



Arizona Administrative Code

R9-10-Article 10 -- Outpatient Treatment Centers

R9-10-Article 17 – Unclassified

Technical Assistance Training
Rules Effective October 1, 2013



Health and Wellness for all Arizonans

azdhs.gov



ARIZONA DEPARTMENT OF HEALTH SERVICES

“Health and Wellness for all Arizonans”



Health and Wellness for all Arizonans

azdhs.gov



Introductions

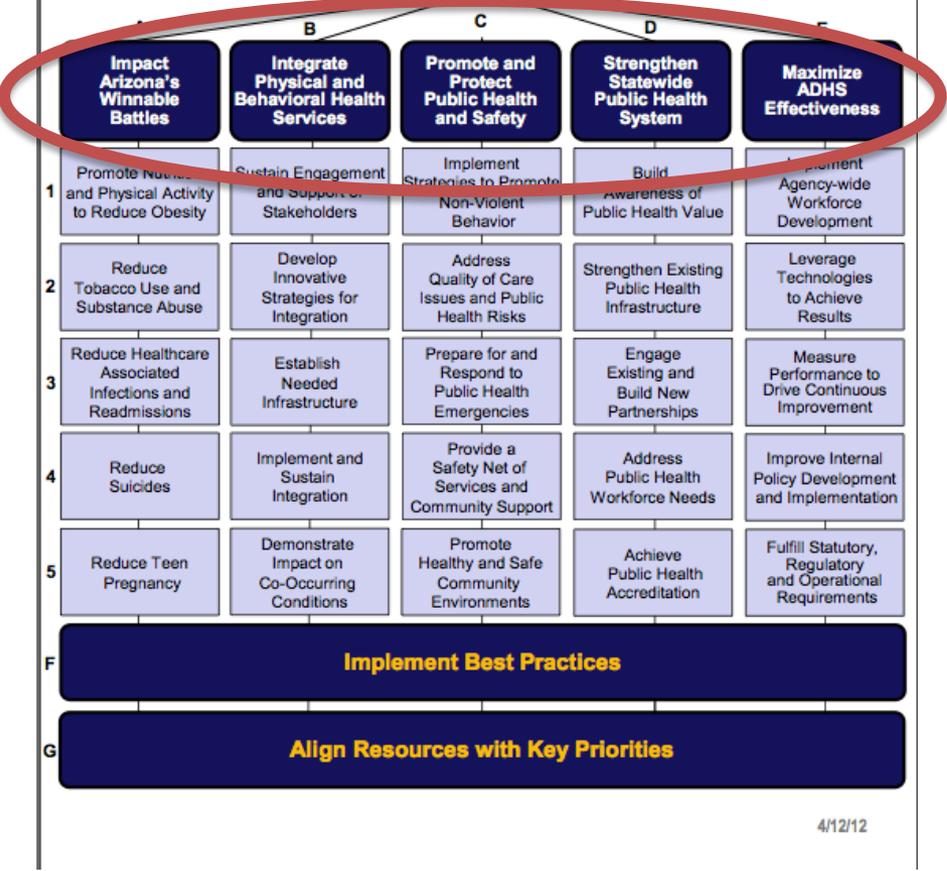
WELCOME





Arizona Department of Health Services
Strategic Map: 2011-2014

Achieve Targeted Improvements in Public Health Outcomes



4/12/12

Strategic Priorities

- Arizona's Winnable Battles
- Integrating Physical and Behavioral Health Services
- Promote and Protect Public Health and Safety
- Strengthen Statewide Public Health System
- Maximize ADHS Effectiveness



Health and Wellness for all Arizonans

azdhs.gov



Integrated Rules for Health Care Institution Licensing

Law 2011, Chapter 96 (House Bill 2634) Highlights



- On or before July 1, 2013
 - Reduce monetary or regulatory costs on persons or individuals
 - Streamline the regulation process
 - Facilitate licensure of integrated health programs that provide both behavioral and physical health services

The New Integrated Rules

- The new and revised articles and rules in 9 A.A.C. 10 will:
 - ✓ Focus on health and safety
 - ✓ Provide regulatory consistency for all health care institutions
 - ✓ Streamline the regulatory process
 - ✓ Integrate behavioral and physical health services
 - ✓ Make changes delineated in applicable Five-Year-Review Reports

The New Integrated Rules

The Integration Plan

- A facility will be licensed based on the highest level of services it provides.
- Facilities will be able to offer a “menu of services”
 - All medical services will be provided under the direction of a physician.
 - All nursing services will be provided under the direction of a registered nurse.
 - All behavioral health services will be provided under the direction of a licensed behavioral health professional.
 - All behavioral health technicians and behavioral health paraprofessionals will receive supervision or clinical oversight from a licensed behavioral health professional.

Rules Timeline

- Rules were filed with Secretary of State on June 28th
- Implementation of new rules will start October 1st



What does this mean to You?

