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Contents

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From the Publisher

ABOUT THIS PUBLICATION

The authenticated pdf of the *Administrative Register* (A.A.R.) posted on the Office of the Secretary of State's website is the official published version for rulemaking activity in the state of Arizona. The *Register* is published weekly by issue number, every Friday by the Administrative Rules Division.

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

The *Register* contains notices of docket openings, proposed, final, emergency, expedited, exempt, and terminated rules as defined in Arizona Revised Statutes known as the Arizona Administrative Procedure Act (APA), and A.R.S. Title 41, Chapter 6, Articles 1 through 10. Other "notice only" filings are published in the *Register* which includes Informal Public Meetings on an Open Rulemaking Docket, Formal Rulemaking Advisory Committees, Public Information, Oral Proceedings, Public Hearings, Public Meetings, Agency Guidance Documents, Substantive Policy Statements, Proposed Delegation Agreements, Final Delegation Agreements, and Agency Ombudsman.

ABOUT AMENDMENTS TO RULES

Rulemaking is defined in the APA. Rules can be made (all new text); amended (changed) or repealed (removed) as codified in the *Arizona Administrative Code*; or renumbered (moving rules to a different Section number). New rules published in the *Register*, whether proposed or made as a final rule, are underlined; repealed rules (text being removed), is stricken.

ABOUT THE TABLE OF CONTENTS

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.

ABOUT FILE NUMBERS

Notices filed in the Division are assigned a file number. This number is enclosed in brackets and located at the top right of the published documents in the *Register*. Original filed notices are available in pdf for free. For a copy, contact our Division with the file number.

ABOUT THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* (A.A.C.) contains codified text of rules. When published, the underling and striking of text in notices as published in the *Register* are removed. The codified rules have either been approved by the Governor's Regulatory Review Council or Attorney General as prescribed under the APA. The *Code* also contains rules exempt from the rulemaking process, and emergency rules. The authenticated pdf of *Code* Chapters posted on the Office of the Secretary of State's website are the official published version of rules in the A.A.C. The *Code* is posted online for free.

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

ADMINISTRATIVE CODE
The *Arizona Administrative Code* is available online at www.azsos.gov.

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.

CONTACT US
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The Office of the Secretary of State is an equal opportunity employer.

Participate in Rulemaking

Review Published Notices

Those interested in participating in the rulemaking process should review notices published in the *Arizona Administrative Register*.

The Preamble at the beginning of a notice contains information about the rulemaking and provides agency justification and regulatory intent. Agency contact information is published in the Preamble for those interested in participating in the rulemaking process.

The Preamble 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.

Agency Contact Lists

Many agencies maintain stakeholder lists to contact those interested in proposed changes to rules. Check an agency's website and its newsletters for information about notices, oral proceedings, 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. Refer to A.R.S. § 41-1033 for more information.

Attend a Public Meeting

Stakeholders can attend an public meeting, known as an oral proceeding, being conducted by the agency on a Notice of Proposed Rulemaking. A proceeding may be listed in the Preamble of a Notice of Proposed Rulemaking or an agency may inform the public of the meeting in a Notice of Oral Proceeding. Attend the meeting and be prepared to speak and comment.

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

Refer to information in the Preamble.

Write the Agency

Put your comments in writing and send them 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, before the rules are filed with the Secretary of State.

THE REGULAR RULEMAKING PROCESS

Authority

An agency is given the authority to promulgate a rule under the APA, statute passed by the Legislature, or ballot proposition, which is passed by the voters.

An agency may be given certain exemptions to the APA or portions thereof.

Information about the exemptions are provided in the Preamble of the rulemaking.

Permission to Proceed

Before moving forward with any notice, an agency first receives permission from the governor's office to proceed with a rulemaking.

The governor's office provides the agency a written response to proceed that is filed with the notice.

Stakeholder and Public Notification

The agency opens a docket. It is filed as a Notice of Rulemaking Docket Opening for publication in the *Register*.

The notice includes agency contact information along with its intentions to make, amend, repeal, or renumber, a rule and its justification to perform the rulemaking action. Often an agency will file the docket with the proposed rulemaking.

An agency may decide not to proceed and not file final rule with G.R.R.C. within one year after proposed rule is published. A.R.S. § 41-1021(A)(4)

Agency Proposes Rules, Public Reviews Proposal

The agency files a Notice of Proposed Rulemaking and the notice is published in the *Register*.

The public is given the opportunity to comment on the proposed rules. The agency opens the comment period to last at least 30 days. Written comments are accepted informally.

The notice *may* contain information about oral proceedings.

A proceeding is held no sooner than 30 days after the notice is published.

If no proceeding is scheduled, the agency provides information on how a person may request to speak to the agency in person at an oral proceeding.

Oral Proceeding

A person requests an agency to conduct an oral proceeding based on the information provided in its Notice of Proposed Rulemaking.

The agency prepares a Notice of Oral Proceeding on Proposed Rulemaking, schedules one or more proceeding, and files the notice for publication in the *Register*.

When is occurs, an agency extends the public comment period.

Close of Record

After evaluating public comments and conducting an internal review of the rule, an agency:

1. Determines whether the rulemaking requires a substantial change. When an agency decides to make substantial changes to a proposed rule, it continues the process as outlined under the APA. The agency obtains permission to proceed as stated under #2 of this timeline. The agency prepares a Notice of Supplemental Proposed Rulemaking with the changes and files it for publication in the *Register*. Comments are once again solicited and reviewed by the agency.
2. Prepares and submits for review a Notice of Final Rulemaking for review and approval by G.R.R.C. or Attorney General. The Notice of Final Rulemaking must be submitted for review within 120 days after the close of record; or
3. Terminates the rulemaking. The agency may decided to terminate its docket and files a notice for publication in the Register notifying stakeholders of the termination. Refer to A.R.S. § 41-1021(A)(2).

Time Frame for Approval or Disapproval of the Notice

G.R.R.C. has 90 days to review and approve or return the rule package, in whole or in part; A.G. has 60 days.

The Approved Rule is Published in *Register* and Codified in the *Code*

After approval by G.R.R.C. or A.G., the rule becomes effective 60 days after filing the notice with the Office of the Secretary of State, unless otherwise indicated in the Preamble of the notice.

The Notice of Final Rulemaking is published in the *Register* and codified in the *Arizona Administrative Code*.

Definitions and Acronyms

***Arizona Administrative Code, 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, 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 complied by Legislative Council, with the official publication codified by Thomson Reuters. 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.

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NOTICES OF PROPOSED RULEMAKING

The Administrative Procedure Act (APA) requires an agency file a Notice of Rulemaking Docket Opening which outlines its rulemaking intentions under A.R.S. § 41-1021. A docket opening and Notice of Proposed Rulemaking are often filed at the same time and published in the same *Register* issue. If they are not filed at the same time, information on where the docket opening was published is listed in the preamble of the proposed rulemaking.

An agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before scheduling any oral proceedings. Written public comments shall be accepted for at least 30 days after the published notice. Refer to A.R.S. §§ 41-1013, 41-1022 and 41-1023.

Questions about the notice can be answered by the person listed in item #5 of the preamble.

Refer to item #11 of the preamble for information on how to comment on this notice, the close of record to comment, and information related to oral proceedings.

NOTICE OF PROPOSED RULEMAKING

TITLE 3. AGRICULTURE

CHAPTER 7. DEPARTMENT OF AGRICULTURE
WEIGHTS AND MEASURES SERVICES DIVISION

File Number: R26-140

PREAMBLE

1. Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:
June 29, 2026

2. Article, Part, or Section Affected (as applicable)	**Rulemaking Action**
R3-7-101	Amend
R3-7-108	Amend
R3-7-402	Amend
R3-7-506	Amend
R3-7-601	Amend
R3-7-602	Amend
R3-7-702	Amend
Table 1	Amend
R3-7-716	Amend
R3-7-751	Amend
R3-7-1004	Amend
R3-7-1005	Amend
R3-7-1010	Amend
Table 1	Amend

3. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):
Authorizing statute: A.R.S. § 3-107
Implementing statute: A.R.S. § 3-3414

4. Citations to all related notices published in the *Register* that pertain to the current record of the proposed rule:
Notice of Rulemaking Docket Opening: 32 A.A.R. 1990; August 28, 2026 (*in this issue*); File number: R26-144

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

Name:	Mike Brooks
Title:	Program Administrator
Division:	Weights and Measures Services Division
Address:	Arizona Department of Agriculture 1110 W. Washington St., Suite 450

Phoenix, AZ 85007
Mailing: Arizona Department of Agriculture
1802 W. Jackson St., #78
Phoenix, AZ 85007
Telephone: (602) 920-4202
Email: mbrooks@azda.gov
Website: https://agriculture.az.gov/

Name: Syd Woodard
Title: Rules and Policy Administrator
Division: Office of the Director
Address: Arizona Department of Agriculture
1110 W. Washington St., Suite 450
Phoenix, AZ 85007
Telephone: (602) 228-7109
Email: swoodard@azda.gov
Website: https://agriculture.az.gov/

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

The purpose of the rules is to protect air quality and promote equity and fairness in Arizona commerce. The definitions in Article 1 are updated to align with the current national weights and measures standards. Article 4 regulates retail pricing and must be amended to provide clarification on Swedish rounding methods and regulation of signage. This addition is necessary because on March 12, 2026, HB 2938 (A.R.S. § 44-7952) was signed into law. Following the federal cessation of penny production, this emergency state statute mandates that WMSD enforce "Swedish rounding" for cash transactions. Article 5 regulates Public Weighmasters licensed by WMSD to provide legal weight certificates. These updated rules clarify standards for the Seal of Authority used on the weight certificates. Article 6 provides rules for companies and personnel licensed by WMSD to calibrate and test commercial devices and vapor recovery systems. The updates to this Article revise the testing requirements for commercial devices to better align with national standards and improve the knowledge of the community licensed to calibrate commercial devices. They also implement an existing policy for oversight of initial vapor recovery tests and clarify other vapor recovery testing language. Article 7 includes the fuel quality and Cleaner-Burning Gasoline requirements. The rules in Article 7 are updated to align with the current national standards. The regulated community has requested the fuel standards be updated to ensure fuel produced for Arizona is consistent with the national standards. WMSD has already been enforcing the updated standards to ensure adequate gasoline availability. Additionally, these rules contain clarifications for the use of a model for certification of gasoline. Article 10 includes requirements for the gasoline vapor recovery program and contains clarifications for easier understanding, readability and to better align with program policies.

7. 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:

None

8. 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:

The rulemaking does not diminish any previous authority of a political subdivision of this state.

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

The Department's intent in proposing the amendments to Articles 1, 4, 5, 6, 7, and 10 of Chapter 7, Department of Agriculture – Weights and Measures Services Division, is to comply with state law (A.R.S. § 44-7952) on cash-rounding transactions, update requirements for commercial devices, fuel quality, and the gasoline vapor recovery program to align with national standards, and revise wording to improve clarity. The Department anticipates the rulemaking will have an overall benefit to the public by providing clear rules for Swedish rounding that will help businesses remain consistent and compliant when processing cash transactions. The revisions made to clarify language and update the rules to align with national standards will have an overall benefit to the regulated community. Updating rules to comply with

national standards increases efficiency, adds credibility, and protects consumers and businesses alike by providing the latest information available. The rulemaking is expected to result in some additional costs for the regulated community, as signage about Swedish rounding must be posted at each point-of-sale in a business. The Department has determined there is no less intrusive or costly alternative methods of achieving the purpose of the rulemaking. The Department will not incur any additional costs associated with the rulemaking nor require any additional full-time employees as a result of the rulemaking. Therefore, the Department has determined that the benefits of the rulemaking outweigh any costs.

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

Name:	Mike Brooks
Title:	Program Administrator
Division:	Weights and Measures Services Division
Address:	Arizona Department of Agriculture 1110 W. Washington St., Suite 450 Phoenix, AZ 85007
Mailing:	Arizona Department of Agriculture 1802 W. Jackson St., #78 Phoenix, AZ 85007
Telephone:	(602) 920-4202
Email:	mbrooks@azda.gov
Website:	https://agriculture.az.gov/

Name:	Syd Woodard
Title:	Rules and Policy Administrator
Division:	Office of the Director
Address:	Arizona Department of Agriculture 1110 W. Washington St., Suite 450 Phoenix, AZ 85007
Telephone:	(602) 228-7109
Email:	swoodard@azda.gov
Website:	https://agriculture.az.gov/

11. 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:

Written comments about this proposed rulemaking will be accepted in person at the address provided under item #5, Monday through Friday from 8 a.m. to 5 p.m., except for state holidays. Comments will also be accepted via email at the email address provided under item #5. Mailed written comments shall be postmarked within 30 days of this published notice.

An oral proceeding is scheduled on this proposed rulemaking.

Date: October 2, 2026

Time: 10:00 a.m. MST

Location:
Arizona Department of Agriculture
1110 W. Washington St., Suite 450
Phoenix, AZ 85007

Google Meet information:

Video call link: https://meet.google.com/xyd-xugb-yxx

Or dial: (US) +1 216-930-8582 PIN: 686 155 450#

More phone numbers: https://tel.meet/xyd-xugb-yxx?pin=2221299803316

Nature: The nature of this oral proceeding is to give an opportunity for stakeholders and the general public to provide comment on the content of the proposed rulemaking.

Public comment period ends: September 28, 2026

Close of record: September 28, 2026

12. 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.R.S. § 3-104(F) requires the Arizona Department of Agriculture Advisory Council assist the Director of the Department on all rulemaking activities. The council shall review, advise and make recommendations before they are adopted. During the August 6, 2026, Advisory Council Meeting, council members approved the Department's recommendations to amend Articles 1, 4, 5, 6, 7, and 10.

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:

These rules do 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:

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 analysis was conducted.

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

Not applicable

14. The full text of the rules follows:

TITLE 3. AGRICULTURE

CHAPTER 7. DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES SERVICES DIVISION

ARTICLE 1. ADMINISTRATION AND PROCEDURES

ARTICLE 4. RETAIL PRICING

ARTICLE 5. PUBLIC WEIGHMASTERS

ARTICLE 6. REGISTERED SERVICE AGENCIES AND REPRESENTATIVES

ARTICLE 7. MOTOR FUELS AND PETROLEUM PRODUCTS

ARTICLE 10. STAGE I VAPOR RECOVERY

Table 1. Acceptability of Final System Pressure Results for Systems Tested Using TP-201.3

ARTICLE 1. ADMINISTRATION AND PROCEDURES

R3-7-101. Definitions

1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
8. No change
9. No change
10. No change
11. No change
12. No change
13. No change
14. No change
15. "Handbook 44"means the United States Department of Commerce, Office of Weights and Measures, NIST Handbook 44, *Specifications, Tolerances, and Other Technical Requirements for Weighing and Measuring Devices*, Government Publishing Office, P.O. Box 979050, St. Louis, MO 63197-9000 or bookstore.gpo.gov (~~2022~~ 2026 edition), incorporated by reference and on file with the Division. This incorporation by reference contains no future editions or amendments.
16. "Handbook 130" means the United States Department of Commerce, Office of Weights and Measures, NIST Handbook 130, *Uniform Laws and Regulations*, Government Publishing Office, P.O. Box 979050, St. Louis, MO 63197-9000 or bookstore.gpo.gov (~~2022~~ 2026 edition), incorporated by reference and on file with the Division. This incorporation by reference contains no future editions or amendments.
17. "Handbook 133" means the United States Department of Commerce, Office of Weights and Measures, NIST Handbook 133, *Checking The Net Contents of Packaged Goods*, Government Publishing Office, P.O. Box 979050, St. Louis, MO 63197-9000 or bookstore.gpo.gov (~~2020~~ 2026 edition), incorporated by reference and on file with the Division. This incorporation by reference contains no future editions or amendments.
18. No change
19. No change
20. No change
21. No change
22. No change
23. No change
24. No change
25. No change
26. No change
27. "Point of sale" for the purposes of A.R.S. § 44-7952, means either:
    a. The physical location where cash changes hands between the buyer and the seller; or
    b. Any automated point-of-sale system, cash register, or transaction terminal capable of processing and accepting cash payments.

~~27.~~28."Retail" means the sale of a commodity to a consumer.

~~28.~~29."Retail price inspection" means the inspection of a retail location for compliance with retail price posting or retail price verification requirements.

~~29.~~30."Seal of Authority" means a physical or electronic stamp or press of the Division official mark, ~~issued to a~~ obtained by a public weighmaster under the authority of the Division, certifying the public weighmaster's authority to issue weight certificates.

~~30.~~31."Service counter" means a display staffed by a sales associate and requires a customer to receive assistance in order to purchase a product.

~~31.~~32."Stage I vapor recovery system" has the same meaning as in A.R.S. § 3-3511.

~~32.~~33."Stage II vapor recovery system" means a system where at least 90% by weight of the gasoline vapors that are displaced or drawn from a vehicle fuel tank during refueling are transferred to a vapor-tight holding system or vapor control system.

~~33.~~34."Stop-Sale, Stop-Use tag" means a blue tag or blue tape that signifies that a commercial device, including a vapor recovery system or vapor recovery component, or a commodity or liquid fuel, does not meet the requirements of A.R.S. Title 3, Chapter 19, Handbook 44, Handbook 130, Handbook 133, CARB Executive Orders, or this Chapter.

35. "Swedish rounding" means rounding the final total amount of a cash transaction to the nearest five-cent ($0.05) increment. This method applies exclusively to the total amount of a cash transaction after all taxes, fees, and charges are calculated. Transaction totals ending in one, two, six, or seven cents are rounded down to the nearest five-cent increment, while those ending in three, four, eight, or nine cents are rounded up to the nearest five-cent increment.

~~34.~~36"Underground storage tank" means a tank as described in A.R.S. § 49-1001.

~~35.~~37."Vapor recovery registered service representative" means an individual to whom the Division has issued a license authorizing the individual to conduct all vapor-recovery tests required under A.R.S. Title 3, Chapter 19, or this Chapter including annual vapor-recovery tests.

~~36.~~38.“Vapor recovery test equipment” means all test equipment such as measures, meters, counters or other devices that are required for use by registered service agencies and representatives to verify the performance of vapor recovery systems, and are certified according to CARB test procedures, manufacturer specifications or this Chapter.
~~37.~~39.“Warning tag” means a yellow tag that signifies a commercial device, vapor recovery system, or vapor recovery component does not comply with Title 3, Chapter 19, Handbook 44, CARB Executive Orders, or this Chapter.
~~38.~~40.“Weight certificate” means a document, issued by a public weighmaster in a form approved by the Division, which certifies the accuracy of the weight of the commodity measured.

R3-7-108. Time-frames for Licenses, Renewals, and Authorities to Construct
A. No change
B. No change
1. No change
   a. No change
   b. No change
   c. No change
2. No change
C. No change
1. No change
2. No change
3. No change
   a. No change
   b. No change
4. No change
D. The time-frame for an applicant to respond to a deficiency notice or request for additional information shall commence on the date of personal service, email, or the postmark date.
E. No change

ARTICLE 4. RETAIL PRICING

R3-7-402. Retail Price Requirements; Initial Inspections; Violations and Exceptions
A. No change
1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
B. No change
C. No change
1. No change
2. No change
D. No change
1. No change
   a. No change
   b. No change
   c. No change
2. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
   g. No change
   h. No change
   i. No change
   j. No change
   k. No change
   l. No change
E. Swedish rounding.
According to A.R.S. § 44-7952:
1. A seller shall apply Swedish rounding to cash transactions where one-cent coins are not available or used.
2. Swedish rounding is the only rounding method to be used; any other rounding method is prohibited.
3. A seller shall post the required notice at the point of sale if one-cent coins are not available or used. The notice shall state “CASH TRANSACTIONS ARE ROUNDED TO THE NEAREST FIVE-CENT INCREMENT UNDER STATE LAW”.

4. In addition to subsection (3), this notice may also be placed in other locations if the seller chooses. Any additional statements must not make the original meaning of the notice unclear or confusing.
5. In all instances, the notice must be in legible text and clearly visible.

ARTICLE 5. PUBLIC WEIGHMASTERS

R3-7-506. Seal of Authority

A. A public weighmaster shall obtain a Seal of Authority for the certification of weight certificates ~~at cost through the Division~~ from a vendor of their choosing, conditional upon the Seal of Authority matching the template provided by the Division.

B. The ~~Division shall assign a number to a~~ Seal of Authority shall be identified by a number, assigned by the Division that identifies the specific location for which the Seal of Authority is issued.

C. ~~A Seal of Authority is the property of the state. A~~ If the Seal of Authority contains the public weighmaster's name and that individual no longer operates as a public weighmaster, they shall ~~surrender~~ dispose of their assigned Seal of Authority ~~to~~ as directed by the Division in writing within 30 days ~~after the public weighmaster no longer operates as a licensed public weighmaster if the Seal of Authority contains the public weighmaster's name~~. If the Seal of Authority was issued under R3-7-506(B) and only contains the location identification number, it may be retained for use by the next licensed public weighmaster at the location if it is still legible. Illegible seals or seals used in violation of an administrative order shall be seized by the Division.

D. A public weighmaster ~~shall have one Seal of Authority for use at each scale location~~ may be licensed at more than one scale location.

E. ~~A Seal of Authority shall be accessible to the public weighmaster and authorized deputy public weighmasters during all business hours at the scale location for the timely and proper certification of weight certificates.~~ A public weighmaster shall keep a Seal of Authority at each scale location and make it available for inspection by the Division during all business hours.

F. ~~A public weighmaster shall keep a Seal of Authority at each scale location and make it available for inspection by the Division during all business hours.~~ A Seal of Authority shall be accessible to the public weighmaster and authorized deputy public weighmasters during all business hours at the scale location for the timely and proper certification of weight certificates.

G. No change

ARTICLE 6. REGISTERED SERVICE AGENCIES AND REPRESENTATIVES

R3-7-601. Qualifications; License and Renewal Application Process

A. No change
1. No change
   a. No change
   b. No change
   c. No change
      i. No change
      ii. No change
      iii. No change
         (a) No change
         (b) No change
         (c) No change
         (d) No change
   d. No change
2. No change
3. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
   g. No change
   h. No change

B. No change
1. No change
   a. No change
   b. No change
   c. No change
2. No change

a. No change
b. No change
c. No change
d. No change
e. No change
f. No change
g. No change

3. No change
4. No change

C. No change

1. No change
2. No change
3. No change
4. No change
5. No change

D. No change

E. Renewal of a registered service representative license. Under A.R.S. § 3-3454(D), a registered service representative license is valid for 12 months and expires unless renewed. To renew a registered service representative license, the registered service agency employing the registered service representative shall submit the renewal fee for the agency license and the agency's registered service representative licenses by the first day of the month that each license expires. Before submitting the renewal fee, the registered service agency shall ensure that:

1. A registered service representative for commercial devices takes and passes the Division's written competency exam once every 60 months; and
2. ~~once every 36 months a vapor registered service representative completes the Division's training class and takes and passes the Division's written vapor recovery competency examination.~~ A vapor recovery registered service representative completes the Division's training class and takes and passes the Division's written competency exam once every 36 months.

F. After passing the written competency exam for the first time, a vapor recovery registered service representative shall have the first vapor test conducted under R3-7-1005 or R3-7-1010 witnessed by the Division to verify adequate understanding of the applicable test methods.

~~F.~~G. A registered service agency licensee shall notify the Division of a change in business name or address within 30 days of the change. The Division does not charge a fee to process a change in business name or address.

~~G.~~H. Change of business ownership requires application for a new license. Existing registered service representatives may move their license to a new registered service agency without being subject to the requirements in subsection (C).

R3-7-602. Duties

A. No change

1. No change
   a. No change
   b. No change
   c. No change
2. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
3. No change
4. No change
5. No change
6. A registered service agency shall use a form approved by the Division to record vapor recovery test results, maintenance performed, and violations. The test results shall be ~~e-mailed~~ emailed to the Division within seven days after completion of the test.
7. No change

8. No change

B. No change

1. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
   g. No change
   h. No change
2. No change
3. No change

ARTICLE 7. MOTOR FUELS AND PETROLEUM PRODUCTS

R3-7-702. Material Incorporated by Reference

The following documents are incorporated by reference and on file with the Division. The documents incorporated by reference contain no future editions or amendments.

1. No change
2. No change
3. ASTM Standard ~~D975-21~~ D975-26b, "Standard Specification for Diesel Fuel," published ~~2021~~ 2026, ASTM International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959 or www.astm.org (herein referred to as "ASTM D975").
4. ASTM Standard ~~D4806-21a~~ D4806-25, "Standard Specification for Denatured Fuel Ethanol for Blending with Gasolines for Use as Automotive Spark-Ignition Engine Fuel," published ~~2021~~ 2025, ASTM International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959 or www.astm.org (herein referred to as "ASTM D4806").
5. ASTM Standard ~~D4814-21c~~ D4814-25, "Standard Specification for Automotive Spark-Ignition Engine Fuel," published ~~2021~~ 2025, ASTM International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959 or www.astm.org (herein referred to as "ASTM D4814").
6. No change
7. No change
8. ASTM Standard ~~D6751-20a~~ D6751-24, "Standard Specification for Biodiesel Fuel Blend Stock (B100) for Middle Distillate Fuels," published ~~2020~~ 2024, ASTM International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959 or www.astm.org (herein referred to as "ASTM D6751").
9. No change
10. No change
11. No change
12. No change
13. No change
14. ASTM Standard ~~D7467-20a~~ D7467-23, "Standard Specification for Diesel Fuel Oil, Biodiesel Blend (B6 to B20)," published ~~2020~~ 2023, ASTM International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959 or www.astm.org (herein referred to as "ASTM D7467").
15. SAE International, SAE J285, "Dispenser Nozzle Spouts for Liquid Fuels Intended for Use with Spark Ignition and Compression Ignition Engines," published April 29, 2019, SAE International, 400 Commonwealth Drive, Warrendale, PA 15096 or www.sae.org (herein referred to as "SAE J285").
16. ASTM Standard ~~D4057-19~~ D4057-22, "Standard Practice for Manual Sampling of Petroleum and Petroleum Products," published ~~2019~~ 2022, ASTM International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959 or www.astm.org (herein referred to as "ASTM D4057").
17. No change
18. ASTM Standard ~~D2699-21~~ D2699-24b, "Standard Test Method for Research Octane Number of Spark-Ignition Engine Fuel," published ~~2021~~ 2024, ASTM International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959 or www.astm.org (herein referred to as "ASTM D2699").
19. ASTM Standard ~~D2700-22~~ D2700-24c, "Standard Test Method for Motor Octane Number of Spark-Ignition Engine Fuel," published ~~2022~~ 2024, ASTM International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959 or www.astm.org (herein referred to as "ASTM D2700").
20. No change

21. No change

Table 1. Motor Fuel Descriptions

Motor Fuel Type	ASTM Standard	Fuel Properties	Allowable Description
Diesel	D975	Min. flash point 38° C Min. viscosity 1.3 mm2/S, max. 2.4 mm2/S	No. 1 Diesel, #1 Diesel, Diesel No. 1, or Diesel #1
		Min. flash point 52° C Min. viscosity 1.9 mm2/S, max. 4.1 mm2/S	No. 2 Diesel, #2 Diesel, Diesel No. 2, Diesel #2, or Diesel
	D975 or D7467	Meets definition of Premium Diesel in R3-7-101	Premium Diesel
	D7467	More than 5 and no more than 20 volume percent biodiesel	Biodiesel Blend or B-20 Biodiesel Blend
Ethanol Flex Fuel	D5798	51-83 volume percent ethanol	Ethanol Flex Fuel
Gasoline	D4814	Minimum 87 octane	Regular, Reg, Unleaded, UNL, or UL
		Minimum 88 octane	Unleaded 88 or UNL 88
		Minimum 89 octane	Midgrade, Mid, or Plus
		Minimum 91 octane	Premium, Prem, Super, Supreme, High, or High Performance
		Contains more than 10 but no more than 15 volume percent ethanol	~~E15~~ E15 or the appropriate allowable description for the minimum octane listed above in Table 1 combined with the E15 description. For example: E15 Regular E15 Reg E15 Unleaded 88 E15 UNL 88 E15 Midgrade E15 Mid E15 Premium E15 Prem E15

R3-7-716. Sampling and Access to Records

A. No change
1. No change
2. No change
3. The retail or fleet storage tank at a motor fuel dispensing site;
~~3.~~4. A bulk storage facility;
~~4.~~5. A pipeline having custody of motor fuel, including Arizona CBG or AZRBOB;
~~5.~~6. A transporter of motor fuel, including Arizona CBG or AZRBOB;
~~6.~~7. A final distribution facility;
~~7.~~8. A third-party terminal having custody of motor fuel, including Arizona CBG or AZRBOB;
~~8.~~9. An oxygenate blender or registered supplier; or
~~9.~~10. A transmix or production facility.

