and the date signed; and
 - n. The signature of the collaborating outpatient treatment center’s governing authority according to A.R.S. § 36-

- 422(B) and the date signed; and
2. A copy of the exempt health care provider's scope of services, including whether the exempt health care provider plans to provide behavioral health services for children.
- G.** As part of the policies and procedures required in this Article, an administrator of a collaborating outpatient treatment center shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient based on the scopes of services of all colocators that:
1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for nontreatment personnel who may provide services in the common areas of the collaborating outpatient treatment center;
 2. Cover orientation and in-service education for nontreatment personnel who may provide services in the common areas of the collaborating outpatient treatment center;
 3. Cover cardiopulmonary resuscitation training, including:
 - a. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
 - b. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - c. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
 4. Cover first aid training;
 5. Cover patient screening, including a method to ensure that, if a patient identifies a specific colocator, the patient is directed to the identified colocator;
 6. Cover the provision of emergency treatment to protect the health and safety of a patient or individual present in a common area according to the requirements for emergency treatment policies and procedures in R9-10-1029(A);
 7. If medication is stored in the collaborating outpatient treatment center's common areas, cover obtaining, storing, accessing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
 8. Cover biohazardous wastes, if applicable;
 9. Cover environmental services in the common area that affect patient care; and
 10. Cover how personnel members and nontreatment personnel will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual in the collaborating outpatient treatment center's common areas.
- H.** An administrator of a collaborating outpatient treatment center shall ensure that:
1. An outpatient treatment center's common areas are:
 - a. Sufficient to accommodate the outpatient treatment center's and any colocators' scopes of services;
 - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
 - c. Free from a condition or situation that may cause an individual to suffer physical injury;
 2. A written log is maintained that documents the date, time, and circumstances each time a colocator provides emergency health care services in another colocator's designated treatment area; and
 3. The documentation in the written log required in subsection (H)(2) is maintained for at least 12 months after the date the colocator provides emergency health care services in another colocator's designated treatment area.
- I.** If any colocator at a collaborating outpatient treatment center includes children's behavioral health services as part of the colocator's scope of services, an administrator of the collaborating outpatient treatment center shall ensure that the governing authority, employees, personnel members, nontreatment personnel, and volunteers of the collaborating outpatient treatment center comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.

ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES

R9-10-1102. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for ~~an initial~~ a license as an adult day health care facility shall include on the application the number of participants for whom the applicant is requesting authorization to provide adult day health services.

ARTICLE 14. SUBSTANCE ABUSE TRANSITIONAL FACILITIES

R9-10-1414. Emergency and Safety Standards

- A.** An administrator shall ensure that:
1. An evacuation drill for employees and participants on the premises is conducted at least once every six months on each shift;
 2. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the drill;
 - b. The amount of time taken for all employees and participants to evacuate the substance abuse transitional facility;
 - c. Any problems encountered in conducting the drill; and
 - d. Recommendations for improvement, if applicable;
 3. An evacuation path is conspicuously posted on each hallway of each floor of the facility;
 4. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:



- a. When, how, and where participants will be relocated;
- b. How a participant’s medical record will be available to individuals providing services to the participant during a disaster;
- c. A plan to ensure a participant’s medication will be available to administer to the participant during a disaster; and
- d. A plan for obtaining food and water for individuals present in the substance abuse transitional facility or the substance abuse transitional facility’s relocation site during a disaster;
- 5. The disaster plan required in subsection (A)(4) is reviewed at least once every 12 months;
- 6. Documentation of a disaster plan review required in subsection (A)(5) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each employee or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement; and
- 7. A disaster drill for employees is conducted on each shift at least once every three months and documented.

B. An administrator shall ensure that:

- 1. A fire inspection is conducted by a local fire department or the State Fire Marshal before ~~initial~~ licensing and according to the time-frame established by the local fire department or the State Fire Marshal,
- 2. Any repairs or corrections stated on the fire inspection report are made, and
- 3. Documentation of a current fire inspection is maintained.

ARTICLE 19. COUNSELING FACILITIES

R9-10-1901. Definitions Repealed

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article:

- 1. ~~“Affiliated counseling facility” means a counseling facility that shares administrative support with one or more other counseling facilities that operate under the same governing authority.~~
- 2. ~~“Affiliated outpatient treatment center” means an outpatient treatment center authorized by the Department to provide behavioral health services that provides administrative support to a counseling facility or counseling facilities that operate under the same governing authority as the outpatient treatment center.~~

R9-10-1902. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for ~~an~~ ~~initial~~ a license as a counseling facility shall submit, in a format provided by the Department:

- 1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation;
- 2. If applicable, a request to provide one of more of the following:
 - a. DUI screening,
 - b. DUI education,
 - c. DUI treatment, or
 - d. Misdemeanor domestic violence offender treatment;
- 3. Whether the counseling facility has an affiliated outpatient treatment center;
- 4. If the counseling facility has an affiliated outpatient treatment center:
 - a. The affiliated outpatient treatment center’s name; and
 - b. Either:
 - i. The license number assigned to the affiliated outpatient treatment center by the Department; or
 - ii. If the affiliated outpatient treatment center is not currently licensed, the:
 - (1) Street address of the affiliated outpatient treatment center, and
 - (2) Date the affiliated outpatient treatment center submitted to the Department an ~~initial~~ application for a health care institution license;
- 5. Whether the counseling facility is sharing administrative support with an affiliated counseling facility; and
- 6. If the counseling facility is sharing administrative support with an affiliated counseling facility, for each affiliated counseling facility sharing administrative support with the counseling facility:
 - a. The affiliated counseling facility’s name; and
 - b. Either:
 - i. The license number assigned to the affiliated counseling facility by the Department; or
 - ii. If the affiliated counseling facility is not currently licensed, the:
 - (1) Street address of the affiliated counseling facility, and
 - (2) Date the affiliated counseling facility submitted to the Department an ~~initial~~ application for a health care institution license.



The Department engages in this rulemaking, as required under A.R.S. § 41-1008(E), to permanently codify a \$25 application fee the Department initially established by exempt rulemaking at 22 A.A.R. 819, April 15, 2016, for issuance of an Arizona driver license or identification license deemed by DHS to be travel-compliant under the federal Real ID Act of 2005, Public Law 109-13, 119 Stat. 302.

Since the travel-compliant credentials issued by the Department under A.R.S. § 28-3175 and R17-4-407 were deemed by DHS to be issued in full compliance with the federal requirements of the REAL ID Act of 2005, DHS has agreed to continue accepting all existing standard-issue Arizona credentials at airport security and restricted federal facilities until October 1, 2020, at which point only the federally-recognized Arizona travel-compliant credentials will be accepted. The Department’s federally recognized travel-compliant credentials have now become the preferred credentials for securing access to restricted federal facilities and conducting domestic travel through international airports, in lieu of having to carry a passport or other qualifying documents.

The Department believes that the \$25 fee for a federally-recognized travel-compliant Arizona driver license or identification license is nominal and provides the most cost effective way to expedite domestic travel for Arizona residents who prefer to apply for this new secure credential instead of having to apply for or renew a U.S. passport, which may cost more than \$110.

The Department anticipates that these rules will have a minimal economic impact on small businesses and consumers as follows:

Small businesses that routinely reimburse employees for costs associated with obtaining or maintaining a valid Arizona driver license or non-operating identification license may experience a minimal increase in operational costs if the employees require secure travel-compliant credentials. The application fee collected by the Department is \$25 when processing an original, reinstatement, or renewal application for any travel-compliant driver license class or an original or renewal application for a travel-compliant identification license, regardless of the application type (e.g. upgrade, downgrade, etc.). However, on application for a standard-issue Arizona driver license the Department will continue to collect the age-appropriate fees provided under A.R.S. § 28-3002, and for a standard-issue Arizona non-operating identification license the \$12 fee as provided under A.R.S. § 28-3165 and R17-4-409.

The transportation industry and consumers may experience a significant, but unquantifiable, benefit over the long term in the added ease of access and freedom of movement each holder of a travel-compliant driver license or identification license should achieve by not having to waste valuable time waiting in lines to be cleared for access by DHS when conducting business with federal authorities, accessing federal facilities, boarding federally-regulated commercial aircraft, or entering secured areas like nuclear power plants.