- You need to start following the rules on October 1st.
- Provides facilities with more flexibility for:
 - Policies and procedures
 - Staffing
 - Training

For more information, visit our Rules Implementation website: www.azdhs.gov/als/integrated/

- Resources
 - Crosswalks
 - Frequently asked questions
 - Flowcharts for licensing process
- Access to draft rules
- Provider trainings and meetings
 - Online videos
 - PowerPoint's

The screenshot displays the Arizona Department of Health Services website. The header includes the state logo, the text "Health and Wellness for all Arizonans", and the "AZ.GOV" logo. A navigation bar contains links for "ADHS Home", "About", "News", "A-Z Index", and "Contact", along with a search bar. The main content area is titled "Division of Licensing Services Integrated Licensing Rules Implementation". It provides an overview of the transition to new rules effective July 1, 2013, and lists various resources such as "Licensing Process Crosswalk", "Frequently Asked Questions", and "Facility Specific Flowcharts". A table compares "Chapter 10" and "Chapter 20" rules, listing categories like "Adult Day Health Care Facilities", "Assisted Living Facilities", "Home Health Agencies", "Hospitals", "Nursing Care Institutions", "Outpatient Surgical Centers", "Outpatient Treatment Centers", "Recovery Care Centers", "Adult Therapeutic Foster Home", "DUI Services", "Level 1 Residential Treatment Center", "Level 1 Sub-Acute", "Level 1 Specialized Transitional Agency", "Level 2 BH Residential Agency", "Level 3 BH Residential Agency", "Level 4 Transitional Agency", "Misdemeanor DV Offender Treatment", "Rural Substance Abuse Transitional Agency", and "Shelter for Victims of Domestic Violence". Below the table, sections for "Draft Rules", "Provider Trainings", and "Scheduled Trainings" are visible.

Chapter 10	Chapter 20
Adult Day Health Care Facilities	Adult Therapeutic Foster Home
Assisted Living Facilities (Centers, Homes, Adult Foster Care Homes)	DUI Services
Home Health Agencies	Level 1 Residential Treatment Center
Hospices	Level 1 Sub-Acute
Hospitals	Level 1 Specialized Transitional Agency
Nursing Care Institutions	Level 2 BH Residential Agency
Outpatient Surgical Centers	Level 3 BH Residential Agency
Outpatient Treatment Centers 2 3 4	Level 4 Transitional Agency
Recovery Care Centers	Misdemeanor DV Offender Treatment
	Rural Substance Abuse Transitional Agency
	Shelter for Victims of Domestic Violence



Public Health Services Licensing - Classification Structure & Licensing Process Crosswalk

No changes in class or subclass are being made in health care institutions currently licensed under Chapter 10. Some classes/subclasses may add the provision of behavioral health services.

Current Class/Subclass in Chapter 10	Proposed Changes	Proposed Licensing Process*				
		Initial	Renewals			
Hospitals	No change, already integrated					
Nursing Care Institutions	Behavioral health services may be added	Submitted & surveyed before 7/1/13: -Initial compliance survey to current rules	Renew license as usual. Licensing cycle will remain the same.			
Hospices	Applications to provide behavioral health services can be submitted on or after 7/1/13: -Survey for the behavioral health services will be to new rules.	Surveyed on or after 7/1/13: -Initial compliance survey to new rules	Surveyed before 7/1/13: -Compliance survey to current rules Surveyed on or after 7/1/13: -Compliance survey to new rules			
Outpatient Surgical Center						
Assisted Living Facilities o Assisted living center o Assisted living home o Adult foster care home						
Adult Day Health Care Facilities						
Recovery Care Center						
Home Health Agency						
Outpatient Treatment Centers				Applications to provide physical or behavioral health services can be submitted on or after 7/1/13. -Survey for these services will be to new rules.	Submitted & surveyed before 7/1/13: -Initial compliance survey to current rules Surveyed on or after 7/1/13 -Initial compliance survey to new rules	Renew license as usual. Licensing cycle will remain the same. Surveyed before 7/1/13: -Compliance survey to current rules Surveyed on or after 7/1/13: -Compliance survey to new rules
				<table border="1"> <tr> <td>Physical health facilities may add: -opioid treatment -BH services -pre-petition screening -crisis services -court-ordered evaluation -court-ordered treatment -BH observation and stabilization services</td> <td>Behavioral health facilities may add: -primary care services -dialysis services -urgent care services -clinical laboratory services -diagnostic imaging services -rehabilitation services -sleep disorder services -pain management services -BH observation and stabilization services</td> </tr> </table>	Physical health facilities may add: -opioid treatment -BH services -pre-petition screening -crisis services -court-ordered evaluation -court-ordered treatment -BH observation and stabilization services	Behavioral health facilities may add: -primary care services -dialysis services -urgent care services -clinical laboratory services -diagnostic imaging services -rehabilitation services -sleep disorder services -pain management services -BH observation and stabilization services
Physical health facilities may add: -opioid treatment -BH services -pre-petition screening -crisis services -court-ordered evaluation -court-ordered treatment -BH observation and stabilization services	Behavioral health facilities may add: -primary care services -dialysis services -urgent care services -clinical laboratory services -diagnostic imaging services -rehabilitation services -sleep disorder services -pain management services -BH observation and stabilization services					

*Complaints received on issues that occurred on or after July 1, 2013 will be surveyed to the new rules, regardless of previous initial or annual compliance survey.

**Facilities will receive license showing updated class at next renewal.

Chapter 20 facilities, requiring approval but choosing to stay licensed, will need to follow both the licensure and approval requirements.



Health and Wellness for all Arizonans

azdhs.gov



Web Site

www.azdhs.gov/als/integrated



R9-10-Article 10

R9-10-Article 17

What has changed???