B. No change

R3-7-751. Arizona CBG Requirements

A. No change
1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
7. No change
   a. No change
      i. No change
      ii. No change
   b. No change
   c. No change
8. No change

B. No change
1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
   a. No change
   b. No change
   c. No change

C. No change

D. No change
1. No change
   a. No change
   b. No change
   c. No change
2. No change
   a. No change
      i. No change
      ii. No change
      iii. No change
      iv. No change
      v. No change
   b. No change

E. No change

F. No change

G. No change
1. No change

2. No change
   a. No change
   b. No change
3. No change
4. No change
   a. No change
   b. No change

H. No change
1. No change
2. No change

I. Oxygen content requirements for PM alternative gasoline formulations. A registered supplier shall ensure that from November 1 through March 31, all alternative PM gasoline formulations comply with oxygen content requirements for the CBG-covered area. Regardless of the oxygen content, a registered supplier shall certify the final alternative PM gasoline formulation using the PM with a minimum oxygen content of 1.8% by weight and a maximum oxygen content of 2.2% by weight. A registered supplier may use the CARBOB Mod el as a substitute for the preparation of ~~a~~ an ethanol hand blend and use the fuel qualities calculated under the CARBOB Model for compliance and reporting purposes. When using the CARBOB Model to certify fuel for use in the CBG-covered area during the time period from October 1 to May 31, the value for "Is this an RVP controlled gasoline (summertime gasoline)" should be set to "N" and the value for "Is this winter time minimum oxygen content gasoline?" shall be set to "Y."

J. No change

ARTICLE 10. STAGE I VAPOR RECOVERY

R3-7-1004. Application Requirements and Process for Authority to Construct Plan Approval

A. No change
1. No change
2. No change
3. No change

B. No change

C. No change
1. No change
2. No change
3. No change
4. No change
5. No change

D. No change
1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
8. No change
   a. No change
   b. No change
9. No change
10. No change
11. No change
12. No change
13. No change
    a. No change
    b. No change
    c. No change
14. No change

E. No change
1. A copy of the Authority to Construct permit along with any approved plans shall be maintained at the facility during construction so that it is accessible for Division review.
2. No change
3. No change

F. No change
1. No change
2 No change

G. No change

H. No change

I. No change

R3-7-1005. Initial Inspection and Testing

A. No change

1. No change
   a. No change
   b. No change
   c. No change
2. No change
3. No change
4. No change
5. No change

B. No change

C. No change

D. A person who cancels an initial inspection shall notify the Division by calling the Division's designated telephone number, or by email, at least one hour before the scheduled inspection and shall reschedule the inspection within 10 business days after this notification. The notification shall include the reason for the cancellation. The Division shall take enforcement action if a person fails to comply with this Section.

E. No change

F. If a registered service representative does not start an initial inspection pressure decay test within 30 minutes of the scheduled start time, the Division shall fail the initial inspection of that site. After an annual inspection begins, a person shall not make a repair to the vapor recovery system or component until the results of the inspection are recorded.

G. No change

1. No change
2. No change
3. No change

R3-7-1010. Annual Testing and Inspection

A. A person shall ensure that an annual inspection is conducted by a registered service representative on or before the annual inspection date. The annual inspection date is the last day of the month in which the last scheduled annual inspection was performed. A registered service agency shall notify the Division in writing at least 10 business days before an annual inspection of the time, date, and location of the inspection. The Division shall notify the registered service agency within five business days, by email, whether it approves the annual inspection date and time. The registered service agency shall not perform the annual inspection unless the Division approves the inspection date and time. The Division verifies vapor tests scheduled within the online vapor testing reservation system as approved unless otherwise notified by the Division. Under certain circumstances, tests may need to be rescheduled due to test cancellations or unforeseen circumstances. In these instances, the test may be scheduled within 24 hours of the test date, but may not proceed without written approval of the test date and time by the Division.

B. No change

C. No change

D. No change

E. No change

F. If a registered service representative does not start an annual inspection pressure decay test within 30 minutes of the scheduled start time, the Division shall fail the annual inspection of that site. After an annual inspection begins, a person shall not make a repair to the vapor recovery system or component until the results of the inspection are recorded.

G. No change

H. No change

I. A person that cancels an annual inspection shall notify the Division by calling the Division's designated telephone number, or by email, at least one hour before the scheduled inspection and shall reschedule the test to be completed by the annual inspection date. The notification shall include the reason for the cancellation. ~~A registered service agency shall notify the Division in writing at least 10 business days before an annual inspection of the time, date, and location of the inspection. The Division shall notify the registered service agency within five business days, by email, of its approval of the inspection date and time.~~ The test shall be rescheduled per R3-7-1010(A). The Division shall take enforcement action if a person does not comply with this subsection.

J. No change

Table 1. Acceptability of Final System Pressure Results for Systems Tested Using TP-201.3

Ullage (gallons)	Minimum Pressure after Five Minutes (Inches Water Column)
0 - 500	0.73
501 - 550	0.80
551 - 600	0.87
601 - 650	0.93
651 - 700	0.98
701 - 750	1.03
751 - 800	1.07
801 - 850	1.11
851 - 900	1.15
901 - 950	1.18
951 - 1000	1.21
1001 - 1200	1.32
1201 - 1400	1.40
1401 - 1600	1.46
1601 - 1800	1.51
1801 - 2000	1.56
2001 - 2400	1.62
2401 - 2600	1.65
2601 - 2800	1.67
2801 - 3000	1.69
3001 - 3500	1.73
3501 - 4000	1.76
4001 - 4500	1.79
4501 - 5000	1.81

5001 - 6000	1.84
6001 - 7000	1.86
7001 - 8000	1.88
8001 - 9000	1.89
9001 - 10000	1.90
10001 - 15000	1.93
15001 - 20000	1.95
20001 - 25000	1.96

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 19. DEPARTMENT OF HEALTH SERVICES
VITAL RECORDS AND STATISTICS

File Number: R26-141

PREAMBLE

1. Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:
June 9, 2026

2. Article, Part, or Section Affected (as applicable) — **Rulemaking Action**
R9-19-105 — Amend
R9-19-315 — Amend

3. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):
Authorizing statute: A.R.S. §§ 36-132(A)(1) and 36-136
Implementing statute: A.R.S. §§ 36-341, and 36-341.01

4. Citations to all related notices published in the *Register* that pertain to the current record of the proposed rule:
Notice of Rulemaking Docket Opening: 32 A.A.R. 1613; Issue Date: July 17, 2026; Issue Number: 29; File Number: R26-117

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

Name: Katina Lugo
Title: Assistant State Registrar & Chief
Division: Director's Office
Address: Arizona Department of Health Services
Bureau of Vital Records
150 N. 18th Ave., Suite 120
Phoenix, AZ 85007
Telephone: (602) 364-1719
Fax: (602) 364-1257
Email: Katina.Lugo@azdhs.gov

Name: Stacie Gravito
Title: Office Chief
Division: Director's Office
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
150 N. 18th Ave., Suite 540
Phoenix, AZ 85007
Telephone: (602) 542-1020
Fax: (602) 364-1150
Email: Stacie.Gravito@azdhs.gov

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

Arizona Revised Statutes (A.R.S.) § 36-136(I)(3) requires the Arizona Department of Health Services (Department) to define and prescribe reasonably necessary procedures for the use and accessibility of the different types of birth and death certificates and the completion, change, and amendment of vital records. A.R.S. Title 9, Chapter 3, specifies requirements for vital records and public health statistics, including birth and death registration and certificates. The Department has adopted rules for vital records and statistics in Arizona Administrative Code (A.A.C.) Title 9, Chapter 19. The Department plans to revise rules in 9 A.A.C. 19 to increase the vital records fees, as authorized by A.R.S. § 36-341. The current fees were established effective July 1, 2011, and the expenses of the Department and local registrars have increased greatly since then for this self-funded function. After receiving rulemaking approval pursuant to A.R.S. § 41-1039(A), the Department is revising the rules in 9 A.A.C. 19 to enable the continuation of the program with increased fees. The proposed rulemaking will conform with the rulemaking format and style requirements established by the Office of the Secretary of State.

7. 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 related to this rulemaking package.

8. 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

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

The Bureau of Vital Records (BVR), is responsible for managing and maintaining vital records in Arizona and operates with a unique funding structure. Established under Laws 2011, Chapter 31, § 7, the BVR relies on fees generated from copies of registered certificates, amendments, corrections, and other services to cover operational costs, as it does not receive State General Funds. Additionally, the BVR benefits from annual disbursements from the federal government through contracts such as Vital Statistics (VSTA), National Death Index (NDI), Electronic Death Reporting (ELECDRPT), and Enumeration at Birth (ENUM). However, the Bureau is currently facing a significant operational challenge, grappling with increased expenses in salaries, technology, and materials. The available FY2027 budget of $4,903,845 comprising $3,816,400 from the State and $1,087,445 from federal contracts, is strained by a historical revenue shortfall. The Bureau seeks to address this issue by proposing a fee increase to sustain operations, alongside detailing programmatic changes and unforeseen costs. The multifaceted challenges and proposed solutions are summarized in further detail below, emphasizing the critical need for financial adjustments to ensure the BVR's continued effectiveness in maintaining vital records and provide this public service to individuals requesting copies, amendments, and corrections of a vital record.

As mentioned, the BVR operates without State General Funds for its operational costs, and instead relies on fees generated from operating the program for services such as copies of certificates and amendments. Laws 2011, Chapter 31, § 7 gives the BVR the authority to impose a surcharge fee on local registrars for accessing its Database Application for Vital Events (DAVE) system. The BVR bears the cost of administering and enforcing these rules, with the current State funding budget (fund HS3039) set at $3,816,400. Additionally, the Bureau receives federal disbursements, determined by the number of certificate issuances and state-level data used in federal analyses. This funding structure is supported by four contracts between the Bureau and the federal government.

The BVR is facing operational challenges due to rising salary, technological, and material expenses, leading to a reve-

nue shortfall. Historical data shows that the BVR has struggled to match fee revenues with the State appropriation, resulting in a declining cash balance since 2019. To address the financial shortfall, the Vital Records Program historically implemented cost-cutting measures such as leaving vacant positions unfilled, reducing supply orders, shifting operational expenses to old federal contract balances, and foregoing system upgrades. However, these strategies are no longer sustainable, causing strain on employees and operations. Since FY2018, average annual revenues collected by the Program, including both fees and federal revenue, only covered about 90% of the Program's expenditures. In this timeframe FY2025 and FY2026 were the only years where revenues outpaced expenditures, due to shifting operational expenses to old federal contracts and other cash management activities. In FY2027, BVR projects a total operating cost of $4,903,845 against projected revenues of $3,958,821. Unforeseen costs, such as a $2 million expenditure for relocating the BVR's office and creating a lobby for walk-in services, have contributed to the deficit. Ten percent statewide salary increases in FY2023 also added to the financial challenges. Additionally, the BVR anticipates a 6.48% increase in standard operating costs year over year. Despite having programmatic changes in development, the Bureau has been unable to implement them due to insufficient funding.

A $1 surcharge is imposed on certified copies of birth and death certificates, with funds deposited into specific funds as per A.R.S. § 36-341(B) and (E). The current fee for a certified certificate, set in 2011, is $20, below the Western states' average as of May 2026. A fee analysis, based on user fee revenues in FY 2025, projects a baseline of 649,945 units to assess the impact of fee increases through FY2030. The Department is proposing raised fees to maintain its operations, increasing the cost of a Certified Copy from $20 to $29, Correction/Amendment from $10 to $14, County Surcharge from $5 to $9, and White Copies from $5 to $7. When considering all anticipated costs, and a revenue projection assuming the FY2025 baseline of copies issued, the Department anticipates that the additional revenue will be sufficient to address the deficit within the program.

In conclusion, the BVR is at a critical point where its current funding structure is no longer sufficient to support the costs of providing timely and reliable vital records services. While the Bureau has implemented numerous cost-saving measures over several years, those efforts have been exhausted and are no longer sustainable. The proposed fee increase is necessary to align revenues with operational expenses, maintain essential services, implement needed program improvements, and ensure the long-term financial stability of the Bureau.

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

Name:	Katina Lugo
Title:	Assistant State Registrar & Chief
Division:	Director's Office
Address:	Arizona Department of Health Services Bureau of Vital Records 150 N. 18th Ave., Suite 120 Phoenix, AZ 85007
Telephone:	(602) 364-1719
Fax:	(602) 364-1257
Email:	Katina.Lugo@azdhs.gov
or	
Name:	Stacie Gravito
Title:	Office Chief
Division:	Director's Office
Address:	Arizona Department of Health Services Office of Administrative Counsel and Rules 150 N. 18th Ave., Suite 540 Phoenix, AZ 85007
Telephone:	(602) 542-1020
Fax:	(602) 364-1150
Email:	Stacie.Gravito@azdhs.gov

11. 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:

Written comments about this proposed rulemaking will be accepted in person at the address provided under item #5,

Monday through Friday from 8 a.m. to 5 p.m., except for state holidays. Comments will also be accepted via email at the email address provided under item #5. Mailed written comments shall be postmarked within 30 days of this published notice.

An oral proceeding is scheduled on this proposed rulemaking.

Date: September 28, 2026

Time: 1:00 pm

Location: Arizona Department of Health Services

Nature: Virtual via Google Meets

Time zone: America/Phoenix

Google Meet joining info

Video call link: https://meet.google.com/jzy-pwrk-bhp

Or dial: (US) +1 505-636-0198 PIN: 303 096 849#

More phone numbers: https://tel.meet/jzy-pwrk-bhp?pin=5485133465884

Public comment period ends: September 28, 2026 at 4:00 p.m.

Close of record: September 28, 2026 at 4:00 p.m.

12. 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 statute 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:

Not applicable

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:

The rule is not more stringent than federal law.

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:

Not applicable

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

None

14. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 19. DEPARTMENT OF HEALTH SERVICES
VITAL RECORDS AND STATISTICS

ARTICLE 1. ADMINISTRATION

Section
R9-19-105. Fee Schedule

ARTICLE 3. VITAL RECORDS FOR DEATH

Section
R9-19-315. Requesting a Certified Copy of a Certificate of Death Registration

ARTICLE 1. ADMINISTRATION

R9-19-105. Fee Schedule

A. When a fee is specified in this Chapter, the following fees apply:
1. For a noncertified copy of a certificate, ~~$5.00~~ $7.00;
2. For a certified copy of a:
   a. Certificate of birth registration, ~~$19.00~~ $28.00;
   b. Certificate of delayed birth registration, ~~$19.00~~ $28.00;

c. Certificate of death registration, ~~$19.00~~ $28.00;
d. Certificate of delayed death registration, ~~$19.00~~ $28.00;
e. Certificate of fetal death registration, ~~$19.00~~ $28.00;
f. Certificate of birth resulting in stillbirth, ~~$19.00~~ $28.00;
g. Certificate of delayed fetal death registration, ~~$19.00~~ $28.00; or
h. Certificate of no record, ~~$19.00~~ $28.00;

3. For a search to verify birth or death data for statistical or research purposes according to A.R.S. § 36-342(A), ~~$5.00~~ $7.00;
4. For a request to establish a:
   a. Delayed birth record for an individual and register the individual's birth, ~~$19.00~~ $28.00;
   b. Registered record of foreign birth for an adopted individual, ~~$19.00~~ $28.00;
   c. Delayed death record for a deceased individual and register the deceased individual's death, ~~$19.00~~ $28.00;
   d. Delayed fetal death record for a fetal death and register the fetal death, ~~$19.00~~ $28.00; or
   e. Death record or delayed death record for a presumptive death under A.R.S. § 36-325 or 36-328, ~~$19.00~~ $28.00;
5. For a request to amend or correct information in a:
   a. Registered birth record, ~~$29.00~~ $42.00;
   b. Registered death record, ~~$29.00~~ $42.00; or
   c. Registered fetal death record, ~~$29.00~~ $42.00.

B. No change
C. No change
D. No change
1. No change
2. No change

E. A local registrar shall pay the following surcharges to the Department for copies issued by the local registrar:
1. As required in A.R.S. § 36-341(B), for a certified copy of a certificate of birth registration or certificate of delayed birth registration, $1.00;
2. As required in A.R.S. § 36-341(E), for a certified copy of a certificate of death registration, certificate of delayed death registration, certificate of fetal death registration, or certificate of delayed fetal death registration, $1.00;
3. For system access for each certified copy of a certificate; ~~$4.00~~ $8.00; and
4. For system access for each noncertified copy of a certificate, $1.00.

ARTICLE 3. VITAL RECORDS FOR DEATH

R9-19-315. Requesting a Certified Copy of a Certificate of Death Registration

A. No change
1. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
      i. No change
      ii. No change
      iii. No change
   f. No change
      i. No change
      ii. No change
      iii. No change
      iv. No change
      v. No change
      vi. No change
   g. No change
   h. No change
      i. No change
      ii. No change
2. No change
3. No change

B. No change
1. No change
2. No change

C. A person eligible to receive a certified copy of a deceased individual's certificate of death registration according to R9-19-314(B)(3) through (12) may request a certified copy of the deceased individual's certificate of death registration by submitting to the State Registrar or a local registrar:
1. A written request, in a Department-provided format, that includes:
   a. The name and mailing address of the person submitting the request;
   b. Contact information for the person submitting the request, which includes a telephone number or an e-mail address;

c. The person's relationship with the deceased individual that makes the person eligible to receive a certified copy of the deceased individual's certificate of death registration;
d. The deceased individual's:
i. Name in the deceased individual's registered death record,
ii. Date of birth, and
iii. Date of death;
e. If known, the:
i. Sex of the deceased individual,
ii. State file number,
iii. Town or city of the deceased individual's death,
iv. County of the deceased individual's death,
v. Place of the deceased individual's death,
vi. Funeral establishment or person responsible for the final disposition of the deceased individual's human remains, and
vii. Deceased individual's Social Security Number;
f. Whether the certified copy of the deceased individual's certificate of death registration is to be used in a claim against the U.S. government for one of the following and, if so, which of the following:
i. Social Security or similar retirement benefits;
ii. Allotments to dependents of military personnel on active service;
iii. Pensions to veterans of the armed forces or their survivors; or
iv. Payments of U.S. government or NSLI life insurance proceeds; ~~or~~
~~v. Any other claim that, as determined by the State Registrar, meets the general requirements of A.R.S. § 39-122(A);~~
g. The number of certified copies of the deceased individual's certificate of death registration being requested; and
h. The dated signature of the person submitting the request, either:
i. With the person's signature notarized; or
ii. Accompanied by a copy of a valid, government-issued form of photo identification for the person that contains the person's name and signature;
2. One or more evidentiary documents demonstrating that the person is eligible to receive a certified copy of the deceased individual's certificate of death registration; and
3. ~~Except as provided in A.R.S. § 39-122(A), the~~ The fee in R9-19-105 for each certified copy of the deceased individual's certificate of death registration being requested.

D. No change
1. No change
2. No change
a. No change
i. No change
ii. No change
b. No change
3. No change
a. No change
b. No change
4. No change
5. No change
6. No change
7. No change
8. No change
a. No change
i. No change
ii. No change
iii. No change
iv. No change
b. No change
c. No change
d. No change

E. No change
1. No change
a. No change
b. No change
c. No change
d. No change
e. No change
f. No change
g. No change
i. No change
ii. No change

2. No change
3. No change
4. No change

F. No change
1. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
      i. No change
      ii. No change
2. No change
3. No change
4. No change

G. No change
1. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
      i. No change
      ii. No change
2. No change
3. No change
4. No change

H. No change
1. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
   g. No change
      i. No change
      ii. No change
2. No change
3. No change
4. No change

I. No change
1. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
   g. No change
   h. No change
2. No change
3. No change
4. No change

J. No change
1. No change
   a. No change
   b. No change
   c. No change
   d. No change
      i. No change
      ii. No change

e. No change
f. No change
2. No change

NOTICE OF PROPOSED RULEMAKING

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

File Number: R26-142

PREAMBLE

1. Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:
July 28, 2026

2. Article, Part, or Section Affected (as applicable)	**Rulemaking Action**
R20-5-603	Amend
R20-5-604	Amend

3. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):
Authorizing statute: A.R.S. § 23-405
Implementing statute: A.R.S. § 23-407

4. Citations to all related notices published in the *Register* that pertain to the current record of the proposed rule:
Notice of Rulemaking Docket Opening: 32 A.A.R. 1991; August 28, 2026 (*in this issue*); File Number: R26-145

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

Name:	Sophia Cox
Title:	Assistant Chief Counsel
Division:	Legal Division
Address:	Industrial Commission of Arizona 800 W. Washington St. Phoenix, AZ 85007
Telephone:	(602) 542-3556
Fax:	(602) 364-1395
Email:	Sophia.cox@azica.gov

6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:
The following rule changes are justified under A.R.S. § 41-1039 (5) "Complying with a new state statutory or regulatory requirement if the compliance is related to a condition for the receiving federal monies or participating in any federal program" because they adopt changes in United States occupational safety and health requirements: R20-5-603 and R20-5-604.

Section 18(c) of the Federal Occupational Safety and Health Act of 1970 requires state-administered occupational safety and health programs to adopt standards that are at least as effective as those adopted by the United States Department of Labor, Occupational Safety and Health Administration ("OSHA"). See also 29 CFR 1953.5; A.R.S. § 23-405(3). The Industrial Commission of Arizona (the "Commission") is proposing to amend R20-5-603 ("The Federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928"), and R20-5-604 ("Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records, 29 CFR 1913") to incorporate by reference the following OSHA rule updates to 29 CFR 1928 ("Occupational Safety and Health Standards for Agriculture"), and 29 CFR 1913 ("Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records"):

- OSHA Final rule published on July 30, 2020, titled "Rules of Agency Practice and Procedure Concerning Occupational Safety and Health Administration Access to Employee Medical Records"; published in the Federal Register 85 FR 45780-01, 2020.

- OSHA Final rule published on December 29, 2005, titled "Roll-Over Protective Structures"; published in the Federal Register at 70 FR 77003.

Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records

29 CFR 1913, outlines the protocols and security measures OSHA must follow when accessing, examining, or copying personally identifiable employee medical information.

The final rule amends the regulation addressing the rules of agency practice and procedure concerning OSHA access to employee medical records. The final rule transfers the approval of written medical access orders (MAO) from the Assistant Secretary for Occupational Safety and Health (Assistant Secretary) to the OSHA Medical Records Officer (MRO) and makes the MRO responsible for making determinations regarding inter-agency transfer and public disclosure of personally identifiable medical information in OSHA's possession.

Occupational Safety and Health Standards for Agriculture

29 CFR Part 1928 establishes OSHA safety and health standards specifically for agricultural operations.

In 1996, OSHA published a technical amendment that revised a number of its standards, including the agriculture standards that regulate testing of roll-over protective structures ("ROPS") (61 FR 9228).

Several years after issuing the 1996 technical amendment, the Agency determined that differences existed between its original construction and agriculture ROPS standards and the ROPS standards adopted under the 1996 technical amendment, and that these differences have a substantial impact on the regulated community. Based on this determination, OSHA found that reinstating the original OSHA standards through a direct final rule was necessary and appropriate.

The final rule reinstates its original agriculture standards that regulate the testing of roll-over protective structures used to protect employees who operate wheel-type tractors.

7. 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 Commission did not review or rely on any study relevant to the proposed amended rules.

To the extent applicable, studies, surveys, data, or other information reviewed and relied upon by OSHA are discussed in the Final Rules, which are electronically available at:

- https://www.federalregister.gov/documents/2020/07/30/2020-15562/rules-of-agency-practice-and-procedure-concerning-occupational-safety-and-health-administration
- https://www.federalregister.gov/documents/2005/12/29/05-24462/roll-over-protective-structures

8. 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.

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

The Economic Analysis for this rulemaking demonstrates that this rule is economically feasible and will not have a significant economic impact on a substantial number of small entities, while achieving the Commission's regulatory objectives as prescribed by the Act.

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

Name:	Sophia Cox
Title:	Assistant Chief Counsel
Division:	Legal Division
Address:	Industrial Commission of Arizona 800 W. Washington St. Phoenix, AZ 85007
Telephone:	(602) 542-3556
Fax:	(602) 364-1395
Email:	Sophia.cox@azica.gov

11. 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:

Written comments about this proposed rulemaking will be accepted in person at the address provided under item #5, Monday through Friday from 8 a.m. to 5 p.m., except for state holidays. Comments will also be accepted via email at the email address provided under item #5. Mailed written comments shall be postmarked within 30 days of this published notice.