Prior to May 2018, the Department processed between 3,000 and 4,000 applications for the new secure travel-compliant credentials each month. However, after reaching-out by email to more than 1.6 million existing Arizona driver license and non-operating identification license holders urging them to consider converting to a secure travel-compliant credential, the Department has begun processing up to 10,000 of these credentials each month.

Department records indicate that less than three percent of Arizona’s current credential holders have requested a federally-recognized travel-compliant credential. As of February 1, 2019, the Department has issued 179,703 travel-compliant driver licenses, and 5,664 travel-compliant identification licenses, for a total of 185,367 secure credentials as follows:

License Class or Type:	Total Currently Issued Credentials	Standard-issue	Percentage of Total Currently Issued Credentials	Travel-compliant	Percentage of Total Currently Issued Credentials
Non-commercial Driver	5,209,381	5,036,290	96.68%	173,091	3.32%
Commercial Driver	108,477	101,865	93.90%	6,612	6.10%
Non-operating Identification	1,077,536	1,071,872	99.47%	5,664	.53%
Averaging:	6,395,394	6,210,027	97.10%	185,367	2.90%

If the Department were unable to issue these secure travel-compliant credentials, a great number of Arizona residents would risk losing their ability to board a federally-regulated commercial aircraft or to gain access to restricted areas in federal facilities, such as nuclear power plants and military facilities beginning October 1, 2020. Since this rulemaking contains provisions for issuing federally-recognized secure credentials to qualified applicants, and applying to the Department for a travel-compliant credential is completely voluntary, the Department intends to request an immediate effective date as provided under A.R.S. § 41-1032(A)(4), because the rules provide a benefit to the public and no penalty is associated with a violation of the rule.

9. The agency’s contact person who can answer questions about the economic, small business and consumer impact statement:

Written comments regarding this rulemaking or the accuracy of the Department’s economic, small business, and consumer impact statement should be directed to the person listed under item 4. All comments must be received by close of public record at 5:00 p.m. on Thursday, April 18, 2019.

10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rules, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rules:



The Department has scheduled the following oral proceeding for public comments:

Date: April 18, 2019
 Time: 1:00 p.m.
 Location: Arizona Department of Transportation Auditorium
 206 S. 17th Ave., Room #107
 Phoenix, AZ 85007
 Nature: Oral Proceeding/Public Hearing

Pursuant to Title VI of the Civil Rights Act of 1964, and the Americans with Disabilities Act (ADA), ADOT does not discriminate on the basis of race, color, national origin, age, gender, disability or limited English proficiency. Persons that require a reasonable accommodation based on language or disability should contact ADOT Civil Rights at (602) 712-8946 or civilrightsoffice@azdot.gov. Requests should be made as early as possible to ensure the state has an opportunity to address the accommodation.

Personas que requieren asistencia o una adaptación razonable por habilidad limitada en Inglés o discapacidad deben ponerse en contacto con la Oficina de Derechos Civiles de ADOT al (602) 712-8946 or civilrightsoffice@azdot.gov. Las solicitudes deben hacerse tan pronto como sea posible para asegurar que el estado tiene la oportunidad de abordar el alojamiento.

11. All agencies shall list any other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

The federal REAL ID Act of 2005 requires that all states meet higher federal security standards for the production and design, application, and issuance of state driver licenses and identification licenses that can be accepted by federal agencies for official purposes, including but not limited to boarding a federally-regulated commercial aircraft or accessing restricted areas in federal facilities, nuclear power plants, or military facilities. Although A.R.S. §§ 28-336 and 28-338 expressly prohibit the Department from fully implementing the federal REAL ID Act of 2005, Laws 2015, Ch. 294, expressly provided that the Department shall issue a federally-recognized driver license or identification license if voluntarily requested by an applicant.

Arizona law requires that any applicant for a driver license, instruction permit, or non-operating identification license provide to the Department satisfactory proof of the applicant's full legal name, date of birth, sex and domicile residence address in this state, if the applicant has a residence address, and that the applicant's presence in the United States is authorized under federal law as prescribed under A.R.S. § 41-1080. The Department maintains a comprehensive list of all documentation that can be accepted as satisfactory proof of all required information on its website at www.azdot.gov.

As provided under A.R.S. § 28-3175, Arizona's federally-recognized travel-compliant driver licenses and identification licenses are valid for a period of up to eight years and do not contain radio frequency identification technology.

a. Whether the rules require a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

Although federal law subjects the Department and the applicant to more stringent security and issuance requirements, a federally-recognized travel-compliant driver license or identification license issued by the Department under these rules is considered a general permit, as required under A.R.S. § 41-1037 and defined under A.R.S. § 41-1001, since the facilities, activities, and practices afforded to the holders of each license class or type are substantially similar in nature for all holders of each license class or type, whether standard-issue or travel-compliant.

b. Whether a federal law is applicable to the subject of the rules, whether the rules are more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

These rules reference the federal regulations established by the U.S. Department of Homeland Security under 6 CFR 37, in conformance with the federal REAL ID Act of 2005, requiring that all states shall:

Meet more stringent federal security standards for the production and design, application, and issuance of driver and identification licenses that federal government agencies can accept for official purposes, including boarding a federally-regulated commercial aircraft or accessing restricted areas in federal facilities, nuclear power plants, or military facilities;

Follow the federally-prescribed minimum application, documentation, verification, and card issuance requirements each time a person requests issuance of a secure REAL ID-compliant driver or identification license; and

Ensure that the face and the machine readable zone of each standard-issue driver license or non-operating identification license issued by the state clearly indicate that the credential is not acceptable by the federal government for identification or other official purposes.

Additionally, since the federal regulations clearly outline all documentation necessary for a person to establish identity and date of birth on application for a federally-acceptable secure REAL ID-compliant driver or identification license, these rules are not more stringent than the applicable federal law.

c. Whether a person submitted an analysis to the agency regarding the rule's impact of the



competitiveness of businesses in this state as compared to the competitiveness of businesses in other states:

No analysis was submitted to the Department.

12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

This rulemaking incorporates no materials by reference.

13. The full text of the rules follows:

TITLE 17. TRANSPORTATION

**CHAPTER 4. DEPARTMENT OF TRANSPORTATION
TITLE, REGISTRATION, AND DRIVER LICENSES**

ARTICLE 1. RESERVED GENERAL PROVISIONS

Section

R17-4-101. Definitions

ARTICLE 4. DRIVER LICENSES

Section

R17-4-407. ~~Application for Travel Compliant Driver License or Nonoperating Identification License; Fee~~ Travel-compliant Driver License or Travel-compliant Non-operating Identification License Application; Fee

R17-4-409. ~~Application for Nonoperating Non-operating Identification License Application; Applicability; Fee~~

ARTICLE 1. RESERVED GENERAL PROVISIONS

R17-4-101. Definitions

In addition to the definitions prescribed under A.R.S. § 28-101, A.R.S. § 28-3001, and 6 CFR 37.3, the following terms apply to this Chapter, unless otherwise specified:

“Non-operating identification license” means a credential issued by the Department for identification purposes only, as prescribed under A.R.S. § 28-3165, which does not grant authority to operate a motor vehicle and is not intended to be accepted by federal agencies for an official purpose defined under 6 CFR 37.3.

“Travel-compliant driver license” has the same meaning as the term REAL ID Driver’s License defined under 6 CFR 37.3, which is a driver license issued by the Department as prescribed under A.R.S. § 28-3175 in compliance with A.R.S. Title 28, Chapter 8, and the federal standards provided under 6 CFR 37 for state issuance of secure credentials intended to be accepted by federal agencies for official purposes.

“Travel-compliant identification license” has the same meaning as the term REAL ID Identification Card defined under 6 CFR 37.3, which is a non-operating identification license issued by the Department as prescribed under A.R.S. § 28-3175 in compliance with A.R.S. Title 28, Chapter 8, and the federal standards provided under 6 CFR 37 for state issuance of secure credentials acceptable by federal agencies for official purposes.