Review each of the rules

- Rule content
- Definitions
- Additions
- Interpretation
- Article Number



Foundation for the Rules

- Arizona Revised Statutes
 - Law
- Arizona Administrative Code
 - Based on the Law





Transition to the Arizona Administrative Rules Document R9-10-Article 10



Health and Wellness for all Arizonans

azdhs.gov



ARIZONA DEPARTMENT OF HEALTH SERVICES

“Health and Wellness for all Arizonans”



Health and Wellness for all Arizonans



Foundation for the Rules

- Arizona Revised Statutes
 - Law
- Arizona Administrative Code
 - Based on the Law



Health and Wellness for all Arizonans



Provider Responsibility

- Information Provided is a highlight of the rules
- It is your responsibility
 - To review the rules;
 - To understand the rules;
 - To be able demonstrate compliance to the rules



Health and Wellness for all Arizonans



ARTICLE 1. GENERAL

Section

- **R9-10-101. Definitions**
- R9-10-102. Health Care Institution Classes and Subclasses; Requirements
- R9-10-103. Licensure Exceptions
- R9-10-104. Approval of Architectural Plans and Specifications
- R9-10-105. Initial License Application
- R9-10-106. Fees
- R9-10-107. Renewal License Application
- R9-10-108. Time-frames

Section

- R9-10-109. Changes Affecting a License
- **R9-10-110. Enforcement Actions**
- R9-10-111. Denial, Revocation, or Suspension of License
- **R9-10-112. Tuberculosis Screening**
- R9-10-113. Clinical Practice Restrictions for Hemodialysis Technician Trainees
- **R9-10-114. Behavioral Health Paraprofessionals, Behavioral Health Technicians**
- **R9-10-115. Nutrition and Feeding Assistant Training Programs**
- **R9-10-116. Counseling Facilities**
- **R9-10-117. Collaborating Health Care Institutions**



Definitions

- Arizona Administrative Code
 - Article 1
- Arizona Administrative Code
 - Article 2
- Arizona Revised Statutes
 - ARS 36-400s



Health and Wellness for all Arizonans

azdhs.gov



ARTICLE 10. OUTPATIENT TREATMENT CENTERS

- Section
- R9-10-1001. Definitions
- R9-10-1002. Supplemental Application Requirements
- R9-10-1003. Administration
- R9-10-1004. Quality Management
- R9-10-1005. Contracted Services
- R9-10-1006. Personnel
- R9-10-1007. Transport; Transfer
- R9-10-1008. Patient Rights
- R9-10-1009. Medical Records
- R9-10-1010. Medication Services
- R9-10-1011. Behavioral Health Services
- R9-10-1012. Behavioral Health Observation/Stabilization Services
- R9-10-1013. Court-ordered Evaluation
- R9-10-1014. Court-ordered Treatment
- R9-10-1015. Clinical Laboratory Services
- R9-10-1016. Crisis Services
- R9-10-1017. Diagnostic Imaging Services
- R9-10-1018. Dialysis Services
- R9-10-1019. Emergency Room Services
- R9-10-1020. Opioid Treatment Services
- R9-10-1021. Pain Management Services
- R9-10-1022. Physical Health Services
- R9-10-1023. Pre-petition Screening
- R9-10-1024. Rehabilitation Services
- R9-10-1025. Respite Services
- R9-10-1026. Sleep Disorder Services
- R9-10-1027. Urgent Care Services Provided in a Freestanding Urgent Care Setting
- R9-10-1028. Infection Control
- R9-10-1029. Emergency and Safety Standards
- R9-10-1030. Physical Plant, Environmental Services, and Equipment Standards



Health and Wellness for all Arizonans

azdhs.gov



R9-10-1002. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. §§ 36-422 and 36-424 and 9 A.A.C. 10, Article 1, a **governing authority applying for an initial license shall submit a supplemental application form provided by the Department that contains:**

- 1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and**
2. A request to provide one or more of the following services:
 - a. Behavioral health services and, if applicable;
 - i. Behavioral health observation/stabilization services,**
 - ii. Behavioral health services to individuals under 18 years of age,**
 - iii. Court-ordered evaluation,**
 - iv. Court-ordered treatment,**
 - v. Crisis services,**
 - vi. Opioid treatment services,**
 - vii. Pre-petition screening,**

R9-10-1003. Administration

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

36-422. Application for license; notification of proposed change in status; joint licenses; definitions

A. A person who wishes to apply for an initial license or to renew a license to operate a health care institution pursuant to this chapter shall file with the department an application on a written or electronic form prescribed, prepared and furnished by the department. The application shall contain the following:

1. The name and location of the health care institution.
2. Whether it is to be operated as a proprietary or nonproprietary institution.
3. The name of the governing authority. The applicant shall be the governing authority having the operative ownership of, or the governmental agency charged with the administration of, the health care institution sought to be licensed.
4. The name and business or residential address of each controlling person and an affirmation that none of the controlling persons has been denied a license or certificate by a health profession regulatory board pursuant to title 32 or by a state agency pursuant to chapter 6, article 7 or chapter 17 of this title or a license to operate a health care institution in this state or another state or has had a license or certificate issued by a health profession regulatory board pursuant to title 32 or issued by a state agency pursuant to chapter 6, article 7 or chapter 17 of this title or a license to operate a health care institution revoked. If a controlling person has been denied a license or certificate by a health profession regulatory board pursuant to title 32 or by a state agency pursuant to chapter 6, article 7 or chapter 17 of this title or a license to operate a health care institution in this state or another state or has had a health care professional license or a license to operate a health care institution revoked, the

controlling person shall include in the application a comprehensive description of the circumstances for the denial or the revocation.