An oral proceeding is scheduled on this proposed rulemaking.

Date: Thursday, October 1, 2026

Time: 10:00 a.m.

Location: 800 W. Washington St., Phoenix, AZ 85007

Public comment period ends: October 1, 2026, at 5:00 p.m.

12. 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:

Not applicable

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 proposed amended rules do not require issuance of a regulatory permit or license.

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:

The proposed rules are not more stringent than federal law.

Section 18(c) of the Federal Occupational Safety and Health Act of 1970 requires state-administered occupational safety and health programs to adopt standards that are at least as effective as those adopted by the United States Department of Labor, Occupational Safety and Health Administration ("OSHA"). See also 29 CFR 1953.5; A.R.S. § 23-405(3). The Industrial Commission of Arizona (the "Commission") is proposing to amend R20-5-603 ("The Federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928"), and R20-5-604 ("Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records, 29 CFR 1913") to incorporate by reference the following OSHA rule updates to 29 CFR 1928 ("Occupational Safety and Health Standards for Agriculture"), and 29 CFR 1913 ("Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records"):

- OSHA Final rule published on July 30, 2020, titled "Rules of Agency Practice and Procedure Concerning Occupational Safety and Health Administration Access to Employee Medical Records"; published in the Federal Register 85 FR 45780-01, 2020.
- OSHA Final rule published on December 29, 2005, titled "Roll-Over Protective Structures"; published in the Federal Register at 70 FR 77003.

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:

Not applicable

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

R20-5-603 - 29 CFR 1928 incorporated by reference. The rule meets the requirements of A.R.S. § 41-1028.

R20-5-604 - 29 CFR 1913 incorporated by reference. The rule meets the requirements of A.R.S. § 41-1028.

14. The full text of the rules follows:

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARTICLE 6. OCCUPATIONAL SAFETY AND HEALTH STANDARDS

Section
R20-5-603. The Federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928
R20-5-604. Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records, 29 CFR 1913

ARTICLE 6. OCCUPATIONAL SAFETY AND HEALTH STANDARDS

R20-5-603. The Federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928
Each employer shall comply with the standards in Subparts A through D inclusive of the Federal Occupational Safety and Health Standards for Agriculture, as published in 29 CFR 1928, with amendments as of ~~March 7, 1996,~~ December 29, 2005, incorporated by reference and on file with the Office of the Secretary of State. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. This incorporation by reference does not include amendments or editions to 29 CFR 1928 published after ~~March 7, 1996~~ December 29, 2005.

R20-5-604. Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records, 29 CFR 1913
Each employer pursuant to A.R.S. § 23-403(B) shall comply with Federal Regulations, Title 29, Part 1913, with amendments as of ~~May 23, 1980 (amendments of May 23, 1980 on file with the Secretary of State)~~ July 30, 2020, which are hereby adopted and incorporated by reference as if set forth fully herein. This regulation applies to OSHA Access to Employee Medical Records.

Volume 32, Issue 35, August 28, 2026

NOTICES OF FINAL RULEMAKING

An agency shall submit a Notice of Final Rulemaking to the Governor's Regulatory Review Council (Council) or Attorney General for review within 120 days after the close of the record on a proposed rulemaking, and if applicable, supplemental proposed rulemaking, under A.R.S. § 41-1024.

The Notice of Final Rulemaking as published in this section has been filed with a certificate of approval from the Council or Attorney General.

An economic, small business and consumer impact statement is filed with this notice but not published in the *Register*.

The effective date of this notice is published in item #4 of the preamble.

Questions about the notice can be answered by the person listed in item #6 of the preamble.

The codified version of Notices of Final Rulemaking are published in the *Arizona Administrative Code* by title and chapter.

NOTICES OF FINAL RULEMAKING

TITLE 9. DEPARTMENT OF HEALTH SERVICES

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

File Number: R26-143

PREAMBLE

1. Permission to proceed with this final rulemaking was granted under A.R.S. § 41-1039(B) by the governor on:
June 22, 2026

2. Article, Part, or Section Affected (as applicable)	**Rulemaking Action**
Table 1.3	Amend
R9-10-701	Amend
R9-10-702	Amend
R9-10-703	Amend
R9-10-706	Amend
R9-10-707	Amend
R9-10-708	Amend
R9-10-709	Amend
R9-10-711	Amend
R9-10-712	Amend
R9-10-716	Amend
R9-10-718	Amend
R9-10-722	Amend
Article 23	New Article
R9-10-2301	New Section
R9-10-2302	New Section
R9-10-2303	New Section
R9-10-2304	New Section
R9-10-2305	New Section
R9-10-2306	New Section
R9-10-2307	New Section
R9-10-2308	New Section
R9-10-2309	New Section
R9-10-2310	New Section
R9-10-2311	New Section
R9-10-2312	New Section
R9-10-2313	New Section
R9-10-2314	New Section
R9-10-2315	New Section

R9-10-2316	New Section
R9-10-2317	New Section
R9-10-2318	New Section
R9-10-2319	New Section
R9-10-2320	New Section
Article 24	New Article
R9-10-2401	New Section
R9-10-2402	New Section
R9-10-2403	New Section
R9-10-2404	New Section
R9-10-2405	New Section
R9-10-2406	New Section
R9-10-2407	New Section
R9-10-2408	New Section
R9-10-2409	New Section
R9-10-2410	New Section
R9-10-2411	New Section
R9-10-2412	New Section
R9-10-2413	New Section
R9-10-2414	New Section
R9-10-2415	New Section
R9-10-2416	New Section
R9-10-2417	New Section
R9-10-2418	New Section
R9-10-2419	New Section

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

Authorizing statute: A.R.S. §§ 36-132(A)(1) and (A)(17), 36-136(G), 36-405, and 36-406

Implementing statute: A.R.S. § 36-425.06

4. The effective date of the rule:

August 5, 2026 (*immediately upon filing with the Office of the Secretary of State*)

a. If the agency selected a date earlier than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):

The Department is requesting an immediate effective date for this rulemaking pursuant to A.R.S. § 41-1032 (A)(1) and (4). The changes and new rules are necessary to preserve public health and the safety of individuals residing in secure behavioral health residential facilities (SBHRFs), many of whom are seriously mentally ill and placed in the facility pursuant to a court order. The rule changes establish updated and clarified requirements related to care coordination, resident safety, staff responsibilities, communication with outpatient treatment providers, and facility operations intended to improve continuity of care and resident safety. Delaying implementation of the amended and new rules could result in continued inconsistencies in current facility practices and delay the health and safety benefits intended by the new rules. An immediate effective date will allow the Department and licensed facilities to promptly apply clarified standards, improve operations, and enhance health and safety for vulnerable individuals residing in SBHRFs. In addition, pursuant to A.R.S. § 41-1032(A)(4), the immediate effective date will provide a benefit to the public by allowing licensed facilities and the Department to promptly implement clarified and updated rules.

b. If the agency selected a date later than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the later date and state the reason the agency selected the later effective date as provided in A.R.S. § 41-1032(B):

Not applicable

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

Notice of Rulemaking Docket Opening: 32 A.A.R. 1144; Issue Date: May 22, 2026; Issue 21; File Number: R26-71

Notice of Proposed Rulemaking: 32 A.A.R. 1068; Issue Date: May 22, 2026; Issue 21; File Number: R26-86

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

Name:	Odette Colburn
Title:	Deputy Director
Division:	Public Health Licensing
Address:	150 N. 18th Ave. Phoenix, AZ 85007
Telephone:	(602) 542-6383
Email:	Odette.Colburn@azdhs.gov
or	
Name:	Stacie Gravito
Title:	Chief Administrative Counsel, Office of Administrative Counsel and Rules
Division:	Director's Office
Address:	150 N. 18th Ave., Suite 540 Phoenix, AZ 85007
Telephone:	(602) 542-1020
Email:	ACR@azdhs.gov

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

Arizona Revised Statutes (A.R.S.) § 36-132(A)(1) and (17) require the Arizona Department of Health Services (Department) to protect the health of the people in Arizona and license and regulate health care institutions. In order to ensure public health, safety, and welfare, A.R.S. §§ 36-405 and 36-406 require the Department to adopt rules establishing minimum standards and requirements for the construction, modification, and licensure of health care institutions. The Department has adopted rules to implement these statutes in Arizona Administrative Code Title 9, Chapter 10. A.R.S. § 36-425.06 requires the Department to license secure behavioral health residential facilities. The Department is establishing two new Articles in 9 A.A.C. 10 with requirements for licensing secure behavioral health residential facilities that provide 24-hour on-site supportive treatment and supervision for individuals who are seriously mentally ill and chronically resistant to treatment and court-ordered to the secure behavioral health residential facility under A.R.S. § 36-500.09 or for individuals who are dangerous and incompetent to stand trial and court-ordered to the secure behavioral health residential facility under A.R.S. § 13-4521. These facilities, which must be licensed by the Department, can only provide services to individuals placed or committed by court orders under A.R.S. § 36-550.09 or 13-4521, and are limited to a maximum of 16 beds.

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

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

9. 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

10. A summary of the economic, small business, and consumer impact:

Arizona Revised Statutes (A.R.S.) § 36-132(A)(1) and (17) require the Arizona Department of Health Services (Department) to protect the health of the people in Arizona, and license and regulate health care institutions (HCIs). To ensure public health, safety, and welfare, A.R.S. §§ 36-405 and 36-406 requires the Department to adopt rules establishing minimum standards and requirements for the construction, modification, and licensure of health care institutions, which the Department has adopted in Arizona Administrative Code Title 9, Chapter 10. In this rulemaking, the Department is establishing two new Articles in 9 A.A.C. 10 specific to licensing secure behavioral health residential facilities. The persons directly affected by, bearing the costs of, or benefiting from the proposed rules include the Department, AHCCCS, licensed Behavioral Health Residential Facilities (BHRFs), Secure Behavioral Health Residential Facilities (SBHRFs), residents and their families, local cities and towns, and the general public.

Although the Department's current licensing duties will continue, the Department expects an increase in administrative work from processing SBHRF applications, monitoring compliance, and overseeing facilities. Some existing facilities

may seek SBHRF licensure, leading to more reviews and inspections, although the overall impact is expected to be minimal-to-moderate and handled with current resources. The Department is expected to incur minimal-to-moderate costs for having new SBHRF rules, but believes that the benefits of having clear rules for licensure outweigh any associated costs.

AHCCCS is responsible for ensuring access to behavioral health services for Medicaid members, including individuals with serious mental illness (SMI), who require a full continuum of care. However, Arizona faces a shortage of secure behavioral health residential facilities (SBHRFs), limiting appropriate treatment options. Individuals with SMI may be placed in higher-cost or less suitable settings such as emergency departments, inpatient psychiatric hospitals, or the criminal justice system, which are not designed for long-term residential care. This gap restricts step-down and diversion options and can disrupt continuity of care. Expanding secure residential treatment capacity is intended to improve placement decisions, enhance care continuity, and better align treatment settings with the clinical needs of individuals under court-ordered care. Although AHCCCS may incur additional costs for contracting with the new SBHRFs, these costs may be more than off-set by having individuals with SMI being more appropriately placed in a SBHRF under Article 23, rather than a higher level HCI at higher cost, resulting in as much as a substantial benefit to AHCCCS.

A.R.S. §§ 36-132(A)(17) and 36-405(A) and (B) authorize the Department to license and regulate health care institutions. The amendments in 9 A.A.C. 10, Article 7, will affect currently licensed BHRFs by making the rules clearer and removing the current SBHRF-specific requirements from the Article. As of April 27, 2026, there are 826 licensed BHRFs in Arizona, and some are expected to seek SBHRF licensure due to a potential economic benefit and expanded service scope. BHRFs choosing to convert to SBHRFs must submit a new application, meet additional requirements for higher-acuity court-ordered populations, and pass an initial licensing inspection to verify compliance. The Department expects that there will be a small number of BHRFs that expand services to SBHRFs. For those facilities that expand services, the Department expects that those facilities will receive a significant benefit from the new rules. For BHRFs that remain a BHRF and do not expand their services to become an SBHRF, the Department expects that they will benefit from the new rules as they will be able to provide services to more individuals who are appropriately placed for that level of care, instead of providing services to individuals who need a secure setting. The new rules also help clarify standards for coordination of care of an individual who may be receiving court-ordered treatment from an outpatient treatment center.

SBHRFs will be licensed under A.R.S. § 36-550.09 and provide secure, 24-hour treatment and supervision for individuals who are determined SMI, chronically treatment-resistant, and court-ordered for placement. These facilities serve only individuals placed under court order and are limited to 16 beds. They are designed for individuals with higher-acuity behavioral health needs, including those found non-restorable or dangerous following criminal conduct, and address a gap in Arizona's secure residential treatment capacity. As mentioned, the rulemaking is establishing two new Articles for SBHRFs: Article 23 for individuals ordered to the SBHRF under A.R.S. Title 36; and Article 24 for individuals ordered to the SBHRF under Title 13. The new rules establish clear requirements for licensing, administration, staffing, quality management, contracted services, admission, treatment, discharge, resident rights, medical records, medication services, behavioral health services, safety, and physical plant standards. Facilities seeking an SBHRF license are expected to incur moderate-to-substantial start-up and ongoing operational costs related to staffing, training, compliance systems, security infrastructure, documentation, and facility upgrades. However, these new SBHRFs may also receive up to a substantial benefit due to the higher reimbursement rates that are likely to be offered to these facilities, compared with BHRFs regulated under Article 7, as well as a potentially significant benefit from the provision of improved quality of care, enhanced resident safety, appropriate placement, and strengthened continuity of care for court-ordered individuals with SMI. In addition, the new requirements are intended to improve care quality, enhance resident safety, ensure appropriate placement, and strengthen continuity of care for court-ordered individuals with SMI. The Department believes that the benefits of the rules outweigh the associated costs for starting and operating an SBHRF.

The rulemaking is not expected to impose significant costs on residents or their families, as many individuals in SBHRFs are eligible for AHCCCS coverage and services are expected to continue to be reimbursed through Medicaid. Overall, the changes are anticipated to provide a benefit by improving resident health and safety through care delivered by qualified staff in a secure setting. The overall economic impact on residents and their families is expected to be minimal.

The rulemaking is not expected to create direct regulatory costs for local cities and towns, as SBHRFs must comply with applicable local requirements and city ordinances. To the extent that new facilities are developed, local jurisdictions may experience minimal-to-moderate increases in revenue from construction and permitting fees, depending on the scale and location, and the need to renovate a property to be in compliance with local requirements to operate as an SBHRF, which is expected to off-set any increased costs to local cities and towns for processing requests for zoning permission for establishing a SBHRF. Overall, the economic impact on local cities and towns is expected to be minimal.

As for the general public, the Department does not believe the rulemaking imposes direct costs on the general public; however, because SBHRFs are located within communities, there may be indirect impacts on nearby residents, such as increased local activity related to staff operations, visitors, and facility services. Overall, the economic impact on the general public is expected to be minimal.

In conclusion, this rulemaking implements the statutory authority of the Department under A.R.S. §§ 36-132, 36-405, 36-406, and 36-550.09 to strengthen the licensure of SBHRFs by establishing two new Articles within 9 A.A.C. 10. The rules are intended to address Arizona's limited secure residential treatment capacity for individuals with SMI who require court-ordered, high-acuity care, while also improving clarity and consistency for rules pertaining to BHRFs and SBHRFs. Although the Department anticipates moderate-to-substantial start-up and operational costs for facilities seeking SBHRF licensure, as well as minimal-to-moderate costs for administrative work, these associated costs are not expected to outweigh the benefits of having new SBHRF rules. Impacts to residents, families, local governments, and the general public are expected to be minimal, with the benefit of having improved BHRF and SBHRF licensure in our communities, and more appropriate placement of court-ordered individuals. The rulemaking is expected to provide a significant benefit to Arizonans by strengthening the availability and quality of care for individuals who need behavioral health services, specifically within an SBHRF.

11. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

After filing the Notice of Proposed Rulemaking, the Department made the following non-substantive changes to the proposed rules:

- In Article 1, Table 1.3 was added to the rulemaking to clarify the licensing fee for SBHRFs in a new row in the Table. This is not a new fee, as current SBHRFs, which are now licensed under Article 7, would pay the fee applicable to BHRFs regulated under Article 7. Therefore, the amendments to Table 1.3 add clarification of what fee would apply to SBHRFs to be regulated in Articles 23 and 24. In addition, two typographical errors in the Table were corrected, changing the reference for adult residential care institutions from Article 8 to Article 7 and hospice service agencies from Article 12 to Article 6.
- In R9-10-706(G)(2), an incorrect cross-reference was changed from R9-10-718(D) to R9-10-718(C)(4).
- In R9-10-716(F)(3), the Department is keeping the time for an administrator or clinical director to review the use of an emergency safety response at 10 days rather than the proposed 2 days, based on a stakeholder comment.
- The numbering of Sections R9-10-2409 through R9-10-2420 was corrected to match the numbering in the Table of Contents, as R9-10-2408 was skipped in the body of the rules, resulting in misnumbering.

12. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

During the formal comment period, the Department received three sets of written comments regarding the proposed rules. One was from a representative of Arizona LeadingAge. Another was from Disability Rights Arizona (DRA). The third was from the National Nurses Organizing Committee (NNOC). As specified in the Notice of Proposed Rulemaking, the Department held an Oral Proceeding virtually, to allow as many individuals from throughout the State to conveniently participate without having to travel. Eleven stakeholders participated in the Oral Proceeding. A summary of the written and oral comments received and the Department's responses is provided below.

Comments 1 through 8 were from LeadingAge. Comments 9 through 39 were from DRA. Comments 40 through 42 were from NNOC. Comments received at the Oral Proceeding are addressed individually as comments 43 through 49.

#	Comment	Department's Response
Comments from Leading Age		
1	A concern was expressed about whether the "designation" of "privacy area" in R9-10-701 meant that a space needed to be exclusively set aside for that purpose.	The Department believes that the definition of "privacy area" is clear and not unduly burdensome, and does not plan to change the rules based on the comment. There is no expectation of exclusive use of the area for that purpose, but the Department does expect that a BHRF would make a known space available as a privacy area, from which other residents and staff were excluded while in use by a resident for the defined purposes.
2	A concern was expressed about voluntary timeouts in Article 7.	The Department is not changing any requirements related to voluntary timeouts as part of the rulemaking. A resident may choose where a voluntary timeout occurs, including the resident's own bedroom or another appropriate area within the facility. No change will be made to the rules based on this comment.

3	Concerns were expressed about a BHRF's responsibilities related to coordination of care and the discharge of residents under Article 7.	Language was added to R9-10-703(C)(2)(c), -708(B), -709(A)(2), and -716(B) to cover coordination of care for a resident receiving court-ordered treatment from an SMI Clinic. The intent of these changes is to clarify the roles and responsibilities of each party in the treatment provided to a resident to ensure that the resident receives all services required in the resident's treatment plan, without duplication. However, the Department does not plan to create rules that allow a facility to retain a resident whose needs cannot be met by the facility and, therefore, does not plan to change the rules based on the comment.
4	Concerns were expressed about the training for behavioral health technicians (BHTs) administering medications under Article 7, both to adult residents and to children. An incorrect cross-reference was also identified.	The current rules in Article 7 allow medication administration to be provided by the facility's registered nurse or a certified caregiver, if approved to provide personal care services. The new rules do not change the expectation that a BHT providing medication administration is qualified to do so, either as a registered nurse or certified caregiver. BHTs can assist in the self-administration of medications with training from qualified individuals as specified in A.A.C. R9-10-718(C), without having an additional certification as a caregiver. However, the Department plans to amend R9-10-706(G)(2) to correct the typographical error from "R9-10-718(D)" to "R9-10-718(C)" in the cross-reference.
5	A concern was expressed about the content of policies related to unauthorized absences from a facility under Article 7 and how the requirement would be surveyed.	The current rules allow flexibility for a licensee to establish their own criteria for unauthorized absences to ensure the criteria established are appropriate for the facility and are based on the acuity and needs of the residents. The Department will reference the facility's policies and procedures in determining compliance with this rule. The Department does not plan to make a change to the rules based on this comment.
6	A concern was raised about reducing the number of days in Article 7 that an administrator or clinical director has to review the use or an emergency safety response.	The Department understands the concern and plans to amend the rules to keep the time at ten days rather than two days in R9-10-716(F)(3). However, the Department believes it would still be appropriate that the use of emergency safety responses in Article 23 and Article 24 are reviewed in two days, due to the higher acuity residents living in an SBHRF.
7	Comments were made about the enhanced residential treatment under SB 1630 and the Department's role.	The Department does not plan to make a change to the rules regarding enhanced residential treatment or provisions regarding SB1630, as that would be outside of the scope of this rulemaking.
8	Concerns were raised about premature discharges from inpatient settings.	While the Department understands the concern about residents being discharged from inpatient settings before they are sufficiently stabilized, the Department would require specific authority to make such rule changes, which are outside the scope of this rulemaking. The Department does not plan to make a change to the rules based on this comment.
Comments from Disability Rights Arizona (DRA)		
9	DRA expressed concerns that the provisions in R9-10-703(C), R9-10-2303(C), and R9-10-2402(C) do not include requirements for training about "mandatory reporting" of abuse, neglect, or exploitation and "non-retaliation protections."	There are requirements in R9-10-703(C)(1)(d), R9-10-2303(C)(1)(d), and R9-10-2402(C)(1)(d) for annual training on how to recognize the signs and symptoms of abuse, neglect, or exploitation, and how to report abuse, neglect, or exploitation. The specific requirements for reporting abuse, neglect, exploitation, or a reportable offense are found in R9-10-703(H) and (I), R9-10-2303(F) and (G), and R9-10-2402(F) and (G). The Department does not plan to make a change to the rules based on this comment.
10	DRA stated that the provision in R9-10-703(K) for a BHRF to establish criteria for determining when a resident's absence is unauthorized to include "absence against medical advice" would "violate the right of a resident to withdraw informed consent for treatment."	While the Department understands the concern, the Department also believes that having a resident who may have a severe behavioral health condition that may impair the individual's ability to recognize or respond to danger to wander away from the facility unnoticed in the heat of the summer is dangerous. The rules allow a facility the flexibility to establish the criteria under which a resident's absence would be considered unauthorized, based on the acuity of the residents and their presenting conditions. Provisions for a resident to consent to treatment or withdraw consent are covered under R9-10-711(B)(4). The Department does not plan to make a change to the rules based on this comment.
11	DRA suggested that a policy and procedure be added to R9-10-2303(C) and R9-10-2402(C) related to assessing a resident with disabilities for the need to modify policies, practices, and procedures.	In R9-10-2303(C)(1)(k), the Department requires that policies and procedures cover assisting a resident who has a physical or other disability to become aware of resident rights. A similar requirement is in R9-10-2402. These two Sections also have requirements for resident screening, admission, assessment, and treatment plans, which would need to be tailored to meet the needs of the resident, as specified in other portions of the rules. Thus, the Department believes that this suggested addition is unnecessary, given the Department 's lack of statutory authority to enforce ADA requirements, and would add a burden to the regulated entity without a corresponding benefit. No change is planned based on the comment.

12	DRA suggested shortening the time in R9-10-2303(E) and R9-10-2402(E) for a facility to report self-injury from within two working days to one working day.	These requirements mirror the requirement currently in R9-10-703(G) and constitute the minimum standard for protecting the health and safety of residents. Shortening this time period without a clear and compelling reason to do so would cause an added burden to licensees without a compensating benefit. No change is planned based on the suggestion.
13	DRA suggested additional posting requirements in R9-10-2303(J) and R9-10-2402(J).	The rules already include requirements in R9-10-2311(A)(1) and R9-10-2410(A)(1) for the posting of resident rights. No change is planned based on the suggestion.
14	DRA recommended adding to R9-10-2305 and R9-10-2404 a requirement for contacts to contain provisions for addressing resident complaints and concerns regarding a treatment plan and provision of services.	The Department believes that these additions would be unnecessary, since these requirements are already covered elsewhere in the rules for SBHRFs and outpatient treatment centers. No change is planned based on the suggestion.
15	DRA suggested changes to R9-10-2306 and R9-10-2405 related to fingerprint clearance cards and Adult Protective Services Registry checks.	The requirements currently in the proposed rules are consistent with statute. No change is planned based on the suggestion.
16	DRA suggested changes to R9-10-2307 and R9-10-2406 related to placing a copy of the court order in a resident's file upon admission.	These requirements are already in the rules in R9-10-2307(B)(2) and R9-10-2406(B)(2) and R9-10-2312(C) and R9-10-2411(C). No change is planned based on the suggestion.
17	DRA suggested changes to R9-10-2308 and R9-10-2407 related to treatment plans, including requiring development and review of the treatment plan "in collaboration with the contracted outpatient treatment center", that it is "reviewed every 90 days OR whenever a review is necessary to provide the resident with appropriate treatment" and allowing a resident to challenge a portion of the treatment plan.	Although the Department expects that most SBHRFs will contract with an outpatient treatment center, not all may. Changing from "may" to "shall" would require a SBHRF to engage in such a contract. The proposed rules require a treatment plan to be reviewed and updated <u>at least</u> every 90 days according to the review date specified in the treatment plan, when a treatment goal is accomplished or changed, when additional information that affects the resident's behavioral health assessment is identified, and when a resident has a significant change in condition or experiences an event that affects treatment. For both Article 23 and Article 24, the residents are chronically resistant to treatment for a mental disorder and have been placed in the facility pursuant to a court order issued pursuant to A.R.S. § 36-550.09. Statute provides the mechanism to challenge a treatment plan, through a request for a judicial review. No change is planned based on the suggestion.
18	DRA suggested that R9-10-2309 be changed to require that the reason why a treatment goal was not met be included in a discharge summary.	These rules constitute the minimum standards for SBHRFs. There could be many reasons for a goal to not be reached, and this would be better addressed during the ongoing review of the resident's treatment plan. The Department believes that adding such a requirement would impose an undue burden on a licensee without an equal or greater benefit. No change is planned based on the suggestion.
19	DRA suggested that R9-10-2310 and R9-10-2410 be changed to require that the accessibility needs of a resident be considered.	The current rules require that a SBHRF needs to meet the needs of an accepted resident. The Department does not have the statutory authority to enforce ADA requirements. No change is planned based on the suggestion.
20	For R9-10-2311 and R9-10-2411, DRA suggested that changes be made to add more stated responsibilities on the medical provider/ director regarding limitation on a resident's rights.	Any restrictions to a resident's rights, as specified in these Sections, rely on a determination by a medical practitioner/ behavioral health professional. The Department does not interfere with medical decisions by providers. If a resident has a concern about the withholding of a "right," the resident can file a complaint or use other means, such as those specified in statute, to try to remedy the concern. No change is planned based on the suggestion.
21	DRA suggested that R9-10-2313(2) and R9-10-2413 be changed to expand on the list of services.	The types of services that would fall under the definition of "personal care services" are specified in the statutory definition in A.R.S. § 36-401. If a resident requires services that are beyond those allowed for a SBHRF, the resident would need to obtain those services through another means. No change is planned based on the suggestion.