ARTICLE 4. DRIVER LICENSES

R17-4-407. ~~Application for Travel Compliant Driver License or Nonoperating Identification License; Fee~~ Travel-compliant Driver License or Travel-compliant Non-operating Identification License Application; Fee

- A.** For the purposes of this Section:
 1. ~~“Travel compliant driver license” means a federally compliant driver license issued pursuant to A.R.S. § 28-3175.~~
 2. ~~“Travel compliant nonoperating identification license” means a federally compliant nonoperating identification license issued pursuant to A.R.S. § 28-3175.~~
- B.** ~~An applicant shall apply to the Department, on a form provided by the Department, for a travel compliant driver license or a travel-compliant nonoperating identification license.~~
- C.** ~~An applicant must meet and comply with all lawful requirements for an Arizona driver license or nonoperating identification license.~~
- D.** ~~An applicant shall meet and comply with all application and documentation requirements in the most current edition of 6 CFR 37, including satisfactory proof of identity, date of birth, social security number, principle residency, and evidence of lawful status in the United States. Documents and information must be verified by the Department. An applicant may obtain a listing of acceptable documentation from the Department’s website at www.azdot.gov.~~
- E.** ~~An applicant shall pay a \$25 fee for any class of a travel compliant driver license or travel compliant nonoperating identification license.~~
- F.** ~~A travel compliant driver license is valid for a period of eight years after issuance and is renewable for successive periods of eight years up to but not exceed the year of the licensee’s 65th birthday, except for when:

 1. ~~The applicant is authorized for a shorter period of time as provided under A.R.S. § 13-3821, 28-3171(B), or 28-3223, or federal law authorizes the applicant’s presence for a shorter period of time.~~
 2. ~~The applicant is 60 years of age or older and the travel compliant driver license is valid for a period of five years after issuance and renewable for successive periods of five years.~~~~
- G.** ~~A travel compliant nonoperating identification license is valid for a period of eight years after issuance and is renewable for successive periods of eight years, except for when the applicant is authorized for a shorter period of time as provided under A.R.S. § 13-3821, 28-3171(B), or 28-3223, or federal law authorizes the applicant’s presence for a shorter period of time.~~
- A.** A person seeking a travel-compliant driver license or travel-compliant identification license shall meet and comply with all:
 1. State laws and rules applicable to every applicant who seeks issuance of any other driver license class, type, endorsement or non-operating identification license issued by the Department; and

2. Federal laws and regulations regarding the application and minimum documentation, verification, and card issuance requirements prescribed in the most recent edition of 6 CFR 37.11 for establishing satisfactory proof of a person's identity, date of birth, social security number, principal residence address of domicile in this state, and lawful status in the United States.
- B.** A person seeking a travel-compliant driver license or travel-compliant identification license shall:
1. Apply to the Department using an application form provided by the Department; and
 2. Submit to the Department for authentication, satisfactory proof of the applicant's full legal name, date of birth, sex, social security number, principal residence address of domicile in this state, and that the applicant's presence in the United States is authorized under federal law. A list of all source documents the Department may accept as satisfactory proof under state and federal law is maintained by the Department on its website at www.azdot.gov.
- C.** An applicant for a travel-compliant driver license or travel-compliant identification license shall submit to the Department a fee of \$25:
1. On original application, reinstatement, or renewal of any travel-compliant driver license class; or
 2. On original application or renewal of a travel-compliant identification license.
- D.** A travel-compliant driver license or travel-compliant identification license issued by the Department, as prescribed under A.R.S. § 28-3175 and this Section, is:
1. Valid for a period of up to eight years;
 2. Renewable for successive periods of up to eight years; and
 3. Subject to all state and federal laws or restrictions requiring the issuance of a shorter expiration period (e.g., up to age 65, as provided under A.R.S. § 28-3171, or for a time period equal to the applicant's authorized stay in the United States, as provided under 6 CFR 37.21, etc.).
- R17-4-409. Application for Nonoperating Non-operating Identification License Application; Applicability; Fee**
- A.** This Section does not apply to applicants for a travel-compliant nonoperating identification license. Except as provided under R17-4-407, this Section applies to applicants for a nonoperating identification license.
- B.** An applicant shall apply to the Department, on a form provided by the Department, for a nonoperating identification license, and shall comply with the requirements under A.R.S. § 28-3165.
- C.** An applicant may obtain a listing of satisfactory proof of an applicant's name and date of birth from the Department's website at www.azdot.gov.
- D.** Except as provided under A.R.S. § 28-3165, an applicant shall pay a \$12 fee for a nonoperating identification license.
- A.** A person seeking a non-operating identification license, issued by the Department as prescribed under A.R.S. § 28-3165 and this Section, shall apply to the Department using a form provided by the Department.
- B.** An applicant shall submit a \$12 fee to the Department, on application for a non-operating identification license, unless the applicant is provided a specific statutory exemption from payment of the fee.
- C.** An applicant shall provide to the Department, on application for a non-operating identification license, satisfactory proof of the applicant's full legal name, date of birth, sex, principal residence address of domicile in this state, and evidence that the applicant's presence in the United States is authorized under federal law as listed by the Department on its website at www.azdot.gov.
- D.** A person seeking a travel-compliant identification license issued by the Department under A.R.S. § 28-3175, which is recognized by federal agencies as proof of identity for use when accessing federal facilities, boarding federally-regulated commercial aircraft, or entering nuclear power plants, shall apply to the Department as provided under R17-4-407.



NOTICES OF PROPOSED EXPEDITED RULEMAKING

This section of the Arizona Administrative Register contains Notices of Proposed Expedited Rulemaking. The Office of the Secretary of State is the filing office and publisher of these rules.

Questions about the interpretation of the proposed expedited rule should be addressed to the agency proposing the rule. Refer to Item #5 to contact the person charged with the rulemaking.

NOTICE OF PROPOSED EXPEDITED RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 8. DEPARTMENT OF HEALTH SERVICES
FOOD, RECREATIONAL, AND INSTITUTIONAL SANITATION

[R19-32]

PREAMBLE

- 1. Article, Part, or Section Affected (as applicable) Rulemaking Action
2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):
3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed expedited rule:
4. The agency's contact person who can answer questions about the rulemaking:
5. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, under A.R.S. § 41- 1027, to include an explanation about the rulemaking:
6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to 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:
7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state.
8. The preliminary summary of the economic, small business, and consumer impact:



ment.

9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:

Not applicable

10. Where, when, and how persons may provide written comments on the proposed expedited rule:

Close of record: April 1, 2019 at 4:00 p.m.

A person may submit written comments on the proposed expedited rules no later than the close of record to either of the individuals listed in item 4.

11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

There are no other matters prescribed by statutes applicable specifically to the Department or this specific rulemaking.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rule does not require a permit.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

There are no federal rules applicable to the subject of the rule.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

No such analysis was submitted.

12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

None

13. The full text of the rules follows:

**TITLE 9. HEALTH SERVICES
CHAPTER 8. DEPARTMENT OF HEALTH SERVICES
FOOD, RECREATIONAL, AND INSTITUTIONAL SANITATION**

ARTICLE 1. FOOD AND DRINK

Section
R9-8-102. Applicability

ARTICLE 1. FOOD AND DRINK

R9-8-102. Applicability

- A. Except as provided in subsection (B), this Article applies to any FOOD ESTABLISHMENT.
- B. This Article does not apply to the following, which are not subject to routine inspection or other regulatory activities by a REGULATORY AUTHORITY:
 1. The beneficial use of wildlife meat authorized in A.R.S. § 17-240 and 12 A.A.C. 4, Article 1;
 2. Group homes, as defined in A.R.S. § 36-551;
 3. Child care group homes, as defined in A.R.S. § 36-897 and licensed under 9 A.A.C. 3;
 4. Residential group care facilities, as defined in A.A.C. R6-5-7401 that have 20 or fewer clients;
 5. Assisted living homes, as defined in A.R.S. § 36-401(A) and licensed under 9 A.A.C. 10, Article 8;
 6. Adult day health care facilities, as defined in A.R.S. § 36-401(A) and licensed under 9 A.A.C. 10, Article 11, that are authorized by the Department to provide services to 15 or fewer participants;
 7. Behavioral health residential facilities, as defined in A.A.C. R9-10-101 and licensed under 9 A.A.C. 10, Article 7, that are authorized by the Department to provide services to 10 or fewer residents;
 8. Hospice inpatient facilities, as defined in A.A.C. R9-10-101 and licensed under 9 A.A.C. 10, Article 6, that are authorized by the Department to provide services for 20 or fewer patients;
 9. Substance abuse transitional facilities, as defined in A.A.C. R9-10-101 and licensed under 9 A.A.C. 10, Article 14, that are authorized by the Department to provide services to 10 or fewer participants;
 10. Behavioral health respite homes, as defined in A.A.C. R9-10-101 and licensed under 9 A.A.C. 10, Article 16;
 11. Adult behavioral health therapeutic homes, as defined in A.A.C. R9-10-101 and licensed under 9 A.A.C. 10, Article 18;
 12. Food or drink that is:
 - a. Served at a noncommercial social event, such as a potluck;
 - b. Prepared at a cooking school if:
 - i. The cooking school is conducted in the kitchen of an owner-occupied home,
 - ii. Only one meal per day is prepared and served by students of the cooking school,
 - iii. The meal prepared at the cooking school is served to not more than 15 students of the cooking school, and
 - iv. The students of the cooking school are provided with written notice that the food is prepared in a kitchen that is not regulated or inspected by a REGULATORY AUTHORITY;