5. The class or subclass of health care institution to be established or operated.

6. The types and extent of the health care services to be provided, including emergency services, community health services and services to indigent patients.

7. The name and qualifications of the chief administrative officer implementing direction in that specific health care institution.

8. Other pertinent information required by the department for the proper administration of this chapter and department rules.

B. An application filed pursuant to this section shall contain the written or electronic signature of:

1. If the applicant is an individual, the owner of the health care institution.

2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.

3. If the applicant is a governmental unit, the head of the governmental unit.

C. An application for licensure or relicensure shall be filed at least sixty but not more than one hundred twenty days before the anticipated operation or the expiration date of the current license. An application for a substantial compliance survey submitted pursuant to section 36-425, subsection G shall be filed at least thirty days before the date on which the substantial compliance survey is requested.

D. If a current licensee intends to terminate the operation of a licensed health care institution or if a change of ownership is planned either during or at the expiration of the term of the license, the current licensee shall notify the director in writing at least thirty days before the termination of operation or change in ownership is to take place. The current licensee is responsible for preventing any interruption of services required to sustain the life, health and safety of the patients or residents. A new owner shall not begin operating the health care institution until the director issues a license.

E. A licensed health care institution for which operations have not been terminated for more than thirty days may be relicensed

pursuant to the standards that were applicable under its most recent license.

F. If a person operates a hospital in a county with a population of more than five hundred thousand persons in a setting that includes satellite facilities of the hospital that are located separately from the main hospital building, the department at the request of the applicant or licensee shall issue a single group license to the hospital and its designated satellite facilities located within one-half mile of the main hospital building if all of the facilities meet or exceed department licensure requirements for the designated facilities. At the request of the applicant or licensee, the department shall also issue a single group license that includes the hospital and not more than ten of its designated satellite facilities that are located farther than one-half mile from the main hospital building if all of these facilities meet or exceed applicable department licensure requirements. Each facility included under a single group license is subject to the department's licensure requirements that are applicable to that category of facility. Subject to compliance with applicable licensure or accreditation requirements, the department shall reissue individual licenses for the facility of a hospital located in separate buildings from the main hospital building when requested by the hospital. This subsection does not apply to nursing care institutions and residential care institutions. The department is not limited in conducting inspections of an accredited health care institution to ensure that the institution meets department licensure requirements. If a person operates a hospital in a county with a population of five hundred thousand persons or less in a setting that includes satellite facilities of the hospital that are located separately from the main hospital building, the department at the request of the applicant or licensee shall issue a single group license to the hospital and its designated satellite facilities located within thirty-five miles of the main hospital building if all of the facilities meet or exceed department licensure requirements for the designated facilities. At the request of the applicant or licensee, the department shall also issue a single group license that includes the hospital and not more than ten of its designated satellite facilities that are located farther than thirty-five miles from the main hospital

building if all of these facilities meet or exceed applicable department licensure requirements.

G. If a county with a population of more than one million persons or a special health care district in a county with a population of more than one million persons operates an accredited hospital that includes the hospital's accredited facilities that are located separately from the main hospital building and the accrediting body's standards as applied to all facilities meet or exceed the department's licensure requirements, the department shall issue a single license to the hospital and its facilities if requested to do so by the hospital. If a hospital complies with applicable licensure or accreditation requirements, the department shall reissue individual licenses for each hospital facility that is located in a separate building from the main hospital building if requested to do so by the hospital. This subsection does not limit the department's duty to inspect a health care institution to determine its compliance with department licensure standards. This subsection does not apply to nursing care institutions and residential care institutions.

H. An applicant or licensee must notify the department within thirty days after any change regarding a controlling person and provide the information and affirmation required pursuant to subsection A, paragraph 4 of this section.

I. This section does not limit the application of federal laws and regulations to an applicant or licensee certified as a medicare or an Arizona health care cost containment system provider under federal law.

J. Except for an outpatient treatment center providing dialysis services or abortion procedures, a person wishing to begin operating an outpatient treatment center before an initial licensing inspection is completed shall submit all of the following:

1. The initial license application required pursuant to this section.
2. All applicable application and license fees.
3. A written request for a temporary license that includes:
 - (a) The anticipated date of operation.
 - (b) An attestation signed by the applicant that the applicant and the facility comply with and will continue to comply with the applicable licensing statutes and rules.

K. Within seven days of the department's receipt of the items required in subsection J, but not before the anticipated operation

date submitted in subsection C, the department shall issue a temporary license that includes:

1. The name of the facility.
2. The name of the licensee.
3. The facility's class or subclass.
4. The temporary license's effective date.
5. The location of the licensed premises.

L. A facility may begin operating on the effective date of the temporary license.

M. The director may cease the issuance of temporary licenses at any time if the director believes that public health and safety is endangered.

N. For the purposes of this section:

1. "Accredited" means accredited by a nationally recognized accreditation organization.
2. "Satellite facility" means an outpatient facility at which the hospital provides outpatient medical services.