22	DRA suggested changes to R9-10-2314 and R9-10-2414, stating that "continuous protective oversight should be provided consistent with the resident's treatment plan"; a resident's "treatment needs, developmental levels, social skills, verbal skills, and personal history" be reviewed when providing counseling; BHTs should be prevented from providing group counselling; and additional restrictions on/ documentation of emergency safety responses should be required and reviewed.	The Department expects that the medical director and/or the behavioral health professional has considered the listed factors while developing the treatment plan, including the frequency and type of counseling provided. The rules clarify that individual counseling (i.e. psychotherapy) is provided by a licensed behavioral health professional (BHP). If a BHP provides counseling that is inappropriate, that information will be provided to the Board of the Behavioral Health Examiners, which regulates the quality of care provided by BHPs. As specified in the rules a BHT can only provide group counseling that is not psychotherapy, such as life skills training and peer support groups. The rules also specify that an emergency safety response (ESR) may only be used when less restrictive interventions have been determined to be ineffective. A resident's medical record already required documentation related to the use of an ESR. The review of this documentation within two working days is a significant reduction from the 10 working days specified in Article 7 for normal BHRFs. Not every use of an ESR means that the resident is experiencing a significant change of condition and the treatment plan needs to be reviewed and updated. The Department believes that a resident under Article 24 is in the SBHRF because they have limited ability to function independently. Therefore, they require continuous protective oversight. No change is planned based on these comments.
23	DRA suggested changes to R9-10-2316 and R9-10-2416, stating that there should be a requirement that the acute symptoms requiring a psychotropic medication to be administered PRN be documented and that there should be training on reporting medication errors.	The rules already require the documentation of a resident's symptoms before and after the administration of PRN psychotropic medication. The rules also require policies and procedures for preventing, responding to, and reporting a medication error. No change is planned based on these comments.
24	DRA suggested that R9-10-2317(B)(5) and R9-10-2417(B)(5) be changed to require that meals align with a resident's dietary preferences and personal and spiritual beliefs.	A resident's dietary preferences and religious beliefs would be included in a resident's treatment plan and the medical/behavioral health issues associated with them would be considered when nutritional needs are assessed to develop a diet for the resident. The requirements in this Section are consistent with corresponding requirements throughout the Chapter. If the dietary issues in a treatment plan were not addressed, the resident's nutritional needs would not be met, in violation of subsection (A)(5). No change is planned based on this comment.
25	DRA suggested that R9-10-2318(A) and R9-10-2418(A) be changed to require a means for an individual with sensory disabilities (i.e., hearing, vision, deaf-blind) to be alerted to an emergency if one arises.	The Department does not have the statutory authority to enforce ADA requirements. However, the rules in subsections (A)(2) of both rules allow for another method to alert a resident if approved by the local jurisdiction. No change is planned based on this comment.
26	DRA suggested that R9-10-2319(A)(15), R9-10-2416(C), and R9-10-2319(A)(15) be changed to allow other medication to be retained by a resident and that R9-10-2319 A)(17) and R9-10-2419 allow for service animals.	Both rescue inhalers and fast acting glucose require prescriptions and can be abused or misused, whereas studies have shown minimal risk associated with naloxone regarding abuse or addiction. They need to be in a secure location. This level of care requires 24/7 qualified staff who should be readily available to assist with medication administration. A facility regulated under Article 23 can allow animals in the SBHRF, including service animals. Regardless of what function the animals provide, the Department would expect the facility to ensure that the requirements for the animal to be licensed, vaccinated against rabies, and controlled be followed. Given the higher acuity of residents in a SBHRF under Article 24, the Department does not believe it is safe for animals to be allowed. No change is planned based on the comments.
27	DRA recommended that a request for participation be made "to the resident and the resident's representative."	In rules, "and" means that all conditions must be satisfied, while "or" means that one or more are satisfied. Not every resident has a resident's representative. Using "and" would require a resident's representative for every resident. No change is planned based on the suggestion.
28	DRA expressed concern about the use of the term "substance abuse history" in R9-10-2406(C) and suggested a change. They also recommended that the recommendation for services include the "reasonable accommodations" to be made.	The use of the term "substance abuse history" is consistent with statutes and throughout the rest of the rules Chapter and is the term used in statutes. The listing of "reasonable accommodations" would be covered under the term "ancillary services." No change is planned based on the suggestion.
29	DRA recommended that the provision related to restraints during transportation in R9-10-2406(C) be removed	The provision for restraint during transportation is included in A.R.S. § 36-4010 for individuals who receive court-ordered treatment under Title 13. No change is planned based on the suggestion.

30	DRA suggested that the typed/ written full name and credentials/ qualifications of the personnel conducting the behavioral health assessment and the treatment plan be required.	According to R9-10-2411, any signature in a medical record is required to be authenticated, which is a defined term. In addition, clinical documents have to have the authenticated signature of a clinician, so these additions are unnecessary. No change is planned based on the suggestions.
31	DRA recommended that the time for documenting the behavioral health assessment and the treatment plan in the resident's medical record be reduced from 48 hours to 24 hours, stating that modern electronic health record systems can accommodate a shorter timeframe.	This time-frame is consistent with similar time-frames throughout the Chapter, including for inpatient behavioral health facilities. The Department believes that requiring electronic health record systems to accommodate such a time-frame would be an unnecessary burden on a licensee. No change is planned based on the suggestion.
32	DRA recommended that the request for participation in developing a resident's treatment plan be made "to the resident and the resident's representative" "by all available means of contact."	Not every resident has a resident's representative. Using "and" would require a resident's representative for every resident. A facility would attempt contact according to the information provided to it, and should not be required to institute a search to find a resident's representative if that method of contact is not successful. No change is planned based on the suggestions.
33	DRA recommended changes to R9-10-2409 related to a resident seeking medical attentions not triggering the requirements in subsection (D), that available providers and sources of medication be identified to ensure continuity of care, and that the discharge summary be entered into the medical record within two days, to include why goals had not been met.	Discharge and conditional release are different from transport to a medical appointment. If a resident must to be transferred to another health care institution to meet the resident's needs, the resident would be discharged. The requirements in rule are consistent with statute. Subsection (G) of the rules requires that the individual who would be providing care to the resident after discharge be identified and provided with a copy of the discharge summary to ensure continuity of care. The time-frame for entering a discharge summary into a medical record is consistent with other requirements in the Chapter, including for inpatient behavioral health facilities. These rules constitute minimum requirements to ensure health and safety and the burden of imposing a requirement on a licensee for including why a goal was not met does not appear to be justified by a concomitant benefit. No change is planned based on the suggestions.
34	DRA recommended a change to R9-10-2410 to require a discharge summary to be provided to the receiving facility.	If the receiving facility will be providing ongoing care to a resident, then the requirement under R9-10-2409 would apply and the receiving facility would receive a copy of the discharge summary. No change is planned based on the suggestion.
35	DRA recommended a change to R9-10-2416(F) to require a resident to be notified of a medication error.	The rules require that the prescribing medical practitioner and, if applicable, the medical director be informed of a medication error. This is consistent with the requirements in other Articles in the Chapter. No change is planned based on the suggestion.
36	DRA recommended changes to R9-10-2417 to require that a menu address a resident's food allergies; menus are "conspicuously posted in an area accessible to residents"; "that food must also be provided as required to meet disability-related needs (e.g., diabetic snacks)"; and that water is always available.	The requirements in this Section are consistent with corresponding requirements throughout the Chapter. If a resident's food allergies or a diabetic's need for snacks were not addressed, the resident's nutritional needs would not be met, in violation of subsection (A)(5). Subsection (B)(2)(c) requires that the menu be conspicuously posted. If it were not posted where a resident could see it, it would not be "conspicuous." Some individual's behavioral health issue may include drinking water continuously until the resident is physically sick. If a resident has such a condition, it would be noted in the resident's treatment plan. The Department will not prevent a medical practitioner or BHP from restricting something that would harm the resident. No change is planned based on the suggestions.
37	DRA suggested that R9-10-2418 be changed to ensure that a disaster plan also include how services will be provided and that the requirements in subsection (B)(5)(b)(i) only apply in an evacuation, not in a real emergency.	During a disaster relocation, the relocation is expected to be short-term, so the emphasis is on ensuring that medical records, medications, and food and water are available while the facility arranges for the resident to be placed in another appropriate location where services can be resumed. The requirements in subsection (B)(5) are clearly ties to the evacuation drill, so the Department is unsure what clarification is needed. No change is planned based on the suggestions.
38	DRA suggested that R9-10-2419(C)(6) be changed to require a pool lift in compliance with the ADA.	The Department does not have the statutory authority to enforce ADA requirements. No change is planned based on the suggestion.

39	DRA suggested that R9-10-2420 be changed to add that "all facilities and features must be constructed in accordance with all applicable requirements for physical accessibility, including but not limited to the Americans with Disabilities Act"; "the bedroom light in resident bedrooms must be able to be turned off and on and controlled by the resident"; and "doors requiring accessible door opening devices be equipped with such devices where required by the Americans with Disabilities Act."	The rules in 9 A.A.C. 10 require that a facility provide documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances, specific to the class or subclass of the health care institution. Local building codes incorporate and often meet or exceed ADA standards. In addition, A.A.C. R9-10-2419(A)(2) indicates that an "administrator shall ensure that the premises and equipment are sufficient to accommodate an individual admitted as a resident by the secure behavioral health residential facility." R9-10-2419(B)(9)(j) requires sufficient lighting for a resident occupying the bedroom to read. This language is consistent with other Articles in the Chapter. If the lighting in a bedroom remained on during sleep hours, this could be a violation of resident rights listed in A.A.C. R9-10-2411. ADHS does not have authority to enforce the ADA. No change is planned based on the suggestions.
Comments from National Nurses Organizing Committee (NNOC)		
40	Concerns were expressed by NNOC about R9-10-707(A)(10) allowing BHTs to perform assessments, including determining the acuity of a resident.	In R9-10-707(A)(current 8/new 7) of the current rules, a BHT or registered nurse is allowed to perform a behavioral health assessment if a behavioral health professional reviews and signs off on the assessment. The additional language in R9-10-707(A)(1)(a)(i) just clarifies that documentation of a resident's presenting issue includes the acuity of the presenting issue. No change will be made due to the comment.
41	The NNOC requests that medication administration in Articles 23 and 24 be restricted to "licensed health care professionals or delegation to [CMAs] with RN oversight."	The provisions in R9-10-2316 and R9-10-2415 regarding Medication Services mirror the requirements in R9-10-718 in the current rules. They include that a medical practitioner approves policies and procedures for medication administration and that they specify who may order medication and who may administer medication. Other provisions to protect the health and safety of a resident are also included. These requirements have been in place for several years, and the Department believes they are sufficient to protect a resident and does not plan to change the rules based on the comment.
42	The NNOC requests that the Department "retain staff-to-children ratio protections in behavioral health residential facilities."	The Department is confused by this comment, as the rule mentioned in the comment, R9-5-404(A), refers to requirements for licensed child care facilities, not health care institutions. There are no provisions in the current rules in Article 7 for child-staff ratios beyond the general requirement in R9-10-706 that "sufficient personnel members are present on a behavioral health residential facility's premises . . . necessary to [p]rovide the services in the behavioral health residential facility's scope of services, [m]eet the needs of a resident, and [e]nsure the health and safety of a resident. The Department does not plan to change the rules based on the comment.
Comments from Participants at the Oral Proceeding		
43	A stakeholder at the Oral Proceeding asked if children would be allowed in SBHRFs. A comment was made that Article 7 includes provisions for a child accompanying a parent.	The statutes under which an individual would be ordered to a SBHRF pertain to adults, not children, so a child would not be court-ordered into a SBHRF regulated under Article 23 or 24. However, the Department recognizes that a child might be court-ordered under A.R.S. § 8-273 into a residential treatment facility, and that could include a BHRF, regulated under Article 7. The rules in Article 7 include provisions for child residents. While Article also includes provisions for a child accompanying a parent, the rules specify that the parent, not staff, cares for the child. No change is planned based on the question or comment.
44	A stakeholder asked the Department to summarize the differences among requirements in Articles 7, 23, and 24.	The Department does not have a document that specifically provides that information. However, the rules in Articles 23 and 24 are based on the requirements in Article 7, with differences made to address the acuity of the individuals who would be residents of each type of SBHRF, such as the number of residents allowed per bedroom. No change is planned based on the comment.
45	A stakeholder asked if a 24/7 medical director and registered nurse (RN) requirement has been removed from the rules.	As required by the current statutes, a medical director (employed by or contracted with the facility) is required for each SBHRF and may be on the premises or on-call. A registered nurse must be designated to provide direction for nursing services or personal care services. As for Article 7, a registered nurse is required under Article 23 to be present or on-call. Under Article 24, a registered nurse is required to be present when a resident is present in the facility. No change is planned based on the question.
46	A stakeholder asked how much outdoor space is required at a SBHRF.	The amount of outdoor space at a SBHRF would be determined by the local jurisdiction, as long as the secure outdoor area would allow a resident to be at least 30 feet away from the facility to ensure resident safety in case of a fire or other such emergency. No change is planned based on the question.

47	A stakeholder stated that he was not concerned about the requirements in the rules, and mentioned that details had to be worked out by a facility to operationalize the rules.	The Department thanks the stakeholder for the comment.
48	A stakeholder asked whether BHRFs or SBHRFs conduct court-ordered evaluations.	Since an individual would need to be ordered by a court into a SBHRF, the evaluation leading to the court-order would likely be done at an inpatient facility or at a SMI clinic trying, unsuccessfully, to treat the individual. However, an evaluation of an individual's continuing need for court-ordered treatment could be conducted while the individual was a resident of a SBHRF. Requirements related to court-ordered evaluations were removed from Article 7 and placed in Articles 23 and 24. No change is planned based on the question.
49	A stakeholder asked whether provisions for restraint and seclusion were removed from the rules and if the rules contained anti-ligature requirements.	Neither provisions for restraint or seclusion are included in the proposed rules. In their place, there are provisions for emergency safety responses and voluntary time-outs because, while the Department does anticipate that the residents of a SBHRF would have a higher acuity than residents of a BHRF, they should not to be as high as residents of a behavioral health inpatient facility. There are minimal anti-ligature requirements in Article 7 (to protect resident health), and these have been carried forward into Article 23 and 24. No change is planned based on the questions.

13. 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 the issuance of a regulatory permit. Therefore, a general permit is not applicable.

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:

Not applicable

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

The rules cite to documents incorporated by reference in R9-10-104.01 in the Chapter. These include:

- In R9-10-2318(A) and R9-10-2417(A), that a fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code;
- In R9-10-2318(A) and R9-10-2417(A), that a sprinkler system is installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems; and
- In R9-10-2320(C)(2)(c) and R9-10-2419(C)(2)(c) that the means of exiting the facility for a resident who does not have special knowledge for egress uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code.

15. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the *Register* as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

Not applicable

16. The full text of the rules follows:

TITLE 9. DEPARTMENT OF HEALTH SERVICES

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

ARTICLE 1. GENERAL

Section
Table 1.3. Fees

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

Section
R9-10-701. Definitions
R9-10-702. Supplemental Application and Documentation Submission Requirements
R9-10-703. Administration
R9-10-706. Personnel
R9-10-707. Admission; Assessment
R9-10-708. Treatment Plan
R9-10-709. Discharge
R9-10-711. Resident Rights
R9-10-712. Medical Records
R9-10-716. Behavioral Health Services
R9-10-718. Medication Services
R9-10-722. Physical Plant Standards

ARTICLE 23. SECURE BEHAVIORAL HEALTH RESIDENTIAL FACILITIES FOR RESIDENTS UNDER A.R.S. TITLE 36 COURT ORDERS

Section
R9-10-2301. Definitions
R9-10-2302. Supplemental Application Requirements
R9-10-2303. Administration
R9-10-2304. Quality Management
R9-10-2305. Contracted Services
R9-10-2306. Personnel
R9-10-2307. Admission; Assessment
R9-10-2308. Treatment Plan
R9-10-2309. Discharge or Conditional Release to a Less Restrictive Alternative
R9-10-2310. Transportation; Transport; Transfer; Outings
R9-10-2311. Resident Rights
R9-10-2312. Medical Records
R9-10-2313. Personal Care Services
R9-10-2314. Behavioral Health Services
R9-10-2315. Resident Time-outs
R9-10-2316. Medication Services
R9-10-2317. Food Services
R9-10-2318. Emergency and Safety Standards
R9-10-2319. Environmental Standards
R9-10-2320. Physical Plant Standard

ARTICLE 24. SECURE BEHAVIORAL HEALTH RESIDENTIAL FACILITIES FOR RESIDENTS UNDER A.R.S. TITLE 13 COURT ORDERS

Section
R9-10-2401. Supplemental Application Requirements
R9-10-2402. Administration
R9-10-2403. Quality Management
R9-10-2404. Contracted Services
R9-10-2405. Personnel
R9-10-2406. Admission; Assessment
R9-10-2407. Treatment Plan
R9-10-2408. Discharge or Conditional Release to a Less Restrictive Alternative
R9-10-2409. Transportation; Transport; Transfer
R9-10-2410. Resident Rights
R9-10-2411. Medical Records
R9-10-2412. Personal Care Services
R9-10-2413. Behavioral Health Services
R9-10-2414. Resident Time-outs
R9-10-2415. Medication Services
R9-10-2416. Food Services
R9-10-2417. Emergency and Safety Standards
R9-10-2418. Environmental Standards
R9-10-2419. Physical Plant Standards

ARTICLE 1. GENERAL

Table 1.3. Fees

Healthcare Institution Class or Subclass	Fees for the following licensed capacities					
	No licensed capacity	**1 to 59 beds**	**60 to 99 beds**	**100 to 149 beds**	**150 beds or more**	**Plus the licensed capacity times**
Abortion clinic, according to Article 15	$482	-	-	-	-	-
Adult behavioral health therapeutic home, according to Article 18	$495	$495	-	-	-	$132
Adult day health care facility, according to Article 11	$370	-	-	-	-	-
Adult foster care home, according to Article 8	-	-	-	-	-	-
Adult residential care institution, according to Article ~~8~~ 7	$495	$495	-	-	-	$132
Assisted living center, according to Article 8	$370	$370	$739	$1,109	$1,848	$98
Assisted living home, according to Article 8	$370	$370	-	-	-	$98
Behavioral health inpatient facility, according to Article 3	$495	$495	$990	$1,485	$2,475	$132
Behavioral health residential facility, according to Article 7	$495	$495	$990	$1,485	$2,475	$132
Behavioral health respite home, according to Article 16	$495	$495	-	-	-	$132
Behavioral health specialized transitional facility, according to Article 13	$495	$495	-	-	-	$132
Counseling facility, according to Article 19	$495	-	-	-	-	-
Home health agency, according to Article 12	$482	-	-	-	-	-
Hospice inpatient facility, according to Article 6	$482	$482	-	-	-	$127
Hospice service agency, according to Article ~~12~~ 6	$482	-	-	-	-	-
Hospital license according to Article 2, including a general hospital, a rural hospital, or a special hospital	$482	$482	$964	$1,445	$2,409	$127
	If providing behavioral health observation or stabilization services, in addition to the fee, the licensed occupancy times $91.					
Intermediate care facility for individuals with intellectual disabilities, according to Article 5	-	$383	$766	$1,148	$1,914	$102
Nursing care institution, according to Article 4	-	$383	$766	$1,148	$1,914	$102
Nursing-supported group home, according to Article 22	$383	$383	-	-	-	$102
Outpatient surgical center, according to Article 9	$482	-	-	-	-	-
Outpatient treatment center, according to Article 10	$482	-	-	-	-	-
	If providing dialysis services, in addition to the licensing fee, the number of dialysis stations times $91.					
Pain management clinic, according to Article 20	$482	-	-	-	-	-

Recovery care center, according to Article 21	$482	$482	-	-	-	$127
Secure behavioral health residential facility, according to Article 23 or Article 24	$495	$495	$990	$1,485	$2,475	$132
Single Group Hospital License or Licensee with a Single Group License	$482	$482	$964	$1,445	$2,409	$127
Substance abuse transitional facility, according to Article 14	$495	-	-	-	-	-
Unclassified health care institution, according to Article 17	$482	-	-	-	-	-

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

R9-10-701. Definitions

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

1. "Emergency safety response" means physically holding a resident to manage the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual.
2. "Privacy area" means a licensed space in a behavioral health residential facility that is:
   a. Designated for treatment, visitors, and voluntary time-outs; and
   b. Unlocked, lighted, and ensures resident confidentiality.

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 a license as a behavioral health residential facility shall include on the application:
1. Whether the applicant is planning to provide:
   a. Behavioral health services to individuals under 18 years of age, including the licensed capacity requested; or
   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. Court-ordered evaluation,~~
   ~~b. Court-ordered treatment,~~
   ~~c.~~a. Behavioral health services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently, ~~or~~
   ~~d.~~b. Personal care services, or
   c. Respite 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;
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
6. For an outdoor behavioral health care program, 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)~~ Table 1.3.

C. A behavioral health residential facility shall obtain a separate license for each single dwelling unit.

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, including the specific types of treatment and services to be provided; 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; and
8. Ensure the health, safety, and welfare of a resident is not placed at risk of harm.

B. No change
1. No change
2. No change
3. No change

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. Include methods on how to prevent abuse, neglect, or exploitation of a resident, including annual training of personnel members on how to recognize the signs and symptoms of abuse or neglect, and how to report abuse or neglect;
   ~~d.~~e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   ~~e.~~f. 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.~~g. Cover implementation of the requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
   ~~g.~~h. Cover implementation of the requirements in A.R.S. § 8-804, if applicable;
   ~~h.~~i. Cover first aid training;
   ~~i.~~j. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
   ~~j.~~k. 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;
   ~~k.~~l. Cover specific steps for:
      i. A resident to file a complaint, and
      ii. The behavioral health residential facility to respond to a resident complaint, including a time-frame for responding;
   ~~l.~~m. Cover health care directives;
   ~~m.~~n. Cover medical records, including electronic medical records;
   ~~n.~~o. Cover a quality management program, including incident reports and supporting documentation;
   ~~o.~~p. Cover contracted services; ~~and~~
   ~~p.~~q. Cover ~~when an individual may visit a resident~~ visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities in a behavioral health residential facility;
   r. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) and (C), if a resident communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the resident has the apparent intent and ability to carry out the threat;
   s. If applicable, include the establishment of, disbursing from, and recordkeeping for a resident's personal funds account; and
   t. Include security measures for the facility, residents and their possessions, personnel members, and visitors at the 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. For a resident receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, cover communication and coordination with the outpatient treatment center and responsibilities for the following:
      i. Development and implementation of the treatment plan required in R9-10-708,
      ii. Required changes to the resident's treatment plan due to changes in the resident's condition or other events or behaviors,
      iii. Transportation to and from the outpatient treatment center for treatment by the outpatient treatment center,
      iv. Communication with the court issuing the court order, and
      v. Transition of care after discharge from the behavioral health residential facility;

~~c.~~d. Include when general consent and informed consent are required;
~~d.~~e. Cover emergency safety responses;
~~e.~~f. Cover a resident's personal funds account;
~~f.~~g. 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.~~h. Cover prescribing a controlled substance to minimize substance abuse by a resident;
~~h.~~i. 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.~~j. Cover services provided by an outdoor behavioral health care program, if applicable;
~~j.~~k. Cover infection control;
~~k.~~l. Cover resident time-out;
~~l.~~m. Cover resident outings;
~~m.~~n. Cover environmental services that affect resident care;
~~n.~~o. 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.~~p. 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.~~q. Cover the process for receiving a fee from a resident and refunding a fee to a resident;
~~q.~~r. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
~~r.~~s. Cover the security of a resident's possessions that are allowed on the premises;
~~s.~~t. Cover smoking and the use of tobacco products on the premises; ~~and~~
~~t.~~u. 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;
v. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02; and
w. Cover the provision of naloxone nasal spray, including requirements for:
i. Informing the administrator, personnel members, employees, volunteers, students, and residents of the availability and location of the naloxone nasal spray on the premises of the behavioral health residential facility;
ii. Providing training to the administrator, personnel members, employees, volunteers, and students on the correct use of naloxone nasal spray; and
iii. Ensuring the naloxone nasal spray is used in accordance with the manufacture's recommendations.

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. The administrator of a behavioral health residential facility providing services to children shall notify the Department within 30 calendar days after:
1. Beginning to contract exclusively with the federal government, and
2. Receiving only federal monies for services provided.

G. 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.

H. If abuse, neglect, ~~or~~ exploitation, or a reportable offense 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, or reportable offense 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.

I. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe abuse, neglect, ~~or~~ exploitation, or a reportable offense 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, or reportable offense;
2. Report the suspected abuse, neglect, ~~or~~ exploitation, or reportable offense 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, or reportable offense;
   b. Any action taken according to subsection (I)(1); and
   c. The report in subsection (I)(2);
4. Maintain the documentation in subsection (I)(3) for at least 12 months after the date of the report in subsection (I)(2);
5. Initiate an investigation of the suspected abuse, neglect, ~~or~~ exploitation, or reportable offense and document the following information within five working days after the report required in (I)(2):
   a. The dates, times, and description of the suspected abuse, neglect, ~~or~~ exploitation, or reportable offense;
   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, or reportable offense; and
   d. The actions taken by the administrator to prevent the suspected abuse, neglect, ~~or~~ exploitation, or reportable offense from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (I)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

J. In addition to the notification requirements in subsections (F), (G), (H), and (I), an administrator of a behavioral health residential facility providing services to children that contracts exclusively with the federal government and receives only federal monies for services provided shall comply with A.R.S. § 36-418.