- c. Not potentially hazardous and prepared in a kitchen of a private home for occasional sale or distribution for noncommercial purposes;
 - d. Prepared or served at an employee-conducted function that lasts less than four hours and is not regularly scheduled, such as an employee recognition, an employee fund-raising, or an employee social event;
 - e. Offered at a child care facility and limited to commercially prepackaged food that is not potentially hazardous and whole fruits and vegetables that are washed and cut onsite for immediate consumption; or
 - f. Offered at locations that sell only commercially prepackaged food or drink that is not potentially hazardous;
13. ~~Baked or confectionary goods that are~~ A cottage food product, as defined in A.R.S. § 36-136(O), prepared for commercial purposes that:
- a. ~~Not~~ Is not potentially hazardous as defined in A.R.S. § 36-136(I)(4)(g); or
 - b. Is not a food that requires time and temperature control for safety to limit pathogenic microorganism growth or toxin formation; and
 - b-c. ~~Prepared~~ Is prepared in the kitchen of a ~~private~~ private home ~~by a food preparer for commercial purposes by~~ or under the supervision of an individual who:
 - i. ~~has obtained a food handler’s card, if issued by the county in which the individual resides; Has a certificate of completion from completing a food handler training course from an accredited program;~~
 - ii. Maintains an active certification of completion; and
 - iii. If a food preparer, is registered with the Department, as required in A.R.S. § 36-136(I)(4)(g) and specified in subsection (D); and
 - e-d. ~~Labeled with~~ Is packaged at the home with an attached label that includes:
 - i. ~~The name, address, and telephone and registration number of the individual food preparer registered with the Department as specified in subsection (D);~~
 - ii. A list of the ingredients in the ~~baked or confectionary goods~~ cottage food product;
 - iii. The date the cottage food product was prepared; and
 - iv. ~~A~~ The statement; that the ~~baked or confectionary goods~~ are prepared in a private home This product was produced in a home kitchen that may process common food allergens and is not subject to public health inspection; and
 - v. If applicable, a statement that the cottage food product was prepared in the home kitchen of a facility for individuals with developmental disabilities.
14. Fruits and vegetables grown in a garden at a public school, as defined in A.R.S. § 15-101, that are washed and cut on-site for immediate consumption.
- C. ~~A kitchen in a private home in which baked or confectionary goods are prepared that~~ A food preparer who meets the requirements in A.R.S. § 36-136(I)(4)(g) and (I)(13) and subsection (B)(13) is authorized to prepare an approved source of baked or confectionary goods cottage food products for retail sale commercial purpose.
- D. To be exempt from the requirements in this Article, a food preparer identified in subsection (C) shall:
1. Complete a food handler training course from an accredited program;
 2. Register with the Department by submitting:
 - a. An application in a Department-provided format that includes:
 - i. The food preparer’s name, address, telephone number, and e-mail address;
 - ii. If the food preparer is supervised, the supervisor’s name, address, telephone number, and e-mail address;
 - iii. The address, including the county, of the home where the cottage food product is prepared;
 - iv. Whether the home where the cottage food product is prepared is a facility for developmentally disabled individuals; and
 - v. A description of each cottage food product prepared for commercial purposes;
 - b. A copy of the food preparer’s certificate of completion for the completed food handler training course;
 - c. If the food preparer is supervised, the supervisor’s certificate of completion for the completed food handler training course; and
 - d. An attestation in a Department-provided format that the food preparer:
 - i. Has reviewed Department-provided information on food safety and safe food handling practices;
 - ii. Based on the Department-provided information, believes that the cottage food product prepared for commercial purposes is not potentially hazardous or is not a food that requires time or temperature control for safety to limit pathogenic microorganism growth or toxin formation; and
 - iii. Includes the food preparer’s printed name and date.
 3. Maintain an active certification of completion for the completed food handler training course;
 4. Renew the registration in subsection (D)(2) every three years;
 5. Submit any change to the information or documents provided according to subsection (D)(2)(a) through (c) to the Department within 30 calendar days after the change; and
 6. Display the food preparer’s certificate of registration when operating as a temporary food establishment and selling cottage food products.



NOTICES OF RULEMAKING DOCKET OPENING

This section of the Arizona Administrative Register contains Notices of Rulemaking Docket Opening.

A docket opening is the first part of the administrative rulemaking process. It is an "announcement" that the agency intends to work on its rules.

When an agency opens a rulemaking docket to consider rulemaking, the Administrative Procedure Act (APA) requires the publication of the Notice of Rulemaking Docket Opening.

Under the APA effective January 1, 1995, agencies must submit a Notice of Rulemaking Docket Opening before beginning the formal rulemaking process. Many times an agency may file the Notice of Rulemaking Docket Opening with the Notice of Proposed Rulemaking.

The Office of the Secretary of State is the filing office and publisher of these notices. Questions about the interpretation of this information should be directed to the agency contact person listed in item #4 of this notice.

NOTICE OF RULEMAKING DOCKET OPENING
DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING

[R19-33]

- 1. Title and its heading: 9, Health Services
Chapter and its heading: 10, Department of Health Services - Health Care Institutions: Licensing
Article and its heading: 1, General; 15, Abortion Clinics
Section numbers: R9-10-119; R9-10-1505, and R9-10-1509 (The Department may add, delete, or modify other Sections, as necessary.)

2. The subject matter of the proposed rules: In order to ensure public health, safety, and welfare, Arizona Revised Statutes (A.R.S.) §§ 36-405 and 36-406 require the Arizona Department of Health Services (Department) to adopt rules establishing minimum standards and requirements for construction, modification, and licensure of health care institutions. A.R.S. § 36-449.03 requires the Department to adopt rules that establish minimum standards and requirements for abortion clinics. We have implemented these statutes in 9 AAC 10, Article 15. Laws 2018, Ch. 219 amends A.R.S. §§ 36-2161 and 36-2162 to require abortion providers to: supply additional information to the Department in abortion procedure and complication reports; request additional information from women seeking abortions; and provide information to women seeking abortions who are victims of certain crimes. The Department shall revise the rules in 9 A.A.C. 10, Article 15, Abortion Clinics, to include these new reporting requirements. In addition, A.A.C. R9-10-119 will be revised to update cross-references to new sections in A.R.S. § 36-2161. The Department is amending the abortion clinic rules to comply with Laws 2018, Ch. 219. The Department may make further changes to the rules for clarity, to remove or modify outdated language, or to update references and citations.

3. A citation to all published notices relating to the proceeding: None

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

Name: Colby Bower, Assistant Director
Address: Arizona Department of Health Services
Public Health Licensing Services
150 N. 18th Ave., Suite 510
Phoenix, AZ 85007
Telephone: (602) 542-6383
Fax: (602) 364-4808
E-mail: Colby.Bower@azdhs.gov
or
Name: Robert Lane, Chief
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
150 N. 18th Ave., Suite 200
Phoenix, AZ 85007
Telephone: (602) 542-1020
Fax: (602) 364-1150
E-mail: Robert.Lane@azdhs.gov

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

Written comments will be accepted at the addresses listed in item #4 until the close of record, which has not yet been determined. No oral proceedings have been scheduled at this time.