B. A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;
2. Establish, in writing:
 - a. An **outpatient treatment center's scope of services**, and
 - b. **Qualifications for an administrator**;
3. **Designate an administrator**, in writing, who has the qualifications established in subsection (B)(2)(b); - **(Established by the governing body)**
4. **Adopt a quality management program according to R9-10-1004**;

5. Review and **evaluate the effectiveness** of the quality management program in R9-10-1004 at least once **every 12 months**;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (B)(2)(b) if the administrator is:
 - a. Expected **not to be present** on an outpatient treatment center's **premises for more than 30** calendar **days**, or
 - b. **Is not present on an outpatient treatment center's premises for more than 30** calendar days; and
7. Except as provided in subsection (B)(6), notify the Department according to **A.R.S. § 36-425(I)** when there is a change in an administrator and identify the name and qualifications of the new administrator.

Arizona Revised Statute

36-425.I A health care institution shall immediately notify the department in writing when there is a change of the chief administrative officer specified in section 36-422, subsection A, paragraph 7. (A. A person who wishes to apply for an initial license or to renew a license to operate a health care institution pursuant to this chapter shall file with the department an application on a written or electronic form prescribed, prepared and furnished by the department. The application shall contain the following:

7. The name and qualifications of the chief administrative officer implementing direction in that specific health care institution.



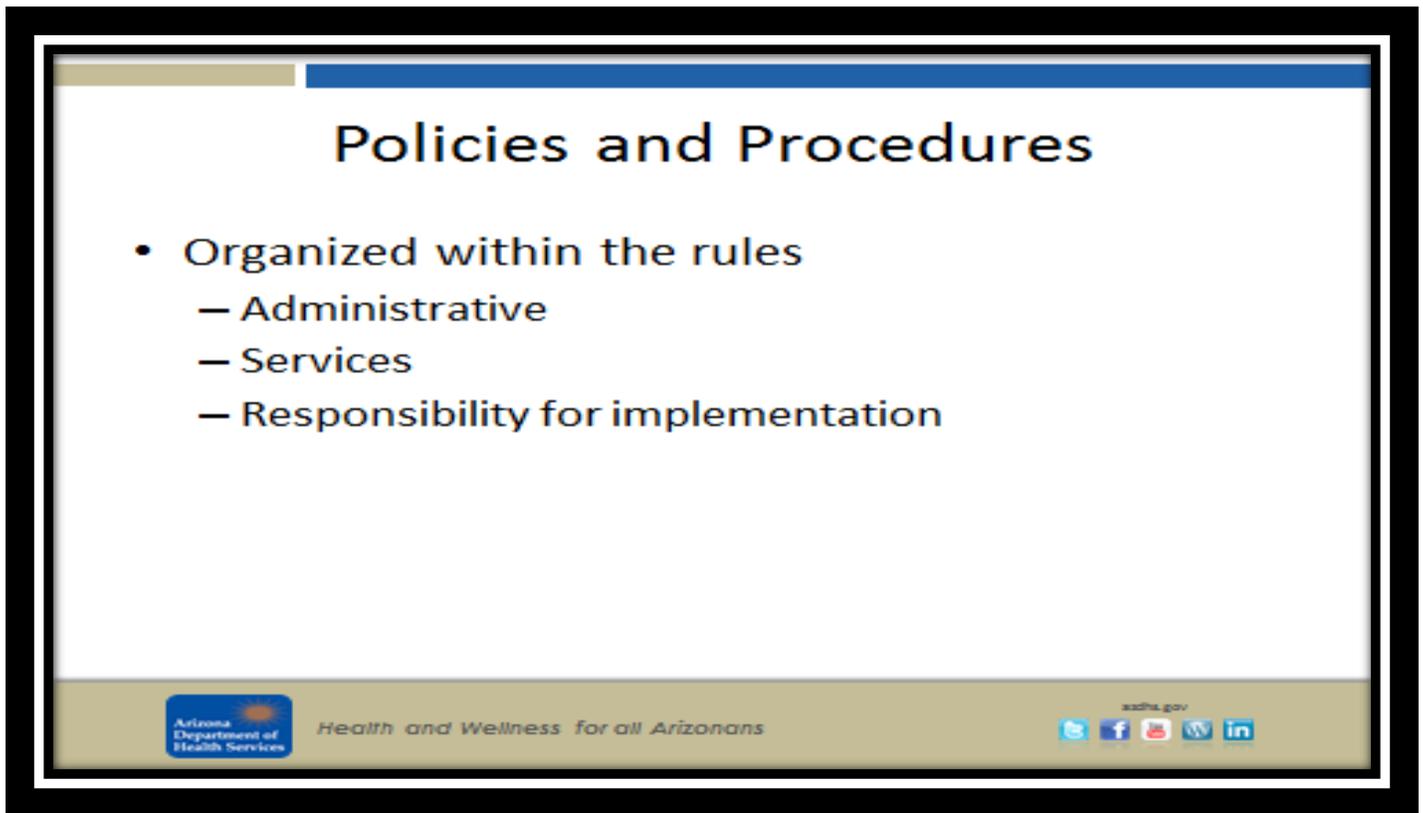
Health and Wellness for all Arizonans



C. An administrator:

1. Is **directly accountable to the governing authority** for the services provided by or at the outpatient treatment center;
2. Has the authority and responsibility to manage the outpatient treatment center; and
3. **Except as provided in subsection (B)(7), designates, in writing, an individual who is available and accountable for the operation of the outpatient treatment center when the administrator is not available.**

D. An administrator shall ensure that:



1. **Policies and procedures are established,** documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;

- c. Include how a personnel member may submit a complaint relating to services provided to a patient;
- d. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
- e. Cover first aid training;
- f. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;