K. An administrator shall:
1. Establish, ~~and~~ document, and implement requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
~~2. For a behavioral health residential facility licensed according to A.R.S. § 36-425.06 and in addition to the requirements in subsection (K)(1), establish and document requirements for a resident admitted according to A.R.S. § 36-550.09, consistent with R9-10-722(D);~~
~~3.~~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;
~~4. 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;~~
3. If applicable, ensure that a child under the age of 12, who is not admitted to a behavioral health residential facility and is residing at the behavioral health residential facility with a parent:
   a. Is being cared for by the parent, and
   b. Does not cause the behavioral health residential facility to exceed the licensed capacity;
~~5.~~4. Establish, ~~and~~ document, and implement the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services;
~~6.~~5. Establish, ~~and~~ document, and implement the criteria for determining when a resident's absence is unauthorized, including criteria for a resident who is:
   ~~a. Was admitted under A.R.S. Title 36, Chapter 5, Articles 3, 4, 5, or 10;~~
   ~~b.~~a. ~~Is absent~~ Absent against medical advice~~;~~, or
   ~~c.~~b. ~~Is under~~ Under the age of 18;
~~7.~~6. If a resident's absence is unauthorized as determined according to the criteria in subsection (K)(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~~,~~:
      i. ~~the~~ The resident's parent or legal guardian; and
      ii. If the resident is under a court order issued according to A.R.S. § 8-341.01, the person appointed by the court to supervise the resident's treatment; and
   b. For a resident who is 18 years of age or older:
      i. The resident's representative or other individual designated by the resident; and
      ~~b.~~ii. ~~For a resident who~~ If the resident is under a court's jurisdiction according to A.R.S. Title 36, Chapter 5, Article 5, the ~~appropriate court~~ outpatient treatment center responsible for providing treatment under the court order;
~~8.~~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~~ notification required in subsection (K)(6) was submitted, and
   c. Date of the ~~report~~ notification; and
~~9.~~8. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704.

L. 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.

M. 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.

N. 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.

O. If an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator 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;
~~1.~~2. 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.~~3. Maintain documentation of the notification required in subsection ~~(O)(1)~~ (O)(2) in the resident's medical record for at least 12 months after the date of the notification.

P. If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:
1. Policies and ~~procedure~~ procedures are established, ~~developed~~ documented, 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, an employee, or a student is at least 18 years old; and
2. 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, 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 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:
1. A personnel member whose job description includes the ability to use an emergency safety response:
   a. Before providing behavioral health services, 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 in-service education covering the topics in subsection (F)(1)(a) 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) and in-service education according to subsection (F)(1)(b) 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.

G. If a behavioral health residential facility provides behavioral health services to residents under 18 years of age, an administrator shall ensure that a behavioral health technician:
1. Complies with the following before providing personal care services:
   a. Provides documentation of the 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; and
   b. That is specific to children and includes:
      i. Assistance with activities of daily living,
      ii. Recognizing a child's needs through verbal and non-verbal cues, and
      iii. Supervisory oversight and safety awareness; and
2. Receives training from a medical practitioner or registered nurse according to R9-10-718(C)(4).

~~F.~~**H.** 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.~~**I.** 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. The individual's compliance with requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
f. The individual's compliance with the requirements in A.R.S. § 8-804, if applicable;
g. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
h. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(e);
i. First aid training, if required for the individual according to this Article or policies and procedures;
j. If applicable, documentation required in subsection (F)(2) related to training on crisis intervention;
k. If applicable, documentation of compliance with subsection (G); and
~~j.~~ l. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection ~~(F)~~(H).

~~H.~~J. An administrator shall ensure that personnel records are:
1. Maintained:
   a. Throughout an individual's period of providing services at 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.~~K. 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.

~~J.~~L. 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.

~~K.~~M. 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 ~~(K)(1)~~ (M)(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 resident's primary condition for which the resident is being admitted to the behavioral health residential facility ~~being~~ is a behavioral health issue, and

b. The resident's behavioral health issue and treatment needs are within the behavioral health residential facility's scope of services;

2. A behavioral health professional, authorized by policies and procedures to admit a resident, is available;

3. ~~Except as provided in subsection (A)(4), general~~ 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. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;~~

~~5.~~4. The general consent obtained in subsection (A)(3) is documented in the resident's medical record;

~~6.~~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 72 hours after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within 72 hours after admission;

~~7.~~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;

~~8.~~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;

~~9.~~8. Except as provided in subsection ~~(A)(10)~~ (A)(9), a behavioral health assessment for a resident is completed before treatment for the resident is initiated;

~~10.~~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 by a behavioral health professional 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 by the behavioral health professional in the resident's medical record within 48 hours after the review is completed;

~~11.~~10.A behavioral health assessment:

a. Documents a resident's:

i. Presenting issue, including the acuity of the resident's 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;

~~12.~~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

~~13.~~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 24 hours after the information is obtained.

E. ~~If~~ Except as specified in subsection (F), 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~~ A medical history and physical examination of the resident:
      i. Is performed; or
      ii. 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. 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. The resident is not required to comply with the requirements in subsection ~~(A)(13)~~ (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~~ 12 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~~ Consistent with A.R.S. § 36-425.08, a medical history and physical examination ~~is~~ are not required for a child who is admitted or expected to be admitted to a residential behavioral health facility for respite care for increments of fewer than five consecutive days and not more than 12 ~~less than 10~~ days in a 90-consecutive-day period.

G. The Administrator shall not accept or retain an adult individual who has been court-ordered to treatment at a secure behavioral health residential facility.

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)(6) or (E)(1)(a) and the behavioral health assessment required in ~~R9-10-707(A)(9) or (10)~~ 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, including an indication of the acuity of 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. For a resident receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, an administrator shall ensure that:

1. The treatment plan required in subsection (A) and any updates to the treatment plan are developed in coordination with the outpatient treatment center, and
2. The outpatient treatment center is notified of any change in the resident's condition that may require an update of the treatment plan.

~~B.~~C. 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)~~ (C)(1) and the opportunity in subsection ~~(B)(2)~~ (C)(2) are documented in the resident's medical record.

R9-10-709. Discharge

A. An administrator shall ensure that a discharge plan for a resident is:
1. Developed that:
   a. Identifies any specific needs of the resident after discharge,
   b. Is completed before discharge occurs, and
   c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
2. If the resident is receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, coordinated with the outpatient treatment center;
~~2.~~3. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
~~3.~~4. Provided to the resident or the resident's representative and, if applicable, the outpatient treatment center providing court-ordered treatment before the discharge occurs.

B. No change
1. No change
2. No change
3. No change

C. No change

D. No change

E. No change

F. No change
1. No change
2. No change

G. An administrator shall ensure that a discharge summary for a resident:
1. Is entered into the resident's medical record within 10 working days after a resident's discharge; ~~and~~
2. Includes:
   a. The following information authenticated by a medical practitioner or behavioral health professional:
      i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
      ii. A summary of the treatment provided to the resident;
      iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the behavioral health residential facility at the time of the resident's discharge; and
   b. A description of the disposition of the resident's possessions, funds, or medications brought to the behavioral health residential facility by the resident; and
3. If the resident is receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, at the time of discharge, is provided to the outpatient treatment center.

H. No change

R9-10-711. Resident Rights

A. No change
1. No change
2. No change
3. No change
   a. No change
   b. No change

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. Ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01;~~
~~ii.~~i. Necessary to save the resident's life or physical health; or
~~iii.~~ii. 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. No change
1. No change
2. No change
3. No change

D. No change

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; or
~~b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or~~
~~c.~~b. 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. No change

1. No change
2. No change
   a. No change
   b. No change
   c. No change
3. No change
   a. No change
   b. No change
   c. No change
4. No change
5. No change
   a. No change
   b. No change
   c. No change
6. No change
7. No change

B. No change
1. No change
2. No change

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~~ Documented general consent and, if applicable, 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. If applicable, documentation that ~~evaluation or~~ treatment was ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01, including a copy of the court order;
11. Assessment;
12. Treatment plans;
13. Interval notes;
14. Progress notes;
15. Documentation of behavioral health services and physical health services provided to the resident;
16. If applicable, documentation of the use of an emergency safety response;
17. If applicable, documentation of time-out required in R9-10-714(6);
18. Except as allowed in R9-10-707(E)(1)(d), documentation of freedom from infectious tuberculosis required in R9-10-707(A)(13);
19. The disposition of the resident after discharge;
20. The discharge plan;
21. The discharge summary, if applicable;
22. If applicable:
    a. Laboratory reports,
    b. Radiologic reports,
    c. Diagnostic reports, and
    d. Consultation reports; and
23. Documentation of medication administered to the resident or for which the resident received assistance in the self-administration of medication 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

R9-10-716. Behavioral Health Services

A. An administrator shall ensure that:
~~1.~~ ~~If a behavioral health residential facility is authorized to provide court-ordered evaluation or court-ordered treatment:~~
~~a. Court-ordered evaluation is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 4; and~~
~~b. Court-ordered treatment is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 5;~~
~~2.~~1. If a behavioral health residential facility is authorized to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently or is authorized to provide behavioral health services to individuals under 18 years of age, a resident admitted to the behavioral health residential facility with limited ability to function independently or who is under 18 years of age receives:
a. Behavioral health services and personal care services as indicated in the resident's treatment plan, and
b. Continuous protective oversight;
~~3.~~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:
a. Receives behavioral health services, and, if indicated in the resident's treatment plan, personal care services; and
b. Is provided an opportunity to participate in activities designed to maintain or enhance the resident's ability to function independently while:
i. The resident receives services to maintain the resident's health, safety, or personal hygiene; or
ii. Homemaking functions are performed for the resident;
~~4.~~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;
~~5.~~4. Behavioral health services listed in the behavioral health residential facility's scope of services are provided on the premises;
~~6.~~5. 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:
a. Health and safety of each resident is protected, and
b. Treatment needs of each resident participating are being met; and
~~7.~~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. For a resident receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, an administrator shall ensure that there is coordination between the behavioral health residential facility and the outpatient treatment center to:
1. Avoid duplication in the behavioral health services provided by the behavioral health residential facility and the outpatient treatment center, and
2. Provide to the resident all the behavioral health services and, if applicable, personal care services specified in the resident's treatment plan.

~~B.~~C. ~~An~~ Except for individuals under 18 years of age receiving respite services from the behavioral health residential facility, as specified in A.R.S. § 36-425.08, 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.~~D. ~~An~~ If a resident is receiving counseling according to subsection (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.~~**E.** An administrator of a behavioral health residential facility authorized to provide behavioral health 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 addressed according to A.R.S. Title 15, Chapter 7, Article 4.

~~E.~~**F.** 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~~,~~:
   a. ~~the~~ The following information is entered into the resident medical record:
      ~~a.~~i. The date and time the emergency safety response was used;
      ~~b.~~ii. The name of each personnel member who used an emergency safety response;
      ~~c.~~iii. The specific emergency safety response used;
      ~~d.~~iv. The personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
      ~~e.~~v. Any injury that resulted from the use of the emergency safety response; and
   b. For a resident who is receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, the use of the emergency safety response is reported to the outpatient treatment center;
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)~~ (F)(2)(a); and
4. After the review required in subsection ~~(E)(3)~~ (F)(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~~ updated 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.~~

R9-10-718. 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~~ consequences 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. No change
1. No change
   a. No change
   b. No change
      i. No change
      ii. No change
   c. No change
   d. No change
2. No change
3. No change
   a. No change
   b. No change

C. No change
1. No change
2. No change
   a. No change
   b. No change
   c. No change
   d. No change
      i. No change
      ii. No change
      iii. No change
   e. No change
3. No change
4. No change
   a. No change
   b. No change
      i. No change
      ii. No change
      iii. No change
5. No change
6. No change
   a. No change
   b. No change

D. No change
1. No change
2. No change
3. No change
   a. No change
      i. No change
      ii. No change
      iii. No change
      iv. No change
   b. No change
   c. No change
   d. No change

E. No change
1. No change
2. No change
3. No change
   a. No change
   b. No change
   c. No change
   d. No change

F. No change

R9-10-722. Physical Plant Standards

A. No change
1. No change
2. No change

B. An administrator shall ensure that:
1. A behavioral health residential facility has a:
   a. ~~Room that provides privacy~~ Privacy area for a resident or residents to receive treatment or visitors that is not a resident bedroom or a dining area~~;~~, 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~~ bathroom that meets the requirements in subsection (B)(2)(c);
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. No change

~~**D.** For a behavioral health residential facility licensed according to A.R.S. § 36-425.06, an administrator shall ensure that:~~
~~1. The premises are secure, as defined in A.R.S. § 36-425.06; and~~
~~2. There is a means of exiting the facility for a resident who does not have special knowledge for egress 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. R9-10-104.01.~~

~~**E.**~~**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 (E)(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.

~~**F.**~~**E.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (E)(2) is covered and locked when not in use.

ARTICLE 23. SECURE BEHAVIORAL HEALTH RESIDENTIAL FACILITIES FOR RESIDENTS UNDER A.R.S. TITLE 36 COURT ORDERS

R9-10-2301. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article and Article 24 of this Chapter:
1. "Medical director" means the same as "medical director of a mental health treatment agency," as defined in A.R.S. § 36-501.
2. "Mental health treatment agency" means the same as in A.R.S. § 36-501.
3. "Privacy room" means a room in licensed space in a health care institution that is:
a. Designated for treatment, visitors, and voluntary time-outs; and
b. Unlocked, lighted, and ensures resident confidentiality.
4. "Secure" has the same meaning as in A.R.S. § 36-425.06.
5. "Seriously mentally ill" has the same meaning as in A.R.S. § 36-550.

R9-10-2302. Supplemental Application Requirements

A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a secure behavioral health residential facility, under this Article, shall include on the application:

1. That the applicant is planning to provide behavioral health to individuals who are:
   a. Seriously mentally ill,
   b. Chronically resistant to treatment for a mental disorder, and
   c. Placed in a secure behavioral health residential facility pursuant to a court order issued in accordance with A.R.S. Title 36, Chapter 5, Article 5 and A.R.S. § 36-550.09;
2. The requested licensed capacity; and
3. Whether the applicant is requesting authorization to provide personal care services to a resident according to R9-10-2314.

B. A secure behavioral health residential facility shall obtain a separate license for each single dwelling unit.

R9-10-2303. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a secure behavioral health residential facility;
2. Establish, in writing:
   a. A secure behavioral health residential facility's scope of services, including the specific types of treatment and services to be provided; 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 R9-10-2304;
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 secure behavioral health residential facility's premises for more than 30 calendar days, or
   b. Not present on the secure behavioral health residential 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 administrator and identify the name and qualifications of the new administrator;
8. Ensure the health, safety, and welfare of a resident is not placed at risk of harm; and
9. If not providing medical direction through a contracted medical director, designate, in writing:
   a. A medical director, as specified in A.R.S. § 36-501, who may be the same individual as the administrator, if the individual meets the qualifications in subsection (A)(2)(b) and A.R.S. § 36-501; and
   b. An acting medical director who has the qualifications in A.R.S. § 36-501, if the medical director is not or is expected not to be on the secure behavioral health residential facility's premises for more than 30 calendar days.

B. An administrator:
1. Is directly accountable to the governing authority of a secure behavioral health residential facility for the daily operation of the secure behavioral health residential facility and all services provided by or at the secure behavioral health residential facility;
2. Has the authority and responsibility to manage the secure behavioral health residential facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the secure behavioral health residential facility's premises and accountable for the secure behavioral health residential facility when the administrator is not present on the secure 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 and employees;
   b. Cover orientation and in-service education for personnel members and employees;
   c. Include how a personnel member may submit a complaint relating to services provided to a resident;
   d. Include methods on how to prevent abuse, neglect, or exploitation of a resident, including annual training of personnel members on how to recognize the signs and symptoms of abuse or neglect, and how to report abuse or neglect;
   e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   f. 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;
   g. Cover training in crisis intervention according to R9-10-2306(G);
   h. Cover implementation of the fingerprinting requirements in A.R.S. § 36-411;
   i. Cover first aid training;
   j. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
   k. 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;
   l. Cover specific steps for:
      i. A resident to file a complaint, and

ii. The secure behavioral health residential facility to respond to a resident complaint, including a time-frame for responding;
m. Cover health care directives;
n. Cover medical records, including electronic medical records;
o. Cover a quality management program, including incident reports and supporting documentation;
p. Cover contracted services;
q. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities;
r. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) and (C), if a resident communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the resident has the apparent intent and ability to carry out the threat;
s. Include security measures for the facility, residents and their possessions, personnel members, and visitors at the secure behavioral health residential facility; and
t. Include the establishment of, disbursing from, and recordkeeping for a resident's personal funds account;
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 or coordination of behavioral health services and, if needed, physical health services, including as applicable:
i. Services provided by the secure behavioral health residential facility;
ii. Telehealth services;
iii. Services provided by a home health agency, outpatient treatment center, or other health care institution to a resident on-site and in-person; or
iv. Services provided to a resident by a health care institution off the premises of the secure behavioral health residential facility;
c. Include when informed consent is required;
d. Cover a resident's personal funds account;
e. 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;
f. Cover prescribing a controlled substance to minimize substance abuse by a resident;
g. Cover infection control;
h. Cover environmental services that affect resident care;
i. 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;
j. If animals are allowed on the premises, cover:
i. Inoculation/vaccination requirements, and
ii. Methods to minimize risks to a resident's or animal's health and safety;
k. If applicable, cover the process for receiving a fee from a resident and refunding a fee to a resident;
l. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
m. Cover the security of a resident's possessions that are allowed on the premises;
n. Cover smoking and the use of tobacco products on the premises; and
o. Cover how the secure 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, including, as applicable;
i. Resident time-outs, and
ii. Emergency safety responses;
p. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02; and
q. Cover the provision of naloxone nasal spray, including requirements for:
i. Informing the administrator, personnel members, employees, and residents of the availability and location of the naloxone nasal spray on the premises of the secure behavioral health residential facility;
ii. Providing training to the administrator, personnel members, and employees on the correct use of naloxone nasal spray; and
iii. Ensuring the naloxone nasal spray is used in accordance with the manufacture's recommendations;
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 and employees; 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 secure behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the secure behavioral health residential facility.

D. An administrator shall:
1. Ensure that the medical director, who may be under contract to the secure behavioral health residential facility, supervises and administers a resident's treatment program, pursuant to A.R.S. § 36-540(E)(1); and
2. Designate a registered nurse to provide direction for nursing services and, if applicable, personal care services provided by or at the secure behavioral health residential facility.

E. 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.

F. If abuse, neglect, exploitation, or a reportable offense 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 secure behavioral health residential facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, exploitation, or reportable offense of the resident 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, exploitation, or a reportable offense has occurred on the premises or while a resident is receiving services from a secure behavioral health residential facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, exploitation, or reportable offense;
2. Report the suspected abuse, neglect, exploitation, or reportable offense of the resident according to A.R.S. § 46-454;
3. Document:
   a. The suspected abuse, neglect, exploitation, or reportable offense;
   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, exploitation, or reportable offense and document the following information within five working days after the report required in (G)(2):
   a. The dates, times, and description of the suspected abuse, neglect, exploitation, or reportable offense;
   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, exploitation, or reportable offense; and
   d. The actions taken by the administrator to prevent the suspected abuse, neglect, exploitation, or reportable offense 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:
1. Establish, document, and implement requirements for the security of the premises and safety of residents and staff, consistent with R9-10-2321(C);
2. Establish, document, and implement requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
3. Establish, document, and implement a process for:
   a. When possible, providing telehealth services;
   b. When possible, arranging for in-person physical health services or behavioral health services to be received by a resident on the premises according to policies and procedures in subsection (C)(2)(b)(iii); and
   c. Ensuring that telehealth services and in-person physical health services or behavioral health services take place in a privacy room;
4. Establish, document, and implement a process for responding to a resident's need for immediate and unscheduled physical health services, behavioral health services, or personal care services;
5. Establish, document, and implement the criteria for determining when a resident's absence is unauthorized;
6. If a resident's absence is unauthorized, as determined according to the criteria in subsection (H)(5), within an hour after determining that the resident's absence is unauthorized, notify:
   a. The resident's representative or other individual designated by the resident;
   b. Except as specified in subsection (H)(6)(c), the court that issued the order in accordance with A.R.S. § 36-550.09; and
   c. If court-ordered treatment is being provided to the resident through contracted services, the person responsible for providing treatment under the court order;
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 notification required in subsection (H)(6) was submitted, and
   c. Date of the notification; and
8. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-2404.

I. If a resident is receiving services from a home health agency, outpatient treatment center, or other health care institution according to policies and procedures in subsection (C)(2)(b)(iii), an administrator 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, outpatient treatment center, or other health care institution;
   b. Any information provided by the home health agency, outpatient treatment center, or other health care institution; and
   c. A copy of resident follow-up instructions provided by the home health agency, outpatient treatment center, or other health care institution; and
2. Any care instructions for a resident provided to the secure behavioral health residential facility by the home health agency, outpatient treatment center, or other health care institution are:

a. Within the secure behavioral health residential facility's scope of services,
b. Communicated to a personnel member, and
c. Documented in the resident's treatment plan.

J. 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 secure behavioral health residential facility's current license,
2. The location at which inspection reports required in R9-10-2319(C)(3) 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. An administrator shall ensure that:
1. Labor performed by a resident for the secure behavioral health residential facility is consistent with A.R.S. § 36-510; and
2. 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. If an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator 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. Notify the resident's representative or contact a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
3. Maintain documentation of the notification required in subsection (L)(2) in the resident's medical record for at least 12 months after the date of the notification.

M. If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:
1. Policies and procedures are established, documented, 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.

R9-10-2304. Quality Management

An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to residents;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to resident care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-2305. Contracted Services

A. An administrator shall ensure that:
1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

B. If a secure behavioral health residential facility is providing behavioral health services and other services, required under 9 A.A.C. 21 and a court order issued under A.R.S. § 36-550.09, to a resident under a contract, an administrator shall ensure that the contract:
1. Addresses communication and coordination between the secure behavioral health residential facility and the person providing the behavioral health services or other services; and
2. Includes responsibilities for:
   a. Development and implementation of the treatment plan required in R9-10-2308,
   b. Required changes to the resident's treatment plan due to changes in the resident's condition or other events or behaviors,
   c. Transportation to and from the facility of the person providing the behavioral health services for treatment of the resident,
   d. Communications with the court issuing the court order, and

e. Transition of care after discharge from the secure behavioral health residential facility;

R9-10-2306. Personnel

A. An administrator shall ensure that a personnel member:
1. Is at least 18 years old; and
2. Either:
   a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
   b. Submits, to the administrator, a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02, within seven working days after becoming a personnel member.

B. An administrator shall ensure that each personnel member submits to the administrator a copy of the personnel member's valid fingerprint clearance card:
1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
2. Each time the fingerprint clearance card is issued or renewed.

C. If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:
1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
2. Make a record of the determination in subsection (C)(1), including the name of the personnel member, the date of the contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.

D. 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 personal care 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 personal care 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 personal care 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 personal care 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 personal care 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 behavioral health services or personal care services, and
   b. According to policies and procedures; and
3. Sufficient personnel members are present on a secure behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
   a. Provide the services in the secure 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.

E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.

F. 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.

G. An administrator shall ensure that:
1. Before providing behavioral health services, a personnel member:
   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 in-service education covering the topics in subsection (G)(1)(a) at least once every 12 months after the date the personnel member completed the initial training;
2. Documentation of the completed training in subsection (G)(1)(a) and in-service education according to subsection (G)(1)(b) 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.

H. An administrator shall ensure that a personnel member complies with one of the following before providing personal care services:

1. Has a Certified Nursing Assistant (CNA) Certificate according to A.R.S. Title 32, Chapter 15; or
2. Provides documentation of the 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.

I. An administrator shall ensure that:

1. A plan to provide orientation, specific to the duties of a personnel member or an employee, is developed, documented, and implemented;
2. Each personnel member completes orientation before providing behavioral health services or personal care 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 plan to provide in-service education, specific to the duties of a personnel member or an employee, is developed, documented, and implemented; and
5. A personnel member's or an employee's in-service education is documented, to include:
   a. The individual's name,
   b. The date of the training, and
   c. The subject or topics covered in the training.

J. An administrator shall ensure that an employee who has or is expected to have more than eight hours of direct interaction per week with residents or a personnel member provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the secure behavioral health residential facility, and
2. As specified in R9-10-113.

K. An administrator shall ensure that a personnel record is maintained for each personnel member or employee that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment 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. Compliance with the requirements in subsection (A)(2) related to fingerprint clearance cards;
   d. If required for the individual according to subsection (G), training in crisis intervention;
   e. If applicable, compliance with requirements in subsection (H);
   f. The individual's completed orientation and in-service education, as required by policies and procedures;
   g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
   h. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
   i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-2303(C)(1)(f);
   k. First aid training, if required for the individual according to this Article or policies and procedures; and
   l. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (J).

L. An administrator shall ensure that personnel records are:

1. Maintained:
   a. Throughout an individual's period of providing services at or for the secure behavioral health residential facility, and
   b. For at least 24 months after the last date the individual provided services at or for the secure behavioral health residential facility; and
2. For a personnel member who has not provided behavioral health services or personal care services at or for the secure behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

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

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

N. An administrator shall ensure that:

1. At least one personnel member is present and awake at the secure behavioral health residential facility when a resident is on the premises;
2. In addition to the personnel member in subsection (N)(1), at least one personnel member is on-call and available to come to the secure behavioral health residential facility if needed;
3. A medical director is present on the secure behavioral health residential facility's premises or on-call; and
4. A registered nurse is present on the secure behavioral health residential facility's premises or on-call.

O. An administrator shall ensure that a secure behavioral health residential 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.

P. If a secure behavioral health residential facility has a medical director on-call to comply with subsection (N)(3) or a registered nurse on-call to comply with subsection (N)(4), 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 secure behavioral health residential facility,
   b. The process through which the on-call medical director or on-call registered nurse is contacted,
   c. The circumstances that would require the on-call medical director or on-call registered nurse to come to the secure behavioral health residential facility, and
   d. The process through which a request is made for the on-call medical director or on-call registered nurse to come to the secure behavioral health residential facility;
3. A request for the on-call medical director or on-call registered nurse to come to the secure behavioral health residential facility is documented, including:
   a. The time that a request for the on-call medical director or on-call registered nurse to come to the secure behavioral health residential facility is made,
   b. The name of the individual making the request,
   c. The reason for the request,
   d. The name of the medical director or registered nurse contacted and requested to come to the secure behavioral health residential facility, and
   e. The time the on-call medical director or on-call registered nurse arrives at the secure behavioral health residential facility in response to a request;
4. The on-call medical director or on-call registered nurse arrives at the secure behavioral health residential facility within 30 minutes after a request;
5. The documentation in subsections (P)(1) and (3) is maintained for at least 12 months after the last date on the documentation; and
6. Documentation related to the request is included in the medical record of the applicable resident.