6. A timetable for agency decisions or other action on the proceeding, if known:

To be announced in the Notice of Proposed Rulemaking

**NOTICE OF RULEMAKING DOCKET OPENING
DEPARTMENT OF TRANSPORTATION
TITLE, REGISTRATION, AND DRIVER LICENSES**

[R19-34]

- 1. Title and its heading:** 17, Transportation
- Chapter and its heading:** 4, Department of Transportation – Title, Registration, and Driver Licenses
- Article and its heading:** 1, General Provisions
4, Driver Licenses
- Section numbers:** R17-4-101, R17-4-407, and R17-4-409 (*Other Sections may be added, deleted, or modified as necessary.*)

2. The subject matter of the proposed rules:

The Arizona Department of Transportation engages in this rulemaking to permanently codify rules previously made by exempt rulemaking at 22 A.A.R. 819, April 15, 2016, on initial implementation of Laws 2015, Ch. 294. The exempt rules made by the Department, after first providing public notice and at least thirty days for public comments, contained a new fee of \$25 for the original application, reinstatement, or renewal of any travel-compliant driver license class or the original application or renewal of a travel-compliant non-operating identification license. Since A.R.S. § 28-3175 requires the Department to issue a travel-compliant credential on request, the \$25 fee must now be reestablished by regular rulemaking as required under A.R.S. § 41-1008.

This rulemaking ensures that the Department remains in full compliance with the requirements of federal law and regulations regarding secure credential issuance. Because of the Department’s ability to issue these federally-recognized travel-compliant driver licenses and identification licenses, the U.S. Department of Homeland Security has deemed Arizona in full compliance with the REAL ID Act of 2005, and will therefore continue to accept all current standard-issue Arizona driver licenses and identification licenses at airport security and restricted federal facilities until October 1, 2020. Effective October 1, 2020, the travel-compliant driver license or identification license is the only Arizona credential that federal authorities will accept as proof of identity for official purposes, which may include accessing a federal facility, boarding a federally regulated commercial aircraft, entering a nuclear power plant, or for any other purpose deemed necessary by the Department of Homeland Security. If the Department were unable to issue these secure credentials, a great number of Arizona residents would risk losing access to secured areas under the jurisdiction of the federal government beginning October 1, 2020.

The Department is also using this rulemaking opportunity to provide additional clarification on existing processes for applicants seeking issuance of the federally-recognized travel-compliant driver license and travel-compliant non-operating identification license under R17-4-407.

3. A citation to all published notices relating to the proceeding:

Notice of Proposed Rulemaking: 25 A.A.R. 670, March 15, 2019 (*in this issue*)

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

Name: John Lindley, Senior Rules Analyst
 Address: Arizona Department of Transportation
 Administrative Rules and Agency Policy
 206 S. 17th Ave., Mail Drop 180A
 Phoenix, AZ 85007
 Telephone: (602) 712-8804
 E-mail: jlindley@azdot.gov
 Web site: Please visit the ADOT web site to track progress of this rule and any other agency rulemaking matters at www.azdot.gov/about/GovernmentRelations.

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

Written comments may be submitted at any time. Oral comments may be made during regular business hours. All comments should be directed to the agency representative listed under item 4. The date, time, and location of an oral proceeding on the rulemaking will be included in the Notice of Proposed Rulemaking.

6. A timetable for agency decisions or other action on the proceeding, if known:

To be determined



NOTICE OF RULEMAKING DOCKET OPENING
DEPARTMENT OF TRANSPORTATION
OVERSIZE AND OVERWEIGHT SPECIAL PERMITS

[R19-35]

- 1. Title and its heading: 17, Transportation
Chapter and its heading: 6, Department of Transportation – Oversize and Overweight Special Permits
Article and its heading: 1, General Provisions; 2, Special Permit Classes and Fees; 3, Safety Requirements; 4, Transport Provisions; 5, Envelope Permit Special Provisions
Section numbers: R17-6-101, R17-6-102, Table 1, R17-6-103 through R17-6-113, R17-6-201 through R17-6-206, Table 2, R17-6-207 through R17-6-212, Table 6, Table 7, R17-6-301, R17-6-302, Ill. 1, R17-6-303, Ill. 2, R17-6-304, Ill. 4, R17-6-305 through R17-6-308, R17-6-401 through R17-6-411, Tables 3.01 through 3.09, Ill. 3, R17-6-412, Table 4, R17-6-413, Table 5, R17-6-414, and R17-6-501 through R17-6-511 (Other Sections may be added, deleted, or modified as necessary.)

2. The subject matter of the proposed rules: The Arizona Department of Transportation and Overdimensional Permit Council in coordination with a broad coalition of public and private transportation stakeholder groups including the Arizona Department of Public Safety, local law enforcement personnel, Arizona’s business community, the Arizona Trucking Association, the Specialized Carriers & Rigging Association and other members of Arizona’s trucking, heavy-haul transport, crane, utility, and escort vehicle industries will engage in this rulemaking effort to update the Department’s oversize and overweight envelope and special permit rules, provide additional regulatory relief for industry partners, and ensure effectiveness in achieving statutory objectives under A.R.S. Title 28, Chapter 3, Articles 18 and 19. The Department and the Overdimensional Permit Council intend to correct outdated information and statutory references, provide further clarification on existing processes as necessary to promote the public safety, and ensure the rules are clear, concise, and understandable. This rulemaking will expand the current weight allowances provided for non-reducible vehicle and load combinations using tridem axle group configurations and expand the Class A special permit allowances to encompass several other permit types. Additionally, the rulemaking will outline the continuous travel allowance criteria negotiated between the Department and representatives of the Specialized Carriers & Rigging Association as specifically applicable to the movement of self-propelled mobile cranes, drilling rigs, and similar specialty equipment. The Department and the Overdimensional Permit Council will be publishing additional notices to ensure that all interested parties are provided sufficient opportunity to participate in this rulemaking effort.

3. A citation to all published notices relating to the proceeding: None

4. The name and address of agency personnel with whom persons may communicate regarding the rules: Name: John Lindley, Senior Rules Analyst; Address: Arizona Department of Transportation Administrative Rules and Agency Policy 206 S. 17th Ave., Mail Drop 180A Phoenix, AZ 85007; Telephone: (602) 712-8804; E-mail: jlindley@azdot.gov; Web site: Please visit the ADOT web site to track progress of this rule and any other agency rulemaking matters at www.azdot.gov/about/GovernmentRelations.

5. The time during which the agency will accept written comments and the time and place where oral comments may be made: Written comments may be submitted at any time. Oral comments may be made during regular business hours. All comments should be directed to the agency representative listed under item 4. The date, time, and location of an oral proceeding on the rulemaking will be included in the Notice of Proposed Rulemaking.

6. A timetable for agency decisions or other action on the proceeding, if known: To be determined



NOTICES OF PROPOSED DELEGATION AGREEMENTS

This section of the *Arizona Administrative Register* contains Notices of Proposed Delegation Agreements.

The Administrative Procedure Act requires the publication of notices of proposed delegation agreements in the *Register*. A delegation agreement is an agreement between an agency and a political subdivision that authorizes the political subdivision to exercise functions, powers, or duties conferred on the delegating agency by a provision of law.

Delegation agreements are not intergovernmental agreements pursuant to A.R.S. Title 11, Chapter 7, Article 3. For at least 30 days after publication of the Notice of Proposed Delegation Agreement in the *Register*, the agency shall provide persons the opportunity to submit in writing statements, arguments, data, and views on the proposed delegation agreement and shall provide an opportunity for a public hearing if there is sufficient interest. The delegating agency shall follow the procedures for delegation agreements specified in A.R.S. Title 41, Chapter 6, Article 8.