- g. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - h. Cover health care directives;
 - i. Cover medical records, including electronic medical records;
 - j. Cover quality management, including incident report and supporting documentation; and
 - k. Cover contracted services;
2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented that:
- a. Cover patient screening, admission, assessment, transfer, discharge plan, and discharge;
 - b. Cover the provision of medical services, nursing services, health-related services, and ancillary services;
 - c. Include when general consent and informed consent are required;
 - d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and

- preventing diversion of controlled substances;
- e. Cover infection control;
 - f. Cover telemedicine, if applicable;
 - g. Cover environmental services that affect patient care;
 - h. Cover specific steps and deadlines for:
 - i. A patient to file a complaint;
 - ii. An outpatient treatment center to respond to a complaint; and
 - iii. If applicable, an outpatient treatment center to obtain documentation of an employee's or volunteer's fingerprint clearance card required in **A.R.S. § 36-425.03**;

Arizona Revised Statute - 36-425.03.

Children's behavioral health programs; personnel; fingerprinting; definitions

A. Except as provided in subsections B and C of this section, children's behavioral health program personnel, including volunteers, shall submit the form prescribed in subsection D of this section to the employer and shall have a valid fingerprint clearance card issued pursuant to title 41, chapter 12, article 3.1 or, within seven working days after employment or beginning volunteer work, shall apply for a fingerprint clearance card.

"Children's behavioral health program personnel" means an owner, employee or volunteer who works at a children's behavioral health program.



Arizona
Department of
Health Services

Health and Wellness for all Arizonans

azdhs.gov



- i. Cover smoking and the use of tobacco products on an outpatient treatment center's premises; and
 - j. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
3. **Outpatient treatment center policies and procedures** are:
- a. **Reviewed at least once every two years** and updated as needed, and
 - b. **Available to** personnel members and employees;

Summary related to Policies and Procedures

R9-10-1003. Administration

Policies and procedures are established, documented, and implemented that:

- Include job descriptions, duties,
- Cover orientation and in-service education
- Compliant process (how an employee can file related to patient care)
- CPR training
- First aid training
- Ensuring patient receives services ordered
- Patient rights
- Health Care Directives
- Medical records including electronic records
- Quality Management
- Contracted Services



Health and Wellness for all Arizonans



Summary related to Policies and Procedures

R9-10-1003. Administration

- General consent and informed consent**
- Medication, obtaining, storage and disposal**
- General and informed consent**
- Infection control**
- Telemedicine**
- Environmental services that effect patient care**
- Compliant process for patients with time frames**
- Smoking and tobacco products**
- Response to behavior which can cause harm to another**



Health and Wellness for all Arizonans





4. Unless otherwise stated:

- a. Documentation required by this Article is provided to the Department **within two hours after a Department request;**
- b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.

5. The following are **conspicuously posted**:

- a. The **current license** for the outpatient treatment center issued by the Department;
- b. The **name, address, and telephone number of the Department**;
- c. A **notice that a patient may file a complaint** with the Department about the outpatient treatment center;
- d. One of the following:
 - i. A schedule of rates according to **A.R.S. § 36-436.01(C)**, or
 - ii. A notice that the schedule of rates required in **A.R.S. § 36-436.01(C)** is available for review upon request;

36-436.01. Rate schedules; printing and posting requirements; outpatient treatment centers; posting and filing requirements

A. The schedule required under section 36-436 shall be printed in legible type and shall contain a listing of all services performed and commodities furnished for which a separate charge is made, together with the charges for each. The schedule shall plainly state all rules or regulations which may in any way change, affect or determine any part or the aggregate of the rates or charges or the value of the services or commodities covered by the schedule. Hospitals shall also include the number of times a separate charge was imposed for services performed or commodities furnished for each item listed during the twelve month period immediately prior to submission.

B. After review by the director a copy of the schedule shall be posted in a conspicuous place in the reception area of each hospital and any of the hospital's outpatient treatment centers or nursing care institutions using the schedule. Another copy also shall be kept in the reception area and be available for inspection by the public at all times upon request.

C. Licensed health care institutions classified as outpatient treatment centers and home health agencies shall file a copy of the schedule with the director before implementing those rates or charges and shall post a copy in a conspicuous area.

Arizona Department of Health Services Health and Wellness for all Arizonans azdhs.gov

- e. **A list of patient rights;**
- f. **A map for evacuating the facility;** and
- g. A notice identifying the location on the premises where current license inspection reports required in **A.R.S. § 36-425(D)**, with patient information redacted, are available; and

36-425. Inspections; issuance of license; posting of deficiencies; provisional license; denial of license

- C. On receipt of an application for a renewal of a health care institution's license that complies with the requirements of this chapter and rules adopted pursuant to this chapter, the department shall issue a renewal license to the health care institution. An accredited hospital's renewal license is valid for three years after the expiration date of the accredited hospital's current license. All other health care institution renewal licenses are valid for one year after the expiration date of the health care institution's current license.
- D. Except as provided in section 36-424, subsection C and subsection E of this section, the department shall conduct a compliance inspection of a health care institution to determine compliance with this chapter and rules adopted pursuant to this chapter at least once during each license period.
- E. After the initial license period ends and after the department determines a facility to be deficiency free on a compliance survey, the department shall not conduct a compliance survey of that facility for twenty-four months from the date of the deficiency free survey. This subsection does not prohibit the department from enforcing licensing requirements as authorized by section 36-424.