R9-10-2307. Admission; Assessment

A. An administrator shall ensure that, before a resident is admitted to the secure behavioral health residential facility, a court of competent jurisdiction has ordered the resident to be placed at the secure behavioral health residential facility, pursuant to A.R.S. § 36-550.09.

B. An administrator shall ensure that:

1. A resident is not admitted unless:
   a. The resident's primary condition for which the resident being admitted to the behavioral health residential facility is a behavioral health issue, and
   b. The resident's behavioral health issue and treatment needs are within the behavioral health residential facility's scope of services; and
2. At the time a resident is admitted to the secure behavioral health residential facility:
   a. The administrator receives a copy of the court order for the resident to be admitted to the secure behavioral health residential facility, and
   b. The resident or resident's representative is provided with a written list and verbal explanation of the resident's rights and responsibilities.

C. An administrator shall ensure that:

1. Within 30 calendar days before admission of a resident to the secure behavioral health residential facility who is transferred from an inpatient behavioral health facility that is licensed under Article 3 of this Chapter or within 72 hours after a resident is admitted:
   a. A medical history is taken from and a physical examination is performed on the resident by a medical practitioner, and
   b. The medical history and physical examination are documented in the resident's medical record;
2. If a medical practitioner performs a medical history and physical examination on a resident before admission, a medical practitioner enters an interval note in the resident's medical record within seven calendar days after admission;
3. Except as specified in subsection (C)(4), a resident provides evidence of freedom from infectious tuberculosis, as required in R9-10-113;
4. A resident is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
   a. Fewer than 12 months have passed since the resident was last screened for tuberculosis, and
   b. The documentation of freedom from infectious tuberculosis required in subsection (C)(3) accompanies the resident at the time of the resident's admission to the secure behavioral health residential facility;
5. A behavioral health assessment for the resident is completed by a behavioral health professional, within 24 hours after admission and before treatment for the resident is initiated and includes:
   a. Documentation of the resident's:
      i. Presenting issue, including the acuity of the resident'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 resident or resident's representative, if applicable; and
xi. Referrals needed by the resident, if any;
b. Recommendations for further assessment or examination of the resident's needs;
c. Recommendations for the behavioral health services, physical health services, or ancillary services that will be provided to the resident until the resident's treatment plan is completed;
d. Recommendations for staffing levels or personnel member qualifications related to the resident's treatment to ensure resident health and safety; and
e. The signature and date signed of the personnel member conducting the behavioral health assessment; and
6. A resident's behavioral health assessment information is documented in the resident's medical record within 48 hours after completing the behavioral health assessment.

D. An administrator shall ensure that, if a resident requires services that the secure behavioral health residential facility is not authorized or not able to provide, a personnel member arranges for the transport or transfer of the resident to a hospital or another health care institution where the needed services can be provided.

R9-10-2308. Treatment Plan

A. An administrator shall ensure that a treatment plan is developed, implemented, and maintained for each resident, and may ensure that the development and review of the treatment plan is conducted in collaboration with the contracted outpatient treatment center, as applicable, that:
1. Is based on the medical history and physical examination required in R9-10-2307(C)(1) and the behavioral health assessment required in R9-10-2307(C)(5) and on-going changes to the behavioral health assessment of the resident;
2. Is completed by a behavioral health professional within 48 hours after the behavioral health assessment required in R9-10-2307(C)(5) is completed and within seven calendar days after the resident's admission;
3. Is documented in the resident's medical record within 48 hours after the resident first receives behavioral health services or personal care services;
4. If applicable, includes the requirements for judicial review pursuant to A.R.S. § 36-546;
5. Includes:
a. The resident's presenting issue, including an indication of the acuity of the resident's presenting issue;
b. The behavioral health services and personal care services to be provided to the resident, including frequency of occurrence;
c. How the resident's egress from the secure behavioral health residential facility will be controlled, as specified in A.R.S. § 36-425.06(C);
d. The signature of the resident or the resident's representative and date signed, or documentation of the refusal to sign;
e. The date when the resident's treatment plan will be reviewed;
f. If a discharge date has been determined, the treatment needed after discharge;
g. The signature of the personnel member who developed the treatment plan and the date signed; and
h. The signature of the medical director and the date signed; and
6. Is reviewed and updated at least every 90 days:
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, the resident's representative, or, if applicable, the resident's outpatient treatment center;
2. An opportunity for participation in developing the resident's treatment plan is provided to the resident, the resident's representative, or, if applicable, the resident's outpatient treatment center; and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

R9-10-2309. Discharge or Conditional Release to a Less Restrictive Alternative

A. An administrator shall ensure that a resident is discharged from a secure behavioral health residential facility according to the following, whichever is earlier:
1. At the expiration of the court-ordered treatment, according to A.R.S. § 36-542;
2. Upon release from court-ordered treatment according to A.R.S. § 36-546; or
3. When the resident's treatment needs are not consistent with the services that the secure behavioral health residential facility is authorized and able to provide.

B. An administrator shall ensure that a resident is discharged according to A.R.S. § 36-540.01, 36-542, or 36-546, as applicable.

C. An administrator shall ensure that a resident who is admitted to the secure behavioral health residential facility provided with transportation to a hearing to determine the resident's continued admission at the secure behavioral health residential facility, according to A.R.S. Title 36, Chapter 5, Article 5.

D. An administrator shall ensure that a resident is not discharged or conditionally released, according to ARS § 36-540.01, to a less restrictive alternative before the secure behavioral health residential facility receives documentation from a court of competent jurisdiction of the resident's:
1. Conditional release, according to ARS § 36-540.01, to a less restrictive alternative; or
2. Discharge, including the disposition of the resident upon discharge.

E. An administrator shall ensure that a discharge plan for a resident is:
1. Developed that:
   a. Identifies any specific needs of the resident after discharge,
   b. Is completed before discharge occurs, and
   c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
2. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
3. Provided to the resident or the resident's representative and, if applicable, according to subsection (G)(3) before the discharge occurs.

F. An administrator shall ensure that:
1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
3. The request in subsection (F)(1) and the opportunity in subsection (F)(2) are documented in the resident's medical record.

G. A medical director shall ensure that, before a resident is discharged or conditionally released to a less restrictive alternative, according to ARS § 36-540.01:
1. There is a documented discharge order by the medical director;
2. The medical director or the medical director's designee, as specified in the secure behavioral health residential facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional that will be providing ongoing care to the resident;
3. The health care provider or behavioral health professional specified according to subsection (G)(2) receives a copy of the discharge summary in subsection (H); and
4. The resident receives written discharge instructions, including as applicable to the resident:
   a. A description of ongoing behavioral health issues and personal care conditions;
   b. A list of the resident's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
   c. Counseling goals.

H. An administrator shall ensure that a discharge summary for a resident:
1. Is entered into the resident's medical record within 10 working days after a resident's discharge; and
2. Includes:
   a. The following information authenticated by a medical practitioner or behavioral health professional:
      i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
      ii. A summary of the treatment provided to the resident;
      iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the secure behavioral health residential facility at the time of the resident's discharge; and
   b. A description of the disposition of the resident's possessions, funds, or medications brought to the secure behavioral health residential facility by the resident.

R9-10-2310. Transportation; Transport; Transfer; Outings

A. An administrator shall ensure that:
1. A personnel member of the secure behavioral health residential facility:
   a. Coordinates the transportation of a resident to a hearing conducted under A.R.S. Title 36, Chapter 5, Article 5;
   b. If applicable, according to the resident's treatment plan, ensures that a personnel member accompanies the resident during transportation; and
   c. Documents the transportation, including the name of the personnel member accompanying the resident, if applicable, in the resident's medical record; and
2. If the secure behavioral health residential facility provides transportation to a resident:
   a. A vehicle used for transportation:
      i. Is safe and in good repair,
      ii. Contains a locked first aid kit,
      iii. Contains a working heating and air conditioning system, and
      iv. Contains drinking water sufficient to meet the needs of each resident present in the vehicle;
   b. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
   c. A driver of the vehicle:
      i. Is 21 years of age or older,

ii. Has a valid driver's license,
iii. Operates the vehicle in a manner that does not endanger a resident in the vehicle,
iv. Does not leave a resident in the vehicle unattended, and
v. Ensures the safe and hazard-free loading and unloading of residents; and
d. Transportation safety is maintained as follows:
i. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
ii. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body; and
e. The resident is seated in a location in the vehicle that has a means to deter the resident from leaving the vehicle during transportation, consistent with the resident's treatment plan.

B. Except as provided in subsection (D), an administrator shall ensure that:
1. A personnel member coordinates the transport of a resident and the services provided to the resident during the transport;
2. According to policies and procedures:
a. An evaluation of the resident is conducted before and after the transport, and
b. If applicable, information from the resident's medical record is provided to a receiving health care institution;
3. The requirements in subsection (A) are met if the secure behavioral health residential facility is providing transportation for the transport; and
4. 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.

C. Except as provided in subsection (D), an administrator shall ensure that:
1. A personnel member coordinates the transfer of a resident who requires services that the secure behavioral health residential facility is not authorized or not able to provide and the services provided to the resident during the transfer;
2. According to policies and procedures:
a. An evaluation of the resident is conducted before and after the transfer; and
b. If applicable, information from the resident's medical record is provided to a receiving health care institution;
3. The requirements in subsection (A) are met if the secure behavioral health residential facility is providing transportation for the transfer; and
4. 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.

D. Subsection (B) or (C), as applicable, does not apply to a transport or transfer to another licensed health care institution in an emergency.

E. An administrator shall ensure that:
1. At least two personnel members are present on an outing;
2. In addition to the personnel members required in subsection (D)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-2303(C)(1)(f) and first aid training;
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;
f. If applicable, the license plate number of a vehicle used to provide transportation for the outing; and
g. A written emergency plan that includes procedures for responding to a medical emergency, a behavioral health crisis, a missing resident, or another emergency that may occur during an outing;
5. The documentation described in subsection (D)(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 a 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 secure behavioral health residential facility's premises.

R9-10-2311. 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 (D); 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 (D), and
   b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A resident:
   a. Has privacy in treatment and personal care needs;
   b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
      i. Restricted by court order; or
      ii. Contraindicated on the basis of clinical judgment of the medical director, as documented in the resident's medical record;
   c. Is given the opportunity to seek, speak privately to, and be assisted by legal counsel:
      i. Whom the court assigns to the resident, or
      ii. Whom the resident or resident's representative obtains at the resident's or resident's representative's own expense;
   d. Is treated with dignity, respect, and consideration; and
   e. Is not subjected to:
      i. Abuse,
      ii. Neglect,
      iii. Exploitation,
      iv. Coercion,
      v. Manipulation,
      vi. Seclusion,
      vii. Restraint,
      viii. Sexual abuse according to A.R.S. § 13-1404;
      ix. Sexual assault according to A.R.S. § 13-1406;
      x. Retaliation for submitting a complaint to the Department or another entity;
      xi. Misappropriation of personal and private property by the secure behavioral health residential facility's personnel members, employees, volunteers, or students;
      xii. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs; or
      xiii. Treatment that involves the denial of:
         (1) Food, except if otherwise specified in the resident's treatment plan;
         (2) The opportunity to sleep; or
         (3) The opportunity to use the toilet;
2. A resident or the resident's representative:
   a. Is provided with the opportunity to participate in the development of the resident's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
   b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
   c. Is allowed to control the resident's finances and have access to the resident's personal funds account according to the secure behavioral health facility's policies and procedures specified in R9-10-2303(C)(1)(t);
   d. Has an opportunity to review the medical record for the resident according to the secure behavioral health facility's policies and procedures; and
   e. Receives information about the secure behavioral health facility's policies and procedures for:
      i. Health care directives;
      ii. Filing complaints, including the telephone number of an individual at the secure behavioral health facility to contact about a complaint, and the Department's telephone number; and
      iii. Petitioning a court for a resident's discharge or conditional release to a less restrictive alternative, according to ARS § 36-540.01;
3. Except as provided in subsection (C), 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 secure 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, is informed of proposed treatment alternatives, associated risks, and possible complications;
   b. Is informed of the following:
      i. The behavioral health residential facility's policy on health care directives, and
      ii. The resident complaint process; and
   c. 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 secure behavioral health residential facility, if the medical director determines that a resident's treatment requires the secure behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the medical director 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. 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 supports and respects the resident's individuality, choices, strengths, and abilities, consistent with the resident's treatment plan;
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 secure behavioral health residential facility for identification and administrative purposes; or
   b. 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 a secure storage space for the resident's belongings that are inaccessible to other residents;
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 participate or have the resident's representative participate in the development of a treatment plan or decisions concerning treatment;
10. To participate or refuse to participate in research or experimental treatment; and
11. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-2312. 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 secure behavioral health residential facility maintains resident's 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 medical director who is responsible for the resident's court-ordered treatment;
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 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. Documentation that treatment was ordered by a court according to A.R.S. Title 36, Chapter 5, Article 5, including a copy of the court order;
11. Assessment;
12. Treatment plans;
13. Interval notes;
14. Progress notes;
15. Documentation of behavioral health services and personal care services provided to the resident, including, if applicable, the information and documentation required in R9-10-2303(I) if the resident receives any behavioral health services or personal care services from a health care institution other than the secure behavioral health residential facility;
16. If applicable, documentation of the use of an emergency safety response;
17. If applicable, documentation of time-out required in R9-10-2316(6);
18. Documentation of freedom from infectious tuberculosis required in R9-10-2307(C)(3);
19. The disposition of the resident after discharge;
20. The discharge plan;
21. The discharge summary, if applicable;
22. If applicable:
a. Laboratory reports,
b. Radiologic reports,
c. Diagnostic reports, and
d. Consultation reports; and
23. Documentation of medication administered or assistance in the self-administration of medication to the resident that includes:
a. Whether the medication is required under the court order;
b. The date and time of administration;
c. The name, strength, dosage, and route of administration;
d. 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;
e. 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;
f. The identification, signature, and professional designation of the individual administering or providing assistance in the self-administration of the medication; and
g. Any adverse reaction a resident has to the medication.

R9-10-2313. Personal Care Services

An administrator of a secure behavioral health residential facility shall ensure that:
1. A medical practitioner has determined that a resident's needs for personal care services can be and are being met by the secure behavioral health residential facility within the secure behavioral health residential facility's scope of services; and
2. Personal care services for a resident:
a. May include, as required by the resident:
i. Assistance with activities of daily living;
ii. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
iii. Offering sufficient fluids to maintain hydration; and
iv. If applicable, incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting; and
b. Are provided by:
i. A registered nurse, or
ii. A personnel member who meets the requirements in R9-10-2306(H)(1) or (2).

R9-10-2314. Behavioral Health Services

A. An administrator shall ensure that:
1. Court-ordered treatment is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 5;
2. A resident admitted to the secure behavioral health residential facility receives behavioral health services, personal care services, and continuous protective oversight, as indicated in the resident's treatment plan;

3. Behavioral health services are provided to meet the needs of a resident and are consistent with a secure behavioral health residential facility's scope of services;
4. Behavioral health services listed in the secure behavioral health residential facility's scope of services are provided on the premises;
5. 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:
   a. Health and safety of each resident is protected, and
   b. Treatment needs of each resident participating are being met;
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;
7. Counseling is:
   a. Offered as described in the secure behavioral health residential facility's scope of services,
   b. Provided according to the frequency and number of hours identified in the resident's treatment plan, and
   c. Except as provided in subsection (B), provided by a behavioral health professional;
8. 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
9. 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.

B. An administrator may allow a group counseling session that does not include psychotherapy to be provided by a behavioral health technician.

C. 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, including de-escalation, as described in R9-10-2306(G)(1)(a)(ii), 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 two working days after an emergency safety response is used for a resident, the administrator or medical director reviews the information in subsection (C)(2); and
4. After the review required in subsection (C)(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 secure behavioral health residential facility, and
   c. Whether the resident's treatment plan was reviewed or needs to be reviewed and updated to ensure that the resident's treatment plan is meeting the resident's treatment needs.

R9-10-2315. Resident Time-Outs

An administrator shall ensure that a time-out:
1. Is provided to a resident who voluntarily decides to go in a 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 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; and
6. Is documented in the resident's medical record, to include:

a. The date of the time-out,
b. The reason for the time-out,
c. The duration of the time-out, and
d. The action planned and taken by the administrator to prevent the use of time-out in the future.

R9-10-2316. 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. Whether the prescribed medication is required as part of the resident's court order,
      ii. The prescribed medication's anticipated results,
      iii. The prescribed medication's potential adverse reactions,
      iv. The prescribed medication's potential side effects, and
      v. Potential adverse consequences that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse response to a medication, or
      iii. A medication overdose;
   c. Procedures to ensure that a resident's medication regimen is reviewed by the medical director to ensure the medication regimen meets the resident's needs;
   d. Procedures for documenting medication administration and assistance in the self-administration of medication; and
   e. 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. An administrator shall ensure that:
1. Policies and procedures for medication administration:
   a. Are reviewed and approved by the medical director;
   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; and
   d. Cover a resident's refusal to take prescribed medication, including:
      i. Documentation of the refusal in the resident's medical record, and
      ii. The individuals to notify of the refusal;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
   a. Is administered in compliance with an order,
   b. Is administered by an individual who is licensed or certified to administer medication, and
   c. Is documented in the resident's medical record;
4. If pain medication is administered to a resident on a PRN basis, documentation in the resident's medical record includes:
   a. An identification of the resident's pain before administering the medication, and
   b. The effect of the pain medication administered; and
5. If a psychotropic medication is administered to a resident on a PRN basis, documentation in the resident's medical record includes:
   a. An assessment of the patient's behavior before administering the psychotropic medication, and
   b. The effect of the psychotropic medication administered.

C. If a secure 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 secure behavioral health residential facility;
2. A personnel member verifies that the resident's medication is being taken as prescribed by the resident's medical practitioner by confirming that:
   a. The resident taking the medication is the individual stated on the medication container label,
   b. The resident is taking the dosage 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
   c. The medication is being taken by the resident 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;
3. 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, and
   d. Observing the resident while the resident takes the medication and verifying that the medication is consumed;

4. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the medical practitioner;
5. 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;
6. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(5) before the personnel member provides assistance in the self-administration of medication; and
7. 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:
   a. The pharmaceutical services are provided under the direction of a pharmacist;
   b. 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
   c. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a secure behavioral health residential facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication;
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;
   d. Storing, inventorying, and dispensing controlled substances; and
   e. Documenting the maintenance of a medication requiring refrigeration.

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 the medication and, if applicable, the secure behavioral health residential facility's medical director.

R9-10-2317. Food Services

A. An administrator shall ensure that:
1. For a secure behavioral health residential facility that has a licensed capacity of more than 10 residents:
   a. The secure 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 secure behavioral health residential facility's food establishment license or permit is maintained;
2. If a secure 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 secure 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 secure 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. 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 secure behavioral health residential facility are served according to posted menus;
4. Meals and snacks for each day are planned using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;

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. 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.

R9-10-2318. Emergency and Safety Standards

A. An administrator shall ensure that a secure 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 R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, 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. A secure 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, while ensuring that the residents are in a secure environment;
   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 secure behavioral health residential facility, under the care and supervision of personnel members, or in the secure 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:
   a. Is conducted at least once every six months on each shift;
   b. Includes all individuals on the premises except for:
      i. A resident whose medical record contains documentation that evacuation from the secure behavioral health residential facility would cause harm to the resident, and
      ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (B)(5)(b)(i);
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 secure 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 secure 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;
3. Maintain documentation of a current fire inspection;
4. Ensure that an alternative method under subsection (A)(2) includes:
   a. A smoke detector that 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 secure behavioral health residential facility, has a back-up battery;
      iii. In working order; and
      iv. Tested at least once a month; and
   b. If the secure behavioral health residential facility has a gas line entering the premises, a carbon monoxide detector located within 20 feet of the end of the gas line; and
5. Ensure that the documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test.

R9-10-2319. Environmental Standards

A. An administrator shall ensure that:

1. The premises and equipment are:
   a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
   b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
   c. Free from a condition or situation that may cause a resident or other 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. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14, and policies and procedures;
4. Equipment used at the secure behavioral health residential facility 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;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
   a. Stored in covered containers lined with plastic bags, and
   b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the secure behavioral health residential facility at a temperature between 70° F and 84° F;
8. A space heater is not used;
9. Common areas:
   a. Are lighted to assure the safety of residents, and
   b. Have lighting sufficient to allow personnel members to monitor resident activity;
10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the secure behavioral health residential facility used by residents;
11. 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;
12. Soiled linen and soiled clothing stored by the secure behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the secure behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas;
15. Medications, other than naloxone, are inaccessible to residents;
16. Combustible or flammable liquids and hazardous materials stored by a secure behavioral health residential facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
17. If pets or animals are allowed in the secure behavioral health residential facility, 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;

18. 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

19. 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 secure behavioral health residential facility; and
2. Smoking tobacco products may be permitted on the premises outside a secure behavioral health residential facility 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. On each day that a resident uses the swimming pool, an employee:
a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
b. Records the results of the water quality tests in a log that includes each testing date and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
4. At least one personnel member, with cardiopulmonary resuscitation training that meets the requirements in R9-10-2303(C)(1)(f), is present in the pool area when a resident is in the pool area; and
5. At least two personnel members are present in the pool area if two or more residents are in the pool area, consistent with treatment plans for the residents in the pool area.

R9-10-2320. Physical Plant Standards

A. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services in the secure behavioral health residential facility's scope of services, and
2. An individual admitted as a resident by the secure behavioral health residential facility.

B. An administrator shall ensure that:
1. A secure behavioral health residential facility has:
a. A privacy room for visitation, individual and group therapy, and, if applicable, telehealth or in-person physical health services or behavioral health service;
b. An area for community dining; and
c. Sufficient space in one or more common areas for individual and group activities;
2. An indoor common area that is not used as a sleeping area and that has:
a. A working telephone that allows a resident to make a private telephone call;
b. A distortion-free mirror;
c. A current calendar and an accurate clock;
d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of residents; and
e. A working television and access to a radio;
3. 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;
4. For every six residents at the secure behavioral health residential facility, there is at least one bathroom that meets the requirements in subsection (B)(3)(c);
5. For every eight residents at the secure behavioral health residential facility, there is at least one working bathtub or shower;
6. A resident bathroom complies with the following:
a. Provides privacy when in use; and
b. Contains:
i. A shatterproof mirror, unless the resident'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.
7. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
8. Each resident is provided a sleeping area that is in a bedroom; and
9. 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. Bedroom for one resident 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 two residents;
(2) 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;
h. Contains for each resident occupying the bedroom:
i. A bed, that is not a bunk bed, and 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 a chest of drawers;
i. Has clean linen for each bed, including sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers, 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;
10. For a door located in an area of the secure behavioral health residential facility that is accessible to residents:
a. A door closing device, if used on a resident's bedroom door, is mounted on the public side of the door; and
b. A bedroom door does not lock; and
11. An outdoor area has a shaded and an unshaded area.

C. An administrator shall ensure that:
1. The premises of a secure behavioral health residential facility are secure, as defined in A.R.S. § 36-425.06; and
2. There is a means of exiting the facility for a resident who does not have special knowledge for egress that:
a. Provides access to an outside area on the premises of the secure behavioral health residential facility that allows the resident to be at least 30 feet away from the facility,
b. Controls and alerts employees of the egress of a resident from the facility, and
c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in R9-10-104.01.

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 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 24. SECURE BEHAVIORAL HEALTH RESIDENTIAL FACILITIES FOR RESIDENTS UNDER A.R.S. TITLE 13 COURT ORDERS

R9-10-2401. Supplemental Application Requirements

A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a secure behavioral health residential facility, under this Article, shall include on the application:
1. That the applicant is planning to provide behavioral health to individuals who are placed in a secure behavioral health residential facility pursuant to a court order issued in accordance with A.R.S. § 13-4521,
2. The requested licensed capacity, and
3. Whether the applicant is requesting authorization to provide personal care services to a resident according to R9-10-2413.

B. A secure behavioral health residential facility shall obtain a separate license for each single dwelling unit.

R9-10-2402. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a secure behavioral health residential facility;
2. Establish, in writing:
   a. A secure behavioral health residential facility's scope of services, including the specific types of treatment and services to be provided; 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 R9-10-2403;
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 secure behavioral health residential facility's premises for more than 30 calendar days, or
   b. Not present on the secure behavioral health residential 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 administrator and identify the name and qualifications of the new administrator;
8. Ensure the health, safety, and welfare of a resident is not placed at risk of harm; and
9. If not providing medical direction through a contracted medical director, designate, in writing:
   a. A medical director, as specified in A.R.S. § 36-501, who may be the same individual as the administrator, if the individual meets the qualifications in subsection (A)(2)(b) and A.R.S. § 36-501; and
   b. An acting medical director who has the qualifications in A.R.S. § 36-501, if the medical director is not or is expected not to be on the secure behavioral health residential facility's premises for more than 30 calendar days.