NOTICE OF PROPOSED DELEGATION AGREEMENT (AMENDED) DEPARTMENT OF HEALTH SERVICES

[M19-25]

1. Name of agency proposing the delegation agreement:

Arizona Department of Health Services

2. The name of the political subdivision to which functions, powers, or duties of the agency are proposed to be delegated:

Apache County

3. The name and address of agency personnel to whom persons may direct questions or comments:

Name: Eric Thomas, Office Chief

Address: Arizona Department of Health Services
Division of Public Health Services, Public Health Preparedness,
Office of Environmental Health
150 N. 18th Ave., Suite 140
Phoenix, AZ 85007

Telephone: (602) 364-3142

Fax: (602) 364-3146

E-mail: Eric.Thomas@azdhs.gov

or

Name: Robert Lane, Chief

Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
150 N. 18th Ave., Suite 200
Phoenix, AZ 85007

Telephone: (602) 542-1020

Fax: (602) 364-1150

E-mail: Robert.Lane@azdhs.gov**4. A summary of the delegation agreement and the subjects and issues involved:**

Arizona Revised Statutes ("A.R.S.") § 36-136(E) authorizes the Director of the Arizona Department of Health Services ("Director") to delegate to a "local health department, county environmental department or public health services district any functions, powers or duties that the [D]irector believes can competently, efficiently and properly be performed by the local health department, county environmental department or public health services district." The Arizona Department of Health Services is amending its existing delegation agreement with Apache County ("County") due to the County's request to exercise delegated authority over campgrounds, hotel and motel sanitation, public toilet facilities, and trailer coach park sanitation. The amended delegation agreement shows the County's responsibilities and duties regarding general sanitation control. The amended delegation agreement becomes effective 30 days after written notice of the Director's final decision or the date the amended delegation agreement has been signed by both parties, whichever comes later. *Also see* A.R.S. §§ 36-601.01(G)(10), 41-1001(7) and 41-1081.

5. Copies of the proposed delegation agreement may be obtained from the agency as follows:

Copies of the proposed amended delegation agreement may be requested, in writing, from the Arizona Department of Health Services, Office of Environmental Health, 150 N. 18th Ave., Suite 140, Phoenix, AZ 85007 or by telephone at (602) 364-3118.

6. The schedule of public hearing on the proposed delegation agreement:

A person may submit written comments on the proposed amended delegation agreement to an individual listed in item #3 until the close of record on April 23, 2019 at 4:00 p.m. The Arizona Department of Health Services will hold a public hearing for the proposed amended delegation agreement on April 23, 2019 at 1:00 p.m. in Conference Room 415 C at the Arizona Department of Health Services, 150 N. 18th Ave., Phoenix, AZ 85007.



GOVERNOR EXECUTIVE ORDER

Executive Order 2019-01 is being reproduced in each issue of the Administrative Register as a notice to the public regarding state agencies' rulemaking activities.

This order has been reproduced in its entirety as submitted.

EXECUTIVE ORDER 2019-01

Moratorium on Rulemaking to Promote Job Creation and Customer-Service-Oriented Agencies; Protecting Consumers Against Fraudulent Activities

[M19-04]

WHEREAS, government regulations should be as limited as possible; and

WHEREAS, burdensome regulations inhibit job growth and economic development; and

WHEREAS, protecting the public health, peace and safety of the residents of Arizona is a top priority of state government; and

WHEREAS, in 2015 the State of Arizona implemented a moratorium on all new regulatory rulemaking by State agencies through executive order and renewed the moratorium in 2016, 2017 and 2018; and

WHEREAS, the State of Arizona eliminated or repealed 422 needless regulations in 2018 and 676 in 2017 for a total of 1,098 needless regulations eliminated or repealed over two years; and

WHEREAS, estimates show these eliminations saved job creators more than \$31 million in operating costs in 2018 and \$48 million in 2017 for a total of over \$79 million in savings over two years; and

WHEREAS, approximately 283,300 private sector jobs have been added to Arizona since January 2015; and

WHEREAS, all government agencies of the State of Arizona should continue to promote customer-service-oriented principles for the people that it serves; and

WHEREAS, each State agency shall continue to conduct a critical and comprehensive review of its administrative rules and take action to reduce the regulatory burden, administrative delay and legal uncertainty associated with government regulation while protecting the health, peace and safety of residents; and

WHEREAS, each State agency should continue to evaluate its administrative rules using any available and reliable data and performance metrics; and

WHEREAS, Article 5, Section 4 of the Arizona Constitution and Title 41, Chapter 1, Article 1 of the Arizona Revised Statutes vests the executive power of the State of Arizona in the Governor.

NOW, THEREFORE, I, Douglas A. Ducey, by virtue of the authority vested in me by the Constitution and laws of the State of Arizona hereby declare the following:

- 1. A State agency subject to this Order shall not conduct any rulemaking, whether informal or formal, without the prior written approval of the Office of the Governor. In seeking approval, a State agency shall address one or more of the following as justifications for the rulemaking:
a. To fulfill an objective related to job creation, economic development or economic expansion in this State.
b. To reduce or ameliorate a regulatory burden while achieving the same regulatory objective.
c. To prevent a significant threat to the public health, peace, or safety.
d. To avoid violating a court order or federal law that would result in sanctions by a federal court for failure to conduct the rulemaking action.
e. To comply with a federal statutory or regulatory requirement if such compliance is related to a condition for the receipt of federal funds or participation in any federal program.
f. To comply with a state statutory requirement.
g. To fulfill an obligation related to fees or any other action necessary to implement the State budget that is certified by the Governor's Office of Strategic Planning and Budgeting.
h. To promulgate a rule or other item that is exempt from Title 41, Chapter 6, Arizona Revised Statutes, pursuant to section 41-1005, Arizona Revised Statutes.
i. To address matters pertaining to the control, mitigation, or eradication of waste, fraud or abuse within an agency or wasteful, fraudulent, or abusive activities perpetrated against an agency.
j. To eliminate rules which are antiquated, redundant or otherwise no longer necessary for the operation of state government.
2. A State agency subject to this Order shall not publicize any directives, policy statements, documents or forms on its website unless such are explicitly authorized by Arizona Revised Statutes or Arizona Administrative Code.
3. A State agency subject to this Order and which issues occupational or professional licenses shall review the agency's rules and practices related to receiving and acting on substantive complaints about unlicensed individuals who are allegedly holding them-



selves out as licensed professionals for financial gain and are knowingly or recklessly providing or attempting to provide regulated services which the State agency director believes could cause immediate and/or significant harm to either the financial or physical health of unknowing consumers within the state. Agencies shall identify and execute on opportunities to improve its complaint intake process, documentation, tracking, enforcement actions and coordination with proper law enforcement channels to ensure those allegedly trying to defraud unsuspecting consumers and putting them at risk for immediate and/or significant harm to their financial or physical health are stopped and effectively diverted by the State agency to the proper law-enforcement agency for review. A written plan on the agency's process shall be submitted to the Governor's Office no later than May 31, 2019.

4. For the purposes of this Order, the term "State agencies" includes, without limitation, all executive departments, agencies, offices, and all state boards and commissions, except for: (a) any State agency that is headed by a single elected State official; (b) the Corporation Commission; and (c) any board or commission established by ballot measure during or after the November 1998 general election. Those state agencies, boards and commissions excluded from this Order are strongly encouraged to voluntarily comply with this Order in the context of their own rulemaking processes.
5. This Order does not confer any legal rights upon any persons and shall not be used as a basis for legal challenges to rules, approvals, permits, licenses or other actions or to any inaction of a State agency. For the purposes of this Order, "person," "rule," and "rulemaking" have the same meanings prescribed in section 41-1001, Arizona Revised Statutes.

IN WITNESS THEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.

Douglas A. Ducey
GOVERNOR

DONE at the Capitol in Phoenix on this ninth day of January in the Year Two Thousand and Nineteen and of the Independence of the United States of America the Two Hundred and Forty-Third.

ATTEST:

Katie Hobbs
SECRETARY OF STATE

REGISTER INDEXES

The *Register* is published by volume in a calendar year (See “General Information” in the front of each issue for more information).