Arizona
Department of
Health Services

Health and Wellness for all Arizonans

azdhs.gov



6. **Patient follow-up instructions** are:

- a. Provided, **orally or in written form**, to a patient or the patient's representative **before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member's advice**; and
- b. **Documented** in the patient's record.

E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from an outpatient treatment center's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:

1. For a patient 18 years of age or older, according to **A.R.S. § 46-454**; or
2. For a patient under 18 years of age, according to **A.R.S. § 13-3620**.

46-454. Duty to report abuse, neglect and exploitation of vulnerable adults; duty to make medical records available; violation; classification

- A. A physician, registered nurse practitioner, hospital intern or resident, surgeon, dentist, psychologist, social worker, peace officer or other person who has responsibility for the care of a vulnerable adult and who has a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred shall immediately report or cause reports to be made of such reasonable basis to a **peace officer or to a protective services worker**. The guardian or conservator of a vulnerable adult shall immediately report or cause reports to be made of such reasonable basis to the superior court. All of the above reports shall be made immediately in person or by telephone and shall be followed by a written report mailed or delivered within forty-eight hours or on the next working day if the forty-eight hours expire on a weekend or holiday.



Health and Wellness for all Arizonans

azdhs.gov



13-3620. Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only



Health and Wellness for all Arizonans

azdhs.gov



- F. If abuse, neglect, or exploitation of a patient is alleged or suspected to have **occurred on the premises or while the patient receiving services** from an outpatient treatment center's employee or personnel member, an administrator shall:
1. **Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;**
 2. **Immediately report the alleged or suspected abuse, neglect, or exploitation** of the patient:
 - a. For a patient 18 years of age or older, according to **A.R.S. § 46-454**; or
 - b. For a patient 18 years of age, according to **A.R.S. § 13-3620**;
 3. **Document the action in subsection (F)(1) and the report in subsection (F)(2) and maintain the documentation for 12 months after the date of the report;**
 4. **Investigate the suspected or alleged abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in subsection (F)(2) that includes:**

- a. **Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;**
 - b. **Description of any injury to the patient and any change to the patient's physical, cognitive, functional, or emotional condition;**
 - c. **Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and**
 - d. **Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;**
5. **Submit a copy of the investigation report required in subsection (F)(4) to the Department within 10 working days after submitting the report in subsection (F)(2); and**
 6. **Maintain a copy of the investigation report required in subsection (F)(4) for 12 months after the date of the report.**

R9-10-1004. 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 patients;**
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient 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 patient 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 patient 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 patient care; and**
3. The report required in subsection (2) and the supporting documentation for the **report are maintained for 12 months after the date the report is submitted to the governing authority.**

Quality - Summary

Plan

Established,
Documented,
Implemented, and
ongoing

Plan includes a method to:

- a. identify, document, and evaluate incidents;
- b. collect data to evaluate services provided to patients;
- c. evaluate the data collected to identify a concern about the delivery of services related to patient care;
- d. make changes or take action as a result of the identification of a concern about the delivery of services related to patient care;
- e. identify the frequency of submitting the documented report to the governing authority

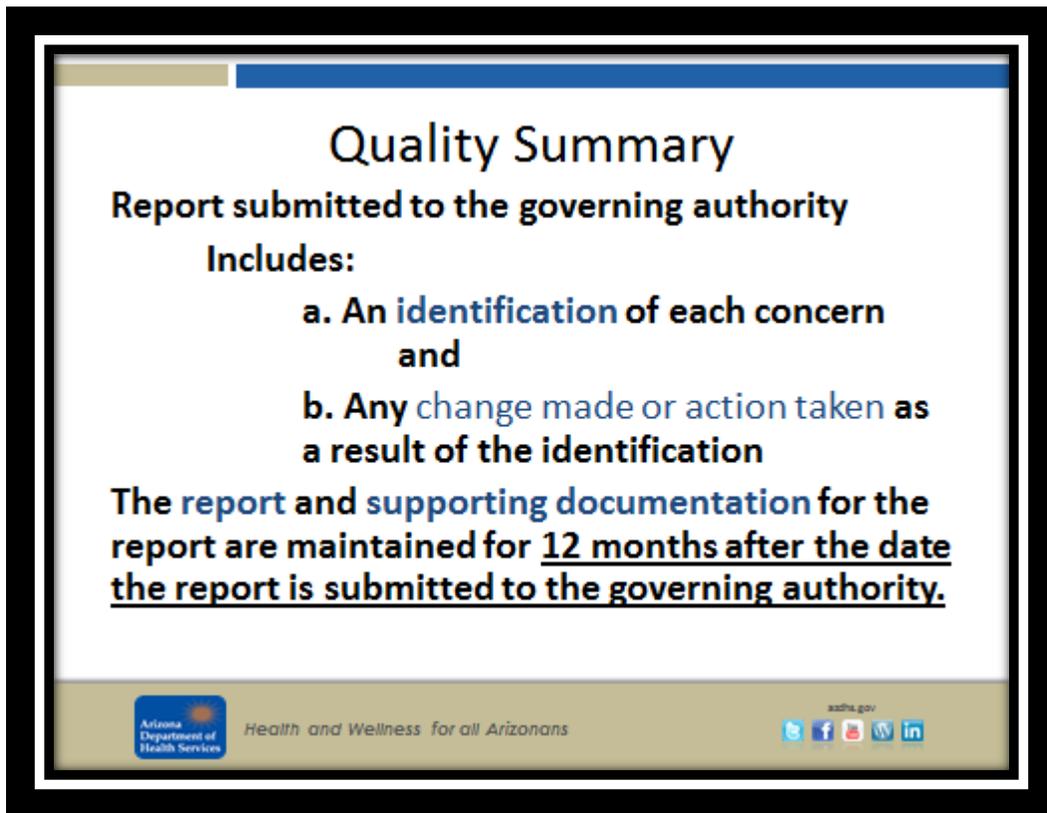


Arizona
Department of
Health Services

Health and Wellness for all Arizonans

azdhs.gov





R9-10-1005. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A **documented list of current contracted services is maintained that includes a description of the contracted services provided.**