B. An administrator:
1. Is directly accountable to the governing authority of a secure behavioral health residential facility for the daily operation of the secure behavioral health residential facility and all services provided by or at the secure behavioral health residential facility;
2. Has the authority and responsibility to manage the secure behavioral health residential facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the secure behavioral health residential facility's premises and accountable for the secure behavioral health residential facility when the administrator is not present on the secure 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 and employees;
   b. Cover orientation and in-service education for personnel members and employees;
   c. Include how a personnel member may submit a complaint relating to services provided to a resident;
   d. Include methods on how to prevent abuse, neglect, or exploitation of a resident, including annual training of personnel members on how to recognize the signs and symptoms of abuse, neglect, or exploitation, and how to report abuse, neglect, or exploitation;
   e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   f. 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;
   g. Cover training in crisis intervention according to R9-10-2405(G);
   h. Cover implementation of the fingerprinting requirements in A.R.S. § 36-411;
   i. Cover first aid training;
   j. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
   k. 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;

l. Cover specific steps for:
   i. A resident to file a complaint, and
   ii. The secure behavioral health residential facility to respond to a resident complaint, including a time-frame for responding;
m. Cover health care directives;
n. Cover medical records, including electronic medical records;
o. Cover a quality management program, including incident reports and supporting documentation;
p. Cover contracted services;
q. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities;
r. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) and (C), if a resident communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the resident has the apparent intent and ability to carry out the threat;
s. Include security measures for the facility, residents and their possessions, personnel members, and visitors at the secure behavioral health residential facility;
t. Include the methods the secure behavioral health residential facility plans to use, based on the acuity of a resident, to deter unauthorized exiting from a vehicle during transportation; and
u. Include the establishment of, disbursing from, and recordkeeping for a resident's personal funds account;

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 or coordination of behavioral health services and, if needed, physical health services, including as applicable:
      i. Services provided by the secure behavioral health residential facility;
      ii. Telehealth services;
      iii. Services provided by a home health agency, outpatient treatment center, or other health care institution to a resident on-site and in-person; or
      iv. Services provided to a resident by a health care institution off the premises of the secure behavioral health residential facility;
   c. Include when informed consent is required;
   d. Cover a resident's personal funds account;
   e. 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;
   f. Cover prescribing a controlled substance to minimize substance abuse by a resident;
   g. Cover infection control;
   h. Cover environmental services that affect resident care;
   i. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
   j. Cover the security of a resident's possessions that are allowed on the premises;
   k. Cover smoking and the use of tobacco products on the premises;
   l. Cover how the secure 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, including, as applicable:
      i. Resident time-out, and
      ii. Emergency safety responses;
   m. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02; and
   n. Cover the provision of naloxone nasal spray, including requirements for:
      i. Informing the administrator, personnel members, employees, and residents of the availability and location of the naloxone nasal spray on the premises of the secure behavioral health residential facility;
      ii. Providing training to the administrator, personnel members, and employees on the correct use of naloxone nasal spray; and
      iii. Ensuring the naloxone nasal spray is used in accordance with the manufacture's recommendations;
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 and employees; 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 secure behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the secure behavioral health residential facility.

D. An administrator shall:
1. Ensure that the medical director, who may be under contract to the secure behavioral health residential facility, supervises and administers a resident's treatment program, pursuant to A.R.S. § 36-501; and
2. Designate a registered nurse to provide direction for nursing services and, if applicable, personal care services provided by or at the secure behavioral health residential facility.

E. 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.

F. If abuse, neglect, exploitation, or a reportable offense 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 secure behavioral health residential facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, exploitation, or reportable offense of the resident 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, exploitation, or a reportable offense has occurred on the premises or while a resident is receiving services from a secure behavioral health residential facility's employee or personnel member, the administrator shall:

1. If applicable, take immediate action to stop the suspected abuse, neglect, exploitation, or reportable offense;
2. Report the suspected abuse, neglect, exploitation, or reportable offense of the resident according to A.R.S. § 46-454;
3. Document:
   a. The suspected abuse, neglect, exploitation, or reportable offense;
   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, exploitation, or reportable offense and document the following information within five working days after the report required in (G)(2):
   a. The dates, times, and description of the suspected abuse, neglect, exploitation, or reportable offense;
   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, exploitation, or reportable offense; and
   d. The actions taken by the administrator to prevent the suspected abuse, neglect, exploitation, or reportable offense 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:

1. Establish, document, and implement requirements for the security of the premises and safety of residents and staff, consistent with R9-10-2420(C);
2. Establish, document, and implement requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
3. Establish, document, and implement a process for:
   a. Providing telehealth services for a resident unless not feasible;
   b. When in-person physical health services or behavioral health services are required for a resident, arranging for the physical health services or behavioral health services to be provided to a resident on the premises according to policies and procedures in subsection (C)(2)(b)(iii), unless not feasible; and
   c. Ensuring that telehealth services and in-person physical health services or behavioral health services take place in a privacy room;
4. Establish, document, and implement a process for responding to a resident's need for immediate and unscheduled physical health services, behavioral health services, or personal care services;
5. Establish, document, and implement the criteria for determining when a resident's absence is unauthorized;
6. If a resident's absence is unauthorized, as determined according to the criteria in subsection (H)(5):
   a. Within an hour after determining that the resident's absence is unauthorized, notify:
      i. The resident's representative or other individual designated by the resident;
      ii. Except as specified in subsection (H)(6)(c), the court that issued the order in accordance with A.R.S. § 13-4521; and
      iii. If court-ordered treatment is being provided to the resident through contracted services, the person responsible for providing treatment under the court order; and
   b. Within 24 hours after determining that the resident's absence is unauthorized, notify the Department in writing of the absence;
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 notification required in subsection (H)(6) was submitted, and
   c. Date of the notification; and
8. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-2404.

I. If a resident is receiving services from a home health agency, outpatient treatment center, or other health care institution according to policies and procedures in subsection (C)(2)(b)(iii), an administrator 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, outpatient treatment center, or other health care institution;
   b. Any information provided by the home health agency, outpatient treatment center, or other health care institution; and
   c. A copy of resident follow-up instructions provided by the home health agency, outpatient treatment center, or other health care institution; and

2. Any care instructions for a resident provided to the secure behavioral health residential facility by the home health agency, outpatient treatment center, or other health care institution are:
   a. Within the secure behavioral health residential facility's scope of services,
   b. Communicated to a personnel member, and
   c. Documented in the resident's treatment plan.

J. 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 secure behavioral health residential facility's current license,
2. The location at which inspection reports required in R9-10-2418(C)(3) 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. An administrator shall ensure that:
1. Labor performed by a resident for the secure behavioral health residential facility is consistent with A.R.S. § 36-510; and
2. 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. If an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator 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. Notify the resident's representative or contact a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
3. Maintain documentation of the notification required in subsection (L)(2) in the resident's medical record for at least 12 months after the date of the notification.

M. If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:
1. Policies and procedures are established, documented, 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.

R9-10-2403. Quality Management

An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to residents;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to resident care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-2404. Contracted Services

A. An administrator shall ensure that:
1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

B. If a secure behavioral health residential facility is providing behavioral health services and other services, required under a court order issued under A.R.S. § 13-4521, to a resident under a contract, an administrator shall ensure that the contract:
1. Addresses communication and coordination between the secure behavioral health residential facility and the person providing the behavioral health services or other services; and
2. Includes responsibilities for:
   a. Development and implementation of the treatment plan required in R9-10-2407,
   b. Required changes to the resident's treatment plan due to changes in the resident's condition or other events or behaviors,

c. Transportation to and from the facility of the person providing the behavioral health services for treatment of the resident,
d. Communications with the court issuing the court order, and
e. Transition of care after discharge from the secure behavioral health residential facility.

R9-10-2405. Personnel

A. An administrator shall ensure that a personnel member:
1. Is at least 18 years old; and
2. Either:
a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
b. Submits, to the administrator, a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02, within seven working days after becoming a personnel member.

B. An administrator shall ensure that each personnel member submits to the administrator a copy of the personnel member's valid fingerprint clearance card:
1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
2. Each time the fingerprint clearance card is issued or renewed.

C. If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:
1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
2. Make a record of the determination in subsection (C)(1), including the name of the personnel member, the date of the contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.

D. 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 personal care 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 personal care 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 personal care 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 personal care 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 personal care 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 behavioral health services or personal care services, and
b. According to policies and procedures; and
3. Sufficient personnel members are present on a secure behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
a. Provide the services in the secure 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.

E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.

F. 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.

G. An administrator shall ensure that:
1. Before providing behavioral health services, a personnel member:
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;
iii. Other interventions that may be necessary, based on the acuity, history of violence, or other factors for any individual accepted as a resident by the secure behavioral health residential facility;
iv. The safe use of an emergency safety response, including the ability to recognize and respond to signs of physical distress in a resident who is receiving an emergency safety response; and

v. If necessary to protect the health and safety of personnel members and employees, based on the acuity, history of violence, or other factors for any individual accepted as a resident by the secure behavioral health residential facility, self-defense training; and

b. Completes in-service education covering the topics in subsection (G)(1)(a) at least once every 12 months after the date the personnel member completed the initial training;

2. Documentation of the completed training in subsection (G)(1)(a) and in-service education according to subsection (G)(1)(b) 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.

H. An administrator shall ensure that a personnel member complies with one of the following before providing personal care services:
1. Has a Certified Nursing Assistant (CNA) Certificate according to A.R.S. Title 32, Chapter 15, or
2. Provides documentation of the 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.

I. An administrator shall ensure that:
1. A plan to provide orientation, specific to the duties of a personnel member or an employee, is developed, documented, and implemented;
2. Each personnel member completes orientation before providing behavioral health services or personal care 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 plan to provide in-service education, specific to the duties of a personnel member or an employee, is developed, documented, and implemented; and
5. A personnel member's or an employee's in-service education is documented, to include:
   a. The individual's name,
   b. The date of the training, and
   c. The subject or topics covered in the training.

J. An administrator shall ensure that an employee who has or is expected to have more than eight hours of direct interaction per week with residents or a personnel member provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the secure behavioral health residential facility, and
2. As specified in R9-10-113.

K. An administrator shall ensure that a personnel record is maintained for each personnel member or employee that includes:
1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment 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. Compliance with the requirements in subsection (A)(2) related to fingerprint clearance cards;
   d. If required for the individual according to subsection (G), training in crisis intervention;
   e. If applicable, compliance with requirements in subsection (I);
   f. The individual's completed orientation and in-service education, as required by policies and procedures;
   g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
   h. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
   i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-2402(C)(1)(f);
   j. First aid training, if required for the individual according to this Article or policies and procedures; and
   k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (K).

L. An administrator shall ensure that personnel records are:
1. Maintained:
   a. Throughout an individual's period of providing services at or for the secure behavioral health residential facility, and
   b. For at least 24 months after the last date the individual provided services at or for the secure behavioral health residential facility; and
2. For a personnel member who has not provided behavioral health services or personal care services at or for the secure behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

M. An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training specific to the populations served by the secure behavioral health residential facility:
1. At least one personnel member who is present at the secure behavioral health residential facility during hours of operation of the secure behavioral health residential facility, and

2. Each personnel member participating in an outing.

N. An administrator shall ensure that:
1. In addition to the personnel members in subsection (O)(1), at least one personnel member is on-call and available to come to the secure behavioral health residential facility if needed;
2. A medical director is present on the secure behavioral health residential facility's premises or on-call;
3. A registered nurse is present on the secure behavioral health residential facility's premises, when a resident is on the premises; and
4. A registered nurse who provides direction for the nursing services provided at the secure behavioral health residential facility is present at the secure behavioral health residential facility at least 40 hours every week.

O. An administrator shall ensure that a secure behavioral health residential 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.

P. If a secure behavioral health residential facility has a medical director on-call to comply with subsection (O)(3), 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 secure behavioral health residential facility,
   b. The process through which the on-call medical director is contacted,
   c. The circumstances that would require the on-call medical director to come to the secure behavioral health residential facility, and
   d. The process through which a request is made for the on-call medical director to come to the secure behavioral health residential facility;
3. A request for the on-call medical director to come to the secure behavioral health residential facility is documented, including:
   a. The time that a request for the on-call medical director to come to the secure behavioral health residential facility is made,
   b. The name of the individual making the request,
   c. The reason for the request,
   d. The name of the medical director contacted and requested to come to the secure behavioral health residential facility, and
   e. The time the on-call medical director arrives at the secure behavioral health residential facility in response to a request;
4. The on-call medical director arrives at the secure behavioral health residential facility within 30 minutes after a request;
5. The documentation in subsections (Q)(1) and (3) is maintained for at least 12 months after the last date on the documentation; and
6. Documentation related to the request is included in the medical record of the applicable resident.

R9-10-2406. Admission; Assessment

A. An administrator shall ensure that, before a resident is admitted to the secure behavioral health residential facility, a court of competent jurisdiction has ordered the resident to be placed at the secure behavioral health residential facility, pursuant to A.R.S. § 13-4521.

B. An administrator shall ensure that:
1. A resident is not admitted unless:
   a. The resident's primary condition for which the resident being admitted to the behavioral health residential facility is a behavioral health issue, and
   b. The resident's behavioral health issue and treatment needs are within the behavioral health residential facility's scope of services; and
2. At the time a resident is admitted to the secure behavioral health residential facility:
   a. The administrator receives a copy of the court order for the resident to be admitted to the secure behavioral health residential facility, and
   b. The resident or resident's representative is provided with a written list and verbal explanation of the resident's rights and responsibilities.

C. A medical director shall ensure that:
1. Within three calendar days before admission or within 24 hours after a resident is admitted to the secure behavioral health residential facility:
   a. A medical history is taken from and a physical examination is performed on the resident by a medical practitioner, and
   b. The medical history and physical examination are documented in the resident's medical record;
2. If a medical practitioner performs a medical history and physical examination on a resident before admission, a medical practitioner enters an interval note in the resident's medical record within seven calendar days after admission;
3. Except as specified in subsection (C)(4), a resident provides evidence of freedom from infectious tuberculosis, as required in R9-10-113;
4. A resident is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
   a. Fewer than 12 months have passed since the resident was last screened for tuberculosis, and
   b. The documentation of freedom from infectious tuberculosis required in subsection (C)(3) accompanies the resident at the time of the resident's admission to the secure behavioral health residential facility;
5. A behavioral health assessment for the resident is completed by a behavioral health professional, within 24 hours after admission and before treatment for the resident is initiated and includes:

a. Documentation of the resident's:
   i. Presenting issue, including the acuity of the resident'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 resident or resident's representative, if applicable; and
   xi. Referrals needed by the resident, if any;
b. Recommendations for further assessment or examination of the resident's needs;
c. Recommendations for the behavioral health services, physical health services, or ancillary services that will be provided to the resident until the resident's treatment plan is completed;
d. Recommendations for staffing levels or personnel member qualifications related to the resident's treatment to ensure resident and staff health and safety;
e. An assessment to ensure resident health and safety of whether or not the resident may share a bedroom;
f. Recommendations related to resident and staff health and safety during transportation of a resident, including as applicable:
   i. The number and qualifications of personnel members accompanying the resident during transportation, and
   ii. The type of restraints that may be used for the resident during transportation to deter unauthorized exiting from the vehicle; and
g. The signature and date signed of the personnel member conducting the behavioral health assessment; and

6. A resident's behavioral health assessment information is documented in the resident's medical record within 48 hours after completing the behavioral health assessment.

D. An administrator shall ensure that if a resident requires services that the secure behavioral health residential facility is not authorized or not able to provide, a personnel member arranges for the transport or transfer of the resident to a hospital or another health care institution where the needed services can be provided.

R9-10-2407. Treatment Plan

A. An administrator shall ensure that a treatment plan is developed, implemented, and maintained for each resident, in compliance with the resident's court order, that:
1. Is based on the medical history and physical examination required in R9-10-2406(C)(1) and the behavioral health assessment required in R9-10-2406(C)(5) and on-going changes to the behavioral health assessment of the resident;
2. Is completed by a behavioral health professional within 48 hours after the behavioral health assessment required in R9-10-2406(C)(5) is completed and within seven calendar days after the resident's admission;
3. Is documented in the resident's medical record within 48 hours after the resident first receives behavioral health services or personal care services;
4. If applicable, includes the requirements for judicial review pursuant to A.R.S. § 36-4002;
5. Includes:
   a. The resident's presenting issue, including an indication of the acuity of the resident's presenting issue;
   b. The behavioral health services and personal care services to be provided to the resident, including frequency of occurrence;
   c. How the resident's egress from the secure behavioral health residential facility will be controlled, as specified in A.R.S. § 36-425.06(C);
   d. The signature of the resident or the resident's representative and date signed, or documentation of the refusal to sign;
   e. The date when the resident's treatment plan will be reviewed;
   f. If a discharge date has been determined, the treatment needed after discharge;
   g. The signature of the personnel member who developed the treatment plan and the date signed; and
   h. The signature of the medical director and the date signed; and
6. Is reviewed and updated at least every 90 days:
   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.

R9-10-2408. Discharge or Conditional Release to a Less Restrictive Alternative

A. An administrator shall ensure that a resident is discharged from a secure behavioral health residential facility according to the following, whichever is earlier:
1. At the expiration of the court-ordered treatment,
2. Upon release from court-ordered treatment according to A.R.S. § 36-4009, or
3. When the resident's treatment needs are not consistent with the services that the secure behavioral health residential facility is authorized and able to provide.

B. An administrator shall ensure that a resident is discharged according to A.R.S. § 36-4009.

C. An administrator shall ensure that a resident who is admitted to the secure behavioral health residential facility is provided transportation to a hearing to determine the resident's continued admission at the secure behavioral health residential facility, according to A.R.S. Title 36-4010.

D. An administrator shall ensure that a resident is not discharged or conditionally released to a less restrictive alternative, according to ARS § 36-4006, before the secure behavioral health residential facility receives documentation from a court of competent jurisdiction of the resident's:
1. Conditional release to a less restrictive alternative; or
2. Discharge, including the disposition of the resident upon discharge.

E. An administrator shall ensure that a discharge plan for a resident is:
1. Developed that:
   a. Identifies any specific needs of the resident after discharge,
   b. Is completed before discharge occurs, and
   c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
2. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
3. Provided to the resident or the resident's representative and, if applicable, according to subsection (G)(3) before the discharge occurs.

F. An administrator shall ensure that:
1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
3. The request in subsection (F)(1) and the opportunity in subsection (F)(2) are documented in the resident's medical record.

G. A medical director shall ensure that, before a resident is discharged or conditionally released, according to ARS § 13-3994:
1. There is a documented discharge order by the medical director;
2. The medical director or the medical director's designee, as specified in the secure behavioral health residential facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional that will be providing ongoing care to the resident;
3. The health care provider or behavioral health professional specified according to subsection (G)(2) receives a copy of the discharge summary in subsection (H); and
4. The resident receives written discharge instructions, including as applicable to the resident:
   a. A description of ongoing behavioral health issues and personal care conditions;
   b. A list of the resident's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
   c. Counseling goals;

H. An administrator shall ensure that a discharge summary for a resident:
1. Is entered into the resident's medical record within 10 working days after a resident's discharge; and
2. Includes:
   a. The following information authenticated by a medical practitioner or behavioral health professional:
      i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
      ii. A summary of the treatment provided to the resident;
      iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the secure behavioral health residential facility at the time of the resident's discharge; and
   b. A description of the disposition of the resident's possessions, funds, or medications brought to the secure behavioral health residential facility by the resident.

R9-10-2409. Transportation; Transport; Transfer

A. An administrator shall ensure that:
1. A personnel member of the secure behavioral health residential facility:
   a. Coordinates the transportation of a resident, according to A.R.S. § 36-4010, to a hearing conducted under A.R.S. § 36-4002, 36-4005, or 36-4009, as applicable;
   b. Arranges for one or more personnel members to accompany the resident during transportation, according to the resident's treatment plan; and
   c. Documents the transportation, including the name of each personnel member accompanying the resident in the resident's medical record; and
2. If the secure behavioral health residential facility provides transportation to a resident:
   a. A vehicle used for transportation:

i. Is safe and in good repair,
ii. Contains a locked first aid kit,
iii. Contains a working heating and air conditioning system, and
iv. Contains drinking water sufficient to meet the needs of each resident present in the vehicle;
b. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
c. A driver of the vehicle:
i. Is 21 years of age or older,
ii. Has a valid driver's license,
iii. Operates the vehicle in a manner that does not endanger a resident in the vehicle,
iv. Does not leave a resident in the vehicle unattended, and
v. Ensures the safe and hazard-free loading and unloading of residents;
d. Transportation safety is maintained as follows:
i. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
ii. Each seat in the vehicle is securely fastened to the vehicle and provides and sufficient space for a resident's body; and
e. Resident security is maintained, according to policies and procedures, to deter the resident from leaving the vehicle during transportation;

B. Except as provided in subsection (C), an administrator shall ensure that:
1. A personnel member coordinates the transport of a resident and the services provided to the resident during the transport;
2. According to policies and procedures:
a. An evaluation of the resident is conducted before and after the transport; and
b. If applicable, information from the resident's medical record is provided to a receiving health care institution;
3. The requirements in subsection (A) are met if the secure behavioral health residential facility is providing transportation for the transport; and
4. 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.

C. Except as provided in subsection (D), an administrator shall ensure that:
1. A personnel member coordinates the transfer of a resident who requires services that the secure behavioral health residential facility is not authorized or not able to provide and the services provided to the resident during the transfer;
2. According to policies and procedures:
a. An evaluation of the resident is conducted before the transfer, and
b. If applicable, information from the resident's medical record is provided to a receiving health care institution;
3. The requirements in subsection (A) are met if the secure behavioral health residential facility is providing transportation for the transfer; and
4. 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.

D. Subsections (B) and (C) do not apply to a transport or transfer to another licensed health care institution in an emergency.

R9-10-2410. 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 (D); 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 (D), and
b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A resident:
a. Has privacy in treatment and personal care needs;
b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
i. Restricted by court order; or
ii. Contraindicated on the basis of clinical judgment, as documented in the resident's medical record;
c. Is given the opportunity to seek, speak privately to, and be assisted by legal counsel:
i. Whom the court assigns to the resident, or
ii. Whom the resident or resident's representative obtains at the resident's or resident's representative's own expense;
d. Is treated with dignity, respect, and consideration; and
e. Is not subjected to:
i. Abuse;
ii. Neglect;

iii. Exploitation;
iv. Coercion;
v. Manipulation;
vi. Seclusion;
vii. Restraint;
viii. Sexual abuse according to A.R.S. § 13-1404;
ix. Sexual assault according to A.R.S. § 13-1406;
x. Retaliation for submitting a complaint to the Department or another entity;
xi. Misappropriation of personal and private property by the secure behavioral health residential facility's personnel members, employees, volunteers, or students;
xii. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs; or
xiii. Treatment that involves the denial of:
(1) Food, except if otherwise specified in the resident's treatment plan;
(2) The opportunity to sleep; or
(3) The opportunity to use the toilet;

2. A resident or the resident's representative:
a. Is provided with the opportunity to participate in the development of the resident's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
c. Is allowed to control the resident's finances and have access to the resident's personal funds account according to the secure behavioral health facility's policies and procedures specified in R9-10-2402(C)(1)(u);
d. Has an opportunity to review the medical record for the resident according to the secure behavioral health facility's policies and procedures; and
e. Receives information about the secure behavioral health facility's policies and procedures for:
i. Health care directives;
ii. Filing complaints, including the telephone number of an individual at the secure behavioral health facility to contact about a complaint, and the Department's telephone number; and
iii. Petitioning a court for a resident's discharge or conditional release to a less restrictive alternative.

3. Except as provided in subsection (C), 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 secure 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, is informed of proposed treatment alternatives, associated risks, and possible complications;
b. Is informed of the following:
i. The behavioral health residential facility's policy on health care directives, and
ii. The resident complaint process; and
c. 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 secure behavioral health residential facility, if the medical director determines that a resident's treatment requires the secure behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the medical director shall:
1. Document the 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. 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 supports and respects the resident's individuality, choices, strengths, and abilities, consistent with the resident's treatment plan;
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 secure behavioral health residential facility for identification and administrative purposes; or
b. For video recordings used for security purposes that are maintained only on a temporary basis;
4. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To be provided a secure storage space for the resident's belongings that are inaccessible to other residents;
6. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
7. To participate or have the resident's representative participate in the development of a treatment plan or decisions concerning treatment;
8. To participate or refuse to participate in research or experimental treatment; and

9. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

R9-10-2411. 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 secure behavioral health residential facility maintains resident 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 medical director;
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 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. Documentation that treatment was ordered by a court according to A.R.S. § 13-4521, including a copy of the court order;
11. Assessment;
12. Treatment plans;
13. Interval notes;
14. Progress notes;
15. Documentation of behavioral health services and personal care services provided to the resident, including, if applicable, the information and documentation required in R9-10-2402(I) if the resident receives any behavioral health services or personal care services from a health care institution other than the secure behavioral health residential facility;
16. If applicable, documentation of the use of an emergency safety response;
17. If applicable, documentation of time-out required in R9-10-2415(6);
18. Documentation of freedom from infectious tuberculosis required in R9-10-2307(C)(3);
19. The disposition of the resident after discharge;
20. The discharge plan;
21. The discharge summary, if applicable;
22. If applicable:
   a. Laboratory reports,

b. Radiologic reports,
c. Diagnostic reports, and
d. Consultation reports; and

23. Documentation of medication administered or assistance in the self-administration of medication to the resident that includes:
    a. Whether the medication is required under the court order;
    b. The date and time of administration;
    c. The name, strength, dosage, and route of administration;
    d. 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;
    e. 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;
    f. The identification, signature, and professional designation of the individual administering or providing assistance in the self-administration of the medication; and
    g. Any adverse reaction a resident has to the medication.

R9-10-2412. Personal Care Services

An administrator of a secure behavioral health residential facility shall ensure that:

1. A medical practitioner has determined that a resident's needs for personal care services can be and are being met by the secure behavioral health residential facility within the secure behavioral health residential facility's scope of services; and
2. Personal care services for a resident:
    a. May include, as required by the resident:
        i. Assistance with activities of daily living;
        ii. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
        iii. Offering sufficient fluids to maintain hydration; and
        iv. If applicable, incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting; and
    b. Are provided by:
        i. A registered nurse, or
        ii. A personnel member who meets the requirements in R9-10-2405(H)(1) or (2).

R9-10-2413. Behavioral Health Services

A. An administrator shall ensure that:

1. Court-ordered treatment is provided in compliance with the requirements in A.R.S. § 36-4007;
2. A resident admitted to the secure behavioral health residential facility receives:
    a. Behavioral health services and personal care services as indicated in the resident's treatment plan, and
    b. Continuous protective oversight;
3. Behavioral health services are provided to meet the needs of a resident and are consistent with a secure behavioral health residential facility's scope of services;
4. Behavioral health services listed in the secure behavioral health residential facility's scope of services are provided on the premises;
5. 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:
    a. Health and safety of each resident is protected, and
    b. Treatment needs of each resident participating are being met;
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;
7. Counseling is:
    a. Offered as described in the secure behavioral health residential facility's scope of services;
    b. Provided according to the frequency and number of hours identified in the resident's treatment plan; and
    c. Except as provided in subsection (B), provided by a behavioral health professional;
8. 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
9. 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.

B. An administrator may allow a group counseling session that does not include psychotherapy to be provided by a behavioral health technician.

C. 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 two working days after an emergency safety response is used for a resident, the administrator or medical director reviews the information in subsection (C)(2); and
4. After the review required in subsection (C)(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 secure behavioral health residential facility, and
   c. Whether the resident's treatment plan was reviewed or needs to be reviewed and updated to ensure that the resident's treatment plan is meeting the resident's treatment needs.

R9-10-2414. Resident Time-Outs

An administrator shall ensure that a time-out:

1. Is provided to a resident who voluntarily decides to go in a 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 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; and
6. Is documented in the resident's medical record, to include:
   a. The date of the time-out,
   b. The reason for the time-out,
   c. The duration of the time-out, and
   d. The action planned and taken by the administrator to prevent the use of time-out in the future.