Abbreviations for rulemaking activity in this Index include:

PROPOSED RULEMAKING

PN = Proposed new Section
PM = Proposed amended Section
PR = Proposed repealed Section
P# = Proposed renumbered Section

SUPPLEMENTAL PROPOSED RULEMAKING

SPN = Supplemental proposed new Section
SPM = Supplemental proposed amended Section
SPR = Supplemental proposed repealed Section
SP# = Supplemental proposed renumbered Section

FINAL RULEMAKING

FN = Final new Section
FM = Final amended Section
FR = Final repealed Section
F# = Final renumbered Section

SUMMARY RULEMAKING**PROPOSED SUMMARY**

PSMN = Proposed Summary new Section
PSMM = Proposed Summary amended Section
PSMR = Proposed Summary repealed Section
PSM# = Proposed Summary renumbered Section

FINAL SUMMARY

FSMN = Final Summary new Section
FSMM = Final Summary amended Section
FSMR = Final Summary repealed Section
FSM# = Final Summary renumbered Section

EXPEDITED RULEMAKING**PROPOSED EXPEDITED**

PEN = Proposed Expedited new Section
PEM = Proposed Expedited amended Section
PER = Proposed Expedited repealed Section
PE# = Proposed Expedited renumbered Section

SUPPLEMENTAL EXPEDITED

SPEN = Supplemental Proposed Expedited new Section
SPEM = Supplemental Proposed Expedited amended Section
SPER = Supplemental Proposed Expedited repealed Section
SPE# = Supplemental Proposed Expedited renumbered Section

FINAL EXPEDITED

FEN = Final Expedited new Section
FEM = Final Expedited amended Section
FER = Final Expedited repealed Section
FE# = Final Expedited renumbered Section

EXEMPT RULEMAKING**EXEMPT**

XN = Exempt new Section
XM = Exempt amended Section
XR = Exempt repealed Section
X# = Exempt renumbered Section

EXEMPT PROPOSED

PXN = Proposed Exempt new Section
PXM = Proposed Exempt amended Section
PXR = Proposed Exempt repealed Section
PX# = Proposed Exempt renumbered Section

EXEMPT SUPPLEMENTAL PROPOSED

SPXN = Supplemental Proposed Exempt new Section
SPXR = Supplemental Proposed Exempt repealed Section
SPXM = Supplemental Proposed Exempt amended Section
SPX# = Supplemental Proposed Exempt renumbered Section

FINAL EXEMPT RULEMAKING

FXN = Final Exempt new Section
FXM = Final Exempt amended Section
FXR = Final Exempt repealed Section
FX# = Final Exempt renumbered Section

EMERGENCY RULEMAKING

EN = Emergency new Section
EM = Emergency amended Section
ER = Emergency repealed Section
E# = Emergency renumbered Section
EEXP = Emergency expired

RECODIFICATION OF RULES

RC = Recodified

REJECTION OF RULES

RJ = Rejected by the Attorney General

TERMINATION OF RULES

TN = Terminated proposed new Sections
TM = Terminated proposed amended Section
TR = Terminated proposed repealed Section
T# = Terminated proposed renumbered Section

RULE EXPIRATIONS

EXP = Rules have expired

See also “emergency expired” under emergency rulemaking

CORRECTIONS

C = Corrections to Published Rules

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RULEMAKING ACTIVITY INDEX

Rulemakings are listed in the Index by Chapter, Section number, rulemaking activity abbreviation and by volume page number. Use the page guide above to determine the *Register* issue number to review the rule. Headings for the Subchapters, Articles, Parts, and Sections are not indexed.

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Other notices related to rulemakings are listed in the Index by notice type, agency/county and by volume page number. Agency policy statements and proposed delegation agreements are included in this section of the Index by volume page number. Public records, such as Governor Office executive orders, proclamations, declarations and terminations of emergencies, summaries of Attorney General Opinions, and county notices are also listed in this section of the Index and published by volume page number.

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RULES EFFECTIVE DATES CALENDAR

A.R.S. § 41-1032(A), as amended by Laws 2002, Ch. 334, § 8 (effective August 22, 2002), states that a rule generally becomes effective 60 days after the day it is filed with the Secretary of State's Office. The following table lists filing dates and effective dates for rules that follow this provision. Please also check the rulemaking Preamble for effective dates.

January		February		March		April		May		June	
Date Filed	Effective Date										
1/1	3/2	2/1	4/2	3/1	4/30	4/1	5/31	5/1	6/30	6/1	7/31
1/2	3/3	2/2	4/3	3/2	5/1	4/2	6/1	5/2	7/1	6/2	8/1
1/3	3/4	2/3	4/4	3/3	5/2	4/3	6/2	5/3	7/2	6/3	8/2
1/4	3/5	2/4	4/5	3/4	5/3	4/4	6/3	5/4	7/3	6/4	8/3
1/5	3/6	2/5	4/6	3/5	5/4	4/5	6/4	5/5	7/4	6/5	8/4
1/6	3/7	2/6	4/7	3/6	5/5	4/6	6/5	5/6	7/5	6/6	8/5
1/7	3/8	2/7	4/8	3/7	5/6	4/7	6/6	5/7	7/6	6/7	8/6
1/8	3/9	2/8	4/9	3/8	5/7	4/8	6/7	5/8	7/7	6/8	8/7
1/9	3/10	2/9	4/10	3/9	5/8	4/9	6/8	5/9	7/8	6/9	8/8
1/10	3/11	2/10	4/11	3/10	5/9	4/10	6/9	5/10	7/9	6/10	8/9
1/11	3/12	2/11	4/12	3/11	5/10	4/11	6/10	5/11	7/10	6/11	8/10
1/12	3/13	2/12	4/13	3/12	5/11	4/12	6/11	5/12	7/11	6/12	8/11
1/13	3/14	2/13	4/14	3/13	5/12	4/13	6/12	5/13	7/12	6/13	8/12
1/14	3/15	2/14	4/15	3/14	5/13	4/14	6/13	5/14	7/13	6/14	8/13
1/15	3/16	2/15	4/16	3/15	5/14	4/15	6/14	5/15	7/14	6/15	8/14
1/16	3/17	2/16	4/17	3/16	5/15	4/16	6/15	5/16	7/15	6/16	8/15
1/17	3/18	2/17	4/18	3/17	5/16	4/17	6/16	5/17	7/16	6/17	8/16
1/18	3/19	2/18	4/19	3/18	5/17	4/18	6/17	5/18	7/17	6/18	8/17
1/19	3/20	2/19	4/20	3/19	5/18	4/19	6/18	5/19	7/18	6/19	8/18
1/20	3/21	2/20	4/21	3/20	5/19	4/20	6/19	5/20	7/19	6/20	8/19
1/21	3/22	2/21	4/22	3/21	5/20	4/21	6/20	5/21	7/20	6/21	8/20
1/22	3/23	2/22	4/23	3/22	5/21	4/22	6/21	5/22	7/21	6/22	8/21
1/23	3/24	2/23	4/24	3/23	5/22	4/23	6/22	5/23	7/22	6/23	8/22
1/24	3/25	2/24	4/25	3/24	5/23	4/24	6/23	5/24	7/23	6/24	8/23
1/25	3/26	2/25	4/26	3/25	5/24	4/25	6/24	5/25	7/24	6/25	8/24
1/26	3/27	2/26	4/27	3/26	5/25	4/26	6/25	5/26	7/25	6/26	8/25
1/27	3/28	2/27	4/28	3/27	5/26	4/27	6/26	5/27	7/26	6/27	8/26
1/28	3/29	2/28	4/29	3/28	5/27	4/28	6/27	5/28	7/27	6/28	8/27
1/29	3/30			3/29	5/28	4/29	6/28	5/29	7/28	6/29	8/28
1/30	3/31			3/30	5/29	4/30	6/29	5/30	7/29	6/30	8/29
1/31	4/1			3/31	5/30			5/31	7/30		