R9-10-1006. Personnel

An administrator shall ensure that:

1. The **qualifications, skills, and knowledge required for each type of personnel member:** **(Definition: except as defined in specific Articles in this Chapter and excluding a medical staff member, an individual providing physical health services or behavioral health services to a patient)**
 - a. Are based on:
 - i. The **type of physical health services or behavioral health services** expected to be provided by the personnel member **according** to the established **job description**, and
 - ii. The **acuity** of the patients receiving **physical health services or behavioral health services from the personnel member** according to the established **job description**; and
 - b. Include:
 - i. The **specific skills and knowledge necessary for the personnel member** to provide the expected physical health services and behavioral health services listed in the established job description,

- ii. **The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge** for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. **The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge** for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
- 2. A personnel member's skills and knowledge are **verified and documented:**
 - a. **Before the** personnel member provides physical health services or behavioral health services, and
 - b. **According to policies and procedures;**
- 3. **Personnel members are present on an outpatient treatment center's premises** with

the qualifications, skills, and knowledge necessary to:

- a. **Provide the services** in the outpatient treatment center's scope of services,
 - b. **Meet the needs of a patient**, and
 - c. **Ensure the health and safety** of a patient;
4. A personnel member **only provides** physical health services or behavioral health services the **personnel member is qualified** to provide;
 5. A plan is **developed, documented, and implemented to provide orientation** specific to the duties of personnel members, employees, volunteers, and students;
 6. A personnel member **completes orientation before providing medical services, nursing services or health-related services to a patient**;
 7. 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;

8. A **plan is developed, documented** and **implemented** to provide **in-service education** specific to the duties of the personnel member;
9. A personnel member's **in-service education is documented**, to include:
 - a. The personnel member's **name**,
 - b. The **date** of the in-service education, and
 - c. The **subject or topics** covered in the in-service education;
10. **Compliance with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-114;**

Behavioral Health Technician

R9-10-101.30

"Behavioral health technician" means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

- a. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and
- b. Are provided with clinical oversight by a behavioral health professional



Arizona
Department of
Health Services

Health and Wellness for all Arizonans

azdhs.gov



Paraprofessional

R9-10-101.24

"Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

- a. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and
- b. Are provided under supervision by a behavioral health professional.



Health and Wellness for all Arizonans



11. A **record for a personnel member, employee, volunteer, or student** is maintained that includes:
 - a. The individual's **name, date of birth, home address, and contact telephone number**;
 - b. The individual's **starting date of employment or volunteer service**, and if applicable, the **ending date**;
 - c. Documentation of:

- i. The **individual's qualifications including skills and knowledge** applicable to the individual's job duties;
- ii. The **individual's education and experience** applicable to the individual's job duties;
- iii. The **individual's completed orientation and in-service education** as required by **policies and procedures**;
- iv. The **individual's license or certification**, if the individual is required to be licensed or certified in this Article or policies and procedures;
- v. If the individual is a **behavioral health technician, clinical oversight** required in R9-10-114;

(R9-10-114. Behavioral Health Paraprofessionals, Behavioral Health Technicians

If a health care institution is licensed as a behavioral health inpatient facility, behavioral health residential facility, substance abuse transitional facility, or behavioral health specialized transitional facility, or is authorized to provide behavioral health services, an administrator shall ensure that policies and procedures are established, documented, and implemented that:

1. **For a behavioral health paraprofessional providing services at the health care institution:**
 - a. **Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;**

- iii. **The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided; and**
 - f. **Ensure that a behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides services related to patient care at the health care institution during the two week period;**
 - g. **Establish the duration of clinical oversight provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:**
 - i. **The scope and extent of the services provided,**
 - ii. **The acuity of the patients receiving services, and**
 - iii. **The number of patients receiving services;**
 - h. **Establish documentation requirements for the clinical oversight required in subsection (2)(c); and**
 - i. **Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician.)**
 - vi. **The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03; and**
 - vii. **Cardiopulmonary resuscitation training, if the individual is required to have cardiopulmonary resuscitation training according to this Article or policies and procedures; and**
12. The **record** in subsection (A)(11) is:

- a. **Maintained while an individual provides services for or at the outpatient treatment center and for at least two years after the last date the employee or volunteer provided services for or at the outpatient treatment center; and**
- b. If the **ending date** of employment or volunteer service **was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the time of the Department's request.**

R9-10-1007. Transport; Transfer

- A. Except for a **transport (Definition R9-10-101.191 Sending a patient to another health care institution for outpatient services with the intent of returning the patient to the sending health care institution, or Returning a patient to a sending licensed health care institution after the patient received outpatient services.)** of a patient

due to an emergency, an administrator shall ensure that:

1. A personnel member **coordinates the transport and the services** provided to the patient;