R9-10-2415. 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. Whether the prescribed medication is required as part of the resident's court order,
      ii. The prescribed medication's anticipated results,
      iii. The prescribed medication's potential adverse reactions,
      iv. The prescribed medication's potential side effects, and
      v. Potential adverse consequences that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse response to a medication, or
      iii. A medication overdose;
   c. Procedures to ensure that a resident's medication regimen is reviewed by the medical director to ensure the medication regimen meets the resident's needs;
   d. Procedures for documenting medication administration and assistance in the self-administration of medication; and
   e. 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. A medical director shall ensure that:

1. Policies and procedures for medication administration:
   a. Are reviewed and approved by the medical director;

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; and
d. Cover a resident's refusal to take prescribed medication, including:
   i. Documentation of the refusal in the resident's medical record, and
   ii. The individuals to notify of the refusal;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
   a. Is administered in compliance with an order,
   b. Is administered by an individual who is licensed or certified to administer medication, and
   c. Is documented in the resident's medical record;
4. If pain medication is administered to a resident on a PRN basis, documentation in the resident's medical record includes:
   a. An identification of the resident's pain before administering the medication, and
   b. The effect of the pain medication administered; and
5. If a psychotropic medication is administered to a resident on a PRN basis, documentation in the resident's medical record includes:
   a. An assessment of the patient's behavior before administering the psychotropic medication, and
   b. The effect of the psychotropic medication administered.

C. If a secure behavioral health residential facility provides assistance in the self-administration of medication, a medical director shall ensure that:
1. A resident's medication is stored by the secure behavioral health residential facility;
2. A personnel member verifies that the resident's medication is being taken as prescribed by the resident's medical practitioner by confirming that:
   a. The resident taking the medication is the individual stated on the medication container label,
   b. The resident is taking the dosage 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
   c. The medication is being taken by the resident 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;
3. 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, and
   d. Observing the resident while the resident takes the medication and verifying that the medication is consumed;
4. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the medical director;
5. 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;
6. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(5) before the personnel member provides assistance in the self-administration of medication; and
7. 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:
   a. The pharmaceutical services are provided under the direction of a pharmacist;
   b. 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
   c. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a secure behavioral health residential facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication;
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;
d. Storing, inventorying, and dispensing controlled substances; and
e. Documenting the maintenance of a medication requiring refrigeration.

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 the medication and, if applicable, the secure behavioral health residential facility's medical director.

R9-10-2416. Food Services

A. An administrator shall ensure that:
1. For a secure behavioral health residential facility that has a licensed capacity of more than 10 residents:
   a. The secure 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 secure behavioral health residential facility's food establishment license or permit is maintained;
2. If a secure 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 secure 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 secure 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. 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 secure behavioral health residential facility are served according to posted menus;
4. Meals and snacks for each day are planned using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
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. 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.

R9-10-2417. Emergency and Safety Standards

A. An administrator shall ensure that a secure 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 R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, 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. A secure 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, while ensuring that the residents are in a secure environment;
   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 secure behavioral health residential facility, under the care and supervision of personnel members, or in the secure 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:
   a. Is conducted at least once every six months on each shift;
   b. Includes all individuals on the premises except for:
      i. A resident whose medical record contains documentation that evacuation from the secure behavioral health residential facility would cause harm to the resident, and
      ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (B)(5)(b)(i);
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 secure 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 secure 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;
3. Maintain documentation of a current fire inspection;
4. Ensure that an alternative method under subsection (A)(2) includes:
   a. A smoke detector that 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 secure behavioral health residential facility, has a back-up battery;
      iii. In working order; and
      iv. Tested at least once a month; and
   b. If the secure behavioral health residential facility has a gas line entering the premises, a carbon monoxide detector located within 20 feet of the end of the gas line; and
5. Ensure that the documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test.

R9-10-2418. Environmental Standards

A. An administrator shall ensure that:
1. The premises and equipment are:
   a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;

b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
c. Free from a condition or situation that may cause a resident or other 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. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14, and policies and procedures;
4. Equipment used at the secure behavioral health residential facility 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;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
a. Stored in covered containers lined with plastic bags, and
b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the secure behavioral health residential facility at a temperature between 70° F and 84° F;
8. A space heater is not used;
9. Common areas:
a. Are lighted to assure the safety of residents, and
b. Have lighting sufficient to allow personnel members to monitor resident activity;
10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the secure behavioral health residential facility used by residents;
11. 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;
12. Soiled linen and soiled clothing stored by the secure behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the secure behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas;
15. Medications, other than naloxone, are inaccessible to residents;
16. Combustible or flammable liquids and hazardous materials stored by a secure behavioral health residential facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
17. 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
18. 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 secure behavioral health residential facility; and
2. Smoking tobacco products may be permitted on the premises outside a secure behavioral health residential facility 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. On each day that a resident uses the swimming pool, an employee:
a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
b. Records the results of the water quality tests in a log that includes each testing date and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
4. At least two personnel members, with cardiopulmonary resuscitation training that meets the requirements in R9-10-2402(C)(1)(f), are present in the pool area when a resident is in the pool area; and
5. A sufficient number of personnel members, based on the treatment plan for each resident in the pool area, and at least three personnel members, are present in the pool area if two or more residents are in the pool area.

R9-10-2419. Physical Plant Standards

A. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services in the secure behavioral health residential facility's scope of services, and
2. An individual admitted as a resident by the secure behavioral health residential facility.

B. An administrator shall ensure that:
1. A secure behavioral health residential facility has:
   a. A privacy room for visitation, individual and group therapy, and, if applicable, telehealth or in-person physical health services or behavioral health service;
   b. An area for community dining; and
   c. Sufficient space in one or more common areas for individual and group activities;
2. An indoor common area that is not used as a sleeping area and that has:
   a. A working telephone that allows a resident to make a private telephone call;
   b. A distortion-free mirror;
   c. A current calendar and an accurate clock;
   d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of residents; and
   e. A working television and access to a radio;
3. 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;
4. For every six residents at the secure behavioral health residential facility, there is at least one bathroom that meets the requirements in subsection (B)(3)(c);
5. For every eight residents at the secure behavioral health residential facility, there is at least one working bathtub or shower;
6. A resident bathroom complies with the following:
   a. Provides privacy when in use;
   b. Contains:
      i. A shatterproof mirror, unless the resident'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 resident's treatment plan, has grab bars or other assistive devices to provide for resident 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 resident is not supervised while the resident is in the bathroom, has a sprinkler head that is recessed or designed to minimize resident access;
7. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
8. Each resident is provided a sleeping area that is in a bedroom; and
9. 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. Bedroom for one resident 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 two residents;
         (2) 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;
   h. Contains for each resident occupying the bedroom:
      i. A bed, that is not a bunk bed, and 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 a chest of drawers;
i. Has clean linen for each bed, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers, 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;
10. For a door located in an area of the secure behavioral health residential facility that is accessible to residents:
a. A door closing device, if used on a resident's bedroom door, is mounted on the public side of the door; and
b. A bedroom door does not lock;
11. A window located in an area of the secure behavioral health residential facility that is accessible to residents is fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens; and
12. An outdoor area has a shaded and an unshaded area.

C. An administrator shall ensure that:
1. The premises of a secure behavioral health residential facility are secure, as defined in A.R.S. § 36-425.06; and
2. There is a means of exiting the facility for a resident who does not have special knowledge for egress that:
a. Provides access to an outside area on the premises of the secure behavioral health residential facility that allows the resident to be at least 30 feet away from the facility,
b. Controls and alerts employees of the egress of a resident from the facility, and
c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in R9-10-104.01.

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 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.

Volume 32, Issue 35, August 28, 2026

NOTICES OF RULEMAKING DOCKET OPENING

The Administrative Procedure Act (APA) requires an agency file a Notice of Rulemaking Docket Opening which outlines its rulemaking intentions under A.R.S. § 41-1021.

A docket opening and Notice of Proposed Rulemaking are often filed at the same time and published in the same *Register* issue.

If a Notice of Proposed Rulemaking is not published in this *Register* that corresponds with a published docket in this week's issue, it simply means the agency has not filed the notice for consideration and public review.

An agency has one year from the publishing of this notice to propose a rule; after one year the docket expires.

Questions about the notice can be answered by the person listed in item #5 of the preamble.

Refer to item #6 in the preamble for information on how to comment on this notice.

NOTICE OF RULEMAKING DOCKET OPENING

DEPARTMENT OF AGRICULTURE
WEIGHTS AND MEASURES SERVICES DIVISION

File Number: R26-144

1. Permission to proceed with this docket was granted under A.R.S. § 41-1039 by the governor on:
June 29, 2026

2. Title and its heading:
3, Agriculture

Chapter and its heading:
7, Department of Agriculture – Weights and Measures Services Division

Article and its heading:
1, Administration and Procedures
4, Retail Pricing
5, Public Weighmasters
6, Registered Service Agencies and Representatives
7, Motor Fuels and Petroleum Products
10, Stage I Vapor Recovery

Section number:
R3-7-101, R3-7-108, R3-7-402, R3-7-506, R3-7-601, R3-7-602, R3-7-702, Table 1 (Motor Fuel Descriptions), R3-7-716, R3-7-751, R3-7-1004, R3-7-1005, R3-7-1010, Table 1 (Acceptability of Final System Pressure Results for Systems Tested Using TP-201.3)

3. The subject matter of the proposed rule:
The purpose of the rules is to protect air quality and promote equity and fairness in Arizona commerce. The rules in Article 1 are updated to align with the current national weights and measures standards. Article 4 regulates retail pricing and must be revised to provide clarification on Swedish rounding methods and regulation of signage. Article 5 regulates Public Weighmasters licensed by WMSD to provide legal weight certificates. These updated rules clarify standards for the Seal of Authority used on the weight certificates. Article 6 provides rules for companies and personnel licensed by WMSD to calibrate and test commercial devices and vapor recovery systems. The updates to this Article revise the testing requirements for commercial devices to better align with national standards and improve the knowledge of the community licensed to calibrate commercial devices. They also implement an existing policy for oversight of initial vapor recovery tests and clarify other vapor recovery testing language. Article 7 includes the fuel quality and Cleaner-Burning Gasoline requirements. The rules in Article 7 are updated to align with the current national standards. Additionally, the regulated community has requested the fuel standards be updated to ensure fuel produced for Arizona is consistent with the national standards. WMSD has already been enforcing the updated standards to ensure adequate gasoline availability. Additionally, these rules contain clarifications for the use of a model for certification of gasoline. Article 10 includes requirements for the gasoline vapor recovery program and contains clarifications for easier understanding and readability and to better align with program policies.

4. A citation to all published notices relating to the current proceeding:
Notice of Proposed Rulemaking: 32 A.A.R. 1895; August 28, 2026 (*in this issue*); File Number: R25-140

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

Name:	Mike Brooks
Title:	Program Administrator
Division:	Weights and Measures Services Division
Address:	Arizona Department of Agriculture 1110 W. Washington St., Suite 450 Phoenix, AZ 85007
Mailing:	Arizona Department of Agriculture 1802 W. Jackson St., #78 Phoenix, AZ 85007
Telephone:	(602) 920-4202
Email:	mbrooks@azda.gov
Website:	https://agriculture.az.gov/

Name:	Syd Woodard
Title:	Rules and Policy Administrator
Division:	Office of the Director
Address:	Arizona Department of Agriculture 1110 W. Washington St., Suite 450 Phoenix, AZ 85007
Telephone:	(602) 228-7109
Email:	swoodard@azda.gov
Website:	https://agriculture.az.gov/

6. The time during which the agency will accept written comments and the time and place where oral comments may be made:
Written comments regarding this rulemaking will be accepted in person at the address provided under item #5, Monday through Friday from 8 a.m. to 5 p.m., except for state holidays. Mailed in written comments will be accepted at the mailing address under item #5. Comments will also be accepted via email at the email address provided under item #5. Information regarding an oral proceeding is included in the Notice of Proposed Rulemaking in this issue.

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

NOTICE OF RULEMAKING DOCKET OPENING

INDUSTRIAL COMMISSION OF ARIZONA

File Number: R26-145

1. Permission to proceed with this docket was granted under A.R.S. § 41-1039 by the governor on:
July 28, 2026

2. Title and its heading:
20, Commerce, Financial Institutions, and Insurance

Chapter and its heading:
5, Industrial Commission of Arizona

Article and its heading:
6, Occupational Safety and Health Standards

Section number:
R20-5-603, R20-5-604

3. The subject matter of the proposed rule:
According to A.R.S. § 23-405, the Industrial Commission of Arizona (the "Commission") is required to "promulgate standards and regulations as required, pursuant to section 23-410, and promulgate such other rules and regulations as are necessary for the efficient functioning of the division." The proposed rule amendments adopt federal occupational safety and health standards.

4. A citation to all published notices relating to the current proceeding:
Notice of Proposed Rulemaking: 32 A.A.R. 1916; August 28, 2026 (*in this issue*); File Number: R25-142

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

Name:	Sophia Cox
Title:	Assistant Chief Counsel
Division:	Legal Division
Address:	Industrial Commission of Arizona 800 W Washington St. Phoenix, AZ 85007
Telephone:	(602) 542-3556
Fax:	(602) 364-1395
Email:	Sophia.cox@azica.gov

6. The time during which the agency will accept written comments and the time and place where oral comments may be made:
The Commission will accept written comments during a public comment period that is included in the Notice of Proposed Rulemaking in this issue. Information regarding an oral proceeding is included in the Notice of Proposed Rulemaking in this issue.

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

2026 REGISTER INDEXES

Volume 32, Issue 35, August 28, 2026

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2026 REGISTER INDEXES

The *Register* is published by volume in a calendar year. Refer to the "Information" pages in the front of each issue for more details.

Abbreviations for rulemaking activity in this Index include:

PROPOSED RULEMAKING
PN means Proposed new Section
PM means Proposed amended Section
PR means Proposed repealed Section
P# means Proposed renumbered Section

SUPPLEMENTAL PROPOSED RULEMAKING
SPN means Supplemental proposed new Section
SPM means Supplemental proposed amended Section
SPR means Supplemental proposed repealed Section
SP# means Supplemental proposed renumbered Section

FINAL RULEMAKING
FN means Final new Section
FM means Final amended Section
FR means Final repealed Section
F# means Final renumbered Section

SUMMARY RULEMAKING

PROPOSED SUMMARY
PSMN means Proposed Summary new Section
PSMM means Proposed Summary amended Section
PSMR means Proposed Summary repealed Section
PSM# means Proposed Summary renumbered Section

FINAL SUMMARY
FSMN means Final Summary new Section
FSMM means Final Summary amended Section
FSMR means Final Summary repealed Section
FSM# means Final Summary renumbered Section

EXPEDITED RULEMAKING

PROPOSED EXPEDITED
PEN means Proposed Expedited new Section
PEM means Proposed Expedited amended Section
PER means Proposed Expedited repealed Section
PE# means Proposed Expedited renumbered Section

SUPPLEMENTAL EXPEDITED
SPEN means Supplemental Proposed Expedited new Section
SPEM means Supplemental Proposed Expedited amended Section
SPER means Supplemental Proposed Expedited repealed Section
SPE# means Supplemental Proposed Expedited renumbered Section

FINAL EXPEDITED
FEN means Final Expedited new Section
FEM means Final Expedited amended Section
FER means Final Expedited repealed Section
FE# means Final Expedited renumbered Section

EXEMPT RULEMAKING

EXEMPT
XN means Exempt new Section
XM means Exempt amended Section
XR means Exempt repealed Section
X# means Exempt renumbered Section

EXEMPT PROPOSED
PXN means Proposed Exempt new Section
PXM means Proposed Exempt amended Section
PXR means Proposed Exempt repealed Section
PX# means Proposed Exempt renumbered Section

EXEMPT SUPPLEMENTAL PROPOSED
SPXN means Supplemental Proposed Exempt new Section
SPXR means Supplemental Proposed Exempt repealed Section
SPXM means Supplemental Proposed Exempt amended Section
SPX# means Supplemental Proposed Exempt renumbered Section

FINAL EXEMPT RULEMAKING
FXN means Final Exempt new Section
FXM means Final Exempt amended Section
FXR means Final Exempt repealed Section
FX# means Final Exempt renumbered Section

EMERGENCY RULEMAKING
EN means Emergency new Section
EM means Emergency amended Section
ER means Emergency repealed Section
E# means Emergency renumbered Section
EEXP means Emergency expired

RECODIFICATION OF RULES
RC means Recodified

REJECTION OF RULES
RJ means Rejected by the Attorney General

TERMINATION OF RULES
TN means Terminated proposed new Section
TM means Terminated proposed amended Section
TR means Terminated proposed repealed Section
T# means Terminated proposed renumbered Section

RULE EXPIRATIONS
EXP means Rules have expired
Refer to "emergency expired" under emergency rulemaking

CORRECTIONS
C means Corrections to Published Rules

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Issue Page Guide

RULEMAKING ACTIVITY INDEX

THIS INDEX INCLUDES RULEMAKING ACTIVITY THROUGH ISSUE 34 OF VOLUME 32.

Rulemakings are listed in the Index by Chapter, Section number, rulemaking activity abbreviation and volume page number. Use the page guide to determine the *Register* issue number and publish date to review the rule. Subchapter, Article, Part, and Section headings are not indexed.

OTHER NOTICES AND PUBLIC RECORDS INDEX

Other legal notices required to be published under the Administrative Procedure Act, such as Rulemaking Docket Openings, are included in this Index by volume page number. Notices of Agency Ombudsman, Substantive Policy Statements, Proposed Delegation Agreements, and other applicable public records as required by law are also listed in this Index by volume page number.

THIS INDEX INCLUDES OTHER NOTICE ACTIVITY THROUGH ISSUE 34 OF VOLUME 32.

Volume 32, Issue 35, August 28, 2026

RULES EFFECTIVE DATES CALENDAR

A.R.S. § 41-1032(A), as amended by Laws 2002, Ch. 334, § 8 (effective August 22, 2002), states 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 notice's preamble for effective dates.

January

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

February

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

March

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

RULES EFFECTIVE DATES CALENDAR

April

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

May

Date Filed		Effective Date
May 1	effective	June 30
May 2	effective	July 1
May 3	effective	July 2
May 4	effective	July 3
May 5	effective	July 4
May 6	effective	July 5
May 7	effective	July 6
May 8	effective	July 7
May 9	effective	July 8
May 10	effective	July 9
May 11	effective	July 10
May 12	effective	July 11
May 13	effective	July 12
May 14	effective	July 13
May 15	effective	July 14
May 16	effective	July 15
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May 25	effective	July 24
May 26	effective	July 25
May 27	effective	July 26
May 28	effective	July 27
May 29	effective	July 28
May 30	effective	July 29
May 31	effective	July 30

June

Date Filed		Effective Date
June 1	effective	July 31
June 2	effective	August 1
June 3	effective	August 2
June 4	effective	August 3
June 5	effective	August 4
June 6	effective	August 5
June 7	effective	August 6
June 8	effective	August 7
June 9	effective	August 8
June 10	effective	August 9
June 11	effective	August 10
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June 25	effective	August 24
June 26	effective	August 25
June 27	effective	August 26
June 28	effective	August 27
June 29	effective	August 28
June 30	effective	August 29

RULES EFFECTIVE DATES CALENDAR

July

Date Filed		Effective Date
July 1	effective	August 30
July 2	effective	August 31
July 3	effective	September 1
July 4	effective	September 2
July 5	effective	September 3
July 6	effective	September 4
July 7	effective	September 5
July 8	effective	September 6
July 9	effective	September 7
July 10	effective	September 8
July 11	effective	September 9
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July 26	effective	September 24
July 27	effective	September 25
July 28	effective	September 26
July 29	effective	September 27
July 30	effective	September 28
July 31	effective	September 29

August

Date Filed		Effective Date
August 1	effective	September 30
August 2	effective	October 1
August 3	effective	October 2
August 4	effective	October 3
August 5	effective	October 4
August 6	effective	October 5
August 7	effective	October 6
August 8	effective	October 7
August 9	effective	October 8
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August 26	effective	October 25
August 27	effective	October 26
August 28	effective	October 27
August 29	effective	October 28
August 30	effective	October 29
August 31	effective	October 30

September

Date Filed		Effective Date
September 1	effective	October 31
September 2	effective	November 1
September 3	effective	November 2
September 4	effective	November 3
September 5	effective	November 4
September 6	effective	November 5
September 7	effective	November 6
September 8	effective	November 7
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September 25	effective	November 24
September 26	effective	November 25
September 27	effective	November 26
September 28	effective	November 27
September 29	effective	November 28
September 30	effective	November 29

RULES EFFECTIVE DATES CALENDAR

October

Date Filed		Effective Date
October 1	effective	November 30
October 2	effective	December 1
October 3	effective	December 2
October 4	effective	December 3
October 5	effective	December 4
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October 27	effective	December 26
October 28	effective	December 27
October 29	effective	December 28
October 30	effective	December 29
October 31	effective	December 30

November

Date Filed		Effective Date
November 1	effective	December 31
November 2	effective	January 1
November 3	effective	January 2
November 4	effective	January 3
November 5	effective	January 4
November 6	effective	January 5
November 7	effective	January 6
November 8	effective	January 7
November 9	effective	January 8
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November 28	effective	January 27
November 29	effective	January 28
November 30	effective	January 29

December

Date Filed		Effective Date
December 1	effective	January 30
December 2	effective	January 31
December 3	effective	February 1
December 4	effective	February 2
December 5	effective	February 3
December 6	effective	February 4
December 7	effective	February 5
December 8	effective	February 6
December 9	effective	February 7
December 10	effective	February 8
December 11	effective	February 9
December 12	effective	February 10
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December 15	effective	February 13
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December 25	effective	February 23
December 26	effective	February 24
December 27	effective	February 25
December 28	effective	February 26
December 29	effective	February 27
December 30	effective	February 28
December 31	effective	March 1

RULES EFFECTIVE DATES CALENDAR

REGISTER DEADLINES

The Secretary of State's Office publishes the *Register* weekly. There is a three-week delay between the deadline date to file a notice and the *Register* date in which the notice is published. The weekly deadline dates are listed in the first column and issue dates are provided in the second column. Listed in the third column 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*. Governor Regulatory Review Council meetings and *Register* deadlines do not correlate.

Deadline Date Friday, 5:00 p.m.	***Register* Publication Date**	**Oral Proceeding may be scheduled on or after**
March 13, 2026	April 3, 2026	May 4, 2026
March 20, 2026	April 10, 2026	May 11, 2026
March 27, 2026	April 17, 2026	May 18, 2026
April 3, 2026	April 24, 2026	May 26, 2026 Later date due to a holiday
April 10, 2026	May 1, 2026	June 1, 2026
April 17, 2026	May 8, 2026	June 8, 2026
April 24, 2026	May 15, 2026	June 15, 2026
May 1, 2026	May 22, 2026	June 22, 2026
May 8, 2026	May 29, 2026	June 29, 2026
May 15, 2026	June 5, 2026	July 6, 2026
May 22, 2026	June 12, 2026	July 13, 2026
May 29, 2026	June 19, 2026	July 20, 2026
June 5, 2026	June 26, 2026	July 27, 2026
June 12, 2026	July 3, 2026	August 3, 2026
June 19, 2026	July 10, 2026	August 10, 2026
June 26, 2026	July 17, 2026	August 17, 2026
July 3, 2026	July 24, 2026	August 24, 2026
July 10, 2026	July 31, 2026	August 31, 2026
July 17, 2026	August 7, 2026	September 8, 2026 Later date due to a holiday
July 24, 2026	August 14, 2026	September 14, 2026
July 31, 2026	August 21, 2026	September 21, 2026
August 7, 2026	August 28, 2026	September 28, 2026
August 14, 2026	September 4, 2026	October 5, 2026
August 21, 2026	September 11, 2026	October 13, 2026 Later date due to a holiday
August 28, 2026	September 18, 2026	October 19, 2026
September 4, 2026	September 25, 2026	October 26, 2026
September 11, 2026	October 2, 2026	November 2, 2026
September 18, 2026	October 9, 2026	November 9, 2026
September 25, 2026	October 16, 2026	November 16, 2026
October 2, 2026	October 23, 2026	November 23, 2026
October 9, 2026	October 30, 2026	November 30, 2026
October 16, 2026	November 6, 2026	December 7, 2026
October 23, 2026	November 13, 2026	December 14, 2026

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GOVERNOR'S REGULATORY REVIEW COUNCIL DEADLINES

MEETING DATES ARE SUBJECT TO CHANGE

The deadlines provided in the following table apply to all Five-Year Review Reports and any rulemaking notice submitted for review to the Governor's Regulatory Review Council (Council). The Office publishes these deadlines under A.R.S. § 41-1013(B)(15).

Council meetings and *Register* deadlines do not correlate.

All rulemaking notices submitted for review 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 305, Phoenix, AZ 85007.

For more information, call (602) 542-2058 or visit the Council's website.

File Number: M25-79

DEADLINE FOR PLACEMENT ON AGENDA Materials must be submitted by 5 p.m. on dates listed in this column as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.	**DEADLINE FOR FINAL MATERIALS SUBMITTED TO COUNCIL**	**DATE OF COUNCIL STUDY SESSION**	**DATE OF COUNCIL MEETING**
Tuesday March 24, 2026	Tuesday April 21, 2026	Tuesday April 28, 2026	Tuesday May 5, 2026
Tuesday April 21, 2026	Tuesday May 19, 2026	Wednesday May 27, 2026	Tuesday June 2, 2026
Tuesday May 19, 2026	Tuesday June 23, 2026	Tuesday June 30, 2026	Tuesday July 7, 2026
Tuesday June 23, 2026	Tuesday July 21, 2026	Tuesday July 28, 2026	Tuesday August 4, 2026
Tuesday July 21, 2026	Tuesday August 18, 2026	Tuesday August 25, 2026	Tuesday September 1, 2026
Tuesday August 18, 2026	Tuesday September 22, 2026	Tuesday September 29, 2026	Tuesday October 6, 2026
Tuesday September 22, 2026	Tuesday October 20, 2026	Tuesday October 27, 2026	Tuesday November 3, 2026
Tuesday October 20, 2026	Tuesday November 17, 2026	Tuesday November 24, 2026	Tuesday December 1, 2026
Tuesday November 17, 2026	Tuesday December 22, 2026	Tuesday December 29, 2026	Tuesday January 5, 2027
Tuesday December 22, 2026	Tuesday January 19, 2027	Tuesday January 26, 2027	Tuesday February 2, 2027