July		August		September		October		November		December	
Date Filed	Effective Date										
7/1	8/30	8/1	9/30	9/1	10/31	10/1	11/30	11/1	12/31	12/1	1/30
7/2	8/31	8/2	10/1	9/2	11/1	10/2	12/1	11/2	1/1	12/2	1/31
7/3	9/1	8/3	10/2	9/3	11/2	10/3	12/2	11/3	1/2	12/3	2/1
7/4	9/2	8/4	10/3	9/4	11/3	10/4	12/3	11/4	1/3	12/4	2/2
7/5	9/3	8/5	10/4	9/5	11/4	10/5	12/4	11/5	1/4	12/5	2/3
7/6	9/4	8/6	10/5	9/6	11/5	10/6	12/5	11/6	1/5	12/6	2/4
7/7	9/5	8/7	10/6	9/7	11/6	10/7	12/6	11/7	1/6	12/7	2/5
7/8	9/6	8/8	10/7	9/8	11/7	10/8	12/7	11/8	1/7	12/8	2/6
7/9	9/7	8/9	10/8	9/9	11/8	10/9	12/8	11/9	1/8	12/9	2/7
7/10	9/8	8/10	10/9	9/10	11/9	10/10	12/9	11/10	1/9	12/10	2/8
7/11	9/9	8/11	10/10	9/11	11/10	10/11	12/10	11/11	1/10	12/11	2/9
7/12	9/10	8/12	10/11	9/12	11/11	10/12	12/11	11/12	1/11	12/12	2/10
7/13	9/11	8/13	10/12	9/13	11/12	10/13	12/12	11/13	1/12	12/13	2/11
7/14	9/12	8/14	10/13	9/14	11/13	10/14	12/13	11/14	1/13	12/14	2/12
7/15	9/13	8/15	10/14	9/15	11/14	10/15	12/14	11/15	1/14	12/15	2/13
7/16	9/14	8/16	10/15	9/16	11/15	10/16	12/15	11/16	1/15	12/16	2/14
7/17	9/15	8/17	10/16	9/17	11/16	10/17	12/16	11/17	1/16	12/17	2/15
7/18	9/16	8/18	10/17	9/18	11/17	10/18	12/17	11/18	1/17	12/18	2/16
7/19	9/17	8/19	10/18	9/19	11/18	10/19	12/18	11/19	1/18	12/19	2/17
7/20	9/18	8/20	10/19	9/20	11/19	10/20	12/19	11/20	1/19	12/20	2/18
7/21	9/19	8/21	10/20	9/21	11/20	10/21	12/20	11/21	1/20	12/21	2/19
7/22	9/20	8/22	10/21	9/22	11/21	10/22	12/21	11/22	1/21	12/22	2/20
7/23	9/21	8/23	10/22	9/23	11/22	10/23	12/22	11/23	1/22	12/23	2/21
7/24	9/22	8/24	10/23	9/24	11/23	10/24	12/23	11/24	1/23	12/24	2/22
7/25	9/23	8/25	10/24	9/25	11/24	10/25	12/24	11/25	1/24	12/25	2/23
7/26	9/24	8/26	10/25	9/26	11/25	10/26	12/25	11/26	1/25	12/26	2/24
7/27	9/25	8/27	10/26	9/27	11/26	10/27	12/26	11/27	1/26	12/27	2/25
7/28	9/26	8/28	10/27	9/28	11/27	10/28	12/27	11/28	1/27	12/28	2/26
7/29	9/27	8/29	10/28	9/29	11/28	10/29	12/28	11/29	1/28	12/29	2/27
7/30	9/28	8/30	10/29	9/30	11/29	10/30	12/29	11/30	1/29	12/30	2/28
7/31	9/29	8/31	10/30			10/31	12/30			12/31	3/1



REGISTER PUBLISHING DEADLINES

The Secretary of State's Office publishes the Register weekly. There is a three-week turnaround period between a deadline date and the publication date of the Register. The weekly deadline dates and issue dates are shown below. Council meetings and Register deadlines do not correlate. Also listed are the earliest dates on which an oral proceeding can be held on proposed rulemakings or proposed delegation agreements following publication of the notice in the Register.

Deadline Date (paper only) Friday, 5:00 p.m.	Register Publication Date	Oral Proceeding may be scheduled on or after
November 9, 2018	November 30, 2018	December 31, 2018
November 16, 2018	December 7, 2018	January 7, 2019
November 23, 2018	December 14, 2018	January 14, 2019
November 30, 2018	December 21, 2018	January 22, 2019
December 7, 2018	December 28, 2018	January 28, 2019
December 14, 2018	January 4, 2019	February 4, 2019
December 21, 2018	January 11, 2019	February 11, 2019
December 28, 2018	January 18, 2019	February 19, 2019
January 4, 2019	January 25, 2019	February 25, 2019
January 11, 2019	February 1, 2019	March 4, 2019
January 18, 2019	February 8, 2019	March 11, 2019
January 25, 2019	February 15, 2019	March 18, 2019
February 1, 2019	February 22, 2019	March 25, 2019
February 8, 2019	March 1, 2019	April 1, 2019
February 15, 2019	March 8, 2019	April 8, 2019
February 22, 2019	March 15, 2019	April 15, 2019
March 1, 2019	March 22, 2019	April 22, 2019
March 8, 2019	March 29, 2019	April 29, 2019
March 15, 2019	April 5, 2019	May 6, 2019
March 22, 2019	April 12, 2019	May 13, 2019
March 29, 2019	April 19, 2019	May 20, 2019
April 5, 2019	April 26, 2019	May 28, 2019
April 12, 2019	May 3, 2019	June 3, 2019
April 19, 2019	May 10, 2019	June 10, 2019
April 26, 2019	May 17, 2019	June 17, 2019
May 3, 2019	May 24, 2019	June 24, 2019
May 10, 2019	May 31, 2019	July 1, 2019
May 17, 2019	June 7, 2019	July 8, 2019
May 24, 2019	June 14, 2019	July 15, 2019
May 31, 2019	June 21, 2019	July 22, 2019



GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES

The following deadlines apply to all Five-Year-Review Reports and any adopted rule submitted to the Governor’s Regulatory Review Council. Council meetings and Register deadlines do not correlate. We publish these deadlines as a courtesy.

All rules and Five-Year Review Reports are due in the Council office by 5 p.m. of the deadline date. The Council’s office is located at 100 N. 15th Ave., Suite 402, Phoenix, AZ 85007. For more information, call (602) 542-2058 or visit <http://grc.az.gov>.

GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES FOR 2019

[M19-05]

DEADLINE FOR PLACEMENT ON AGENDA*	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
<i>Tuesday</i> January 22, 2019	<i>Tuesday</i> February 19, 2019	<i>Tuesday</i> February 26, 2019	<i>Tuesday</i> March 5, 2019
<i>Tuesday</i> February 19, 2019	<i>Tuesday</i> March 19, 2019	<i>Tuesday</i> March 26, 2019	<i>Tuesday</i> April 2, 2019
<i>Tuesday</i> March 19, 2019	<i>Tuesday</i> April 23, 2019	<i>Tuesday</i> April 30, 2019	<i>Tuesday</i> May 7, 2019
<i>Tuesday</i> April 23, 2019	<i>Tuesday</i> May 21, 2019	Wednesday May 29, 2019	<i>Tuesday</i> June 4, 2019
<i>Tuesday</i> May 21, 2019	<i>Tuesday</i> June 18, 2019	<i>Tuesday</i> June 25, 2019	<i>Tuesday</i> July 2, 2019
<i>Tuesday</i> June 18, 2019	<i>Tuesday</i> July 23, 2019	<i>Tuesday</i> July 30, 2019	<i>Tuesday</i> August 6, 2019
<i>Tuesday</i> July 23, 2019	<i>Tuesday</i> August 20, 2019	<i>Tuesday</i> August 27, 2019	Wednesday September 4, 2019
<i>Tuesday</i> August 20, 2019	<i>Tuesday</i> September 17, 2019	<i>Tuesday</i> September 24, 2019	<i>Tuesday</i> October 1, 2019
<i>Tuesday</i> September 17, 2019	<i>Tuesday</i> October 22, 2019	<i>Tuesday</i> October 29, 2019	<i>Tuesday</i> November 5, 2019
<i>Tuesday</i> October 22, 2019	<i>Tuesday</i> November 19, 2019	<i>Tuesday</i> November 26, 2019	<i>Tuesday</i> December 3, 2019
<i>Tuesday</i> November 19, 2019	<i>Tuesday</i> December 24, 2019	<i>Tuesday</i> January 7, 2020	<i>Tuesday</i> January 14, 2020
<i>Tuesday</i> December 24, 2019	<i>Tuesday</i> January 21, 2020	<i>Tuesday</i> January 28, 2020	<i>Tuesday</i> February 4, 2020

* Materials must be submitted by **5 PM** on dates listed as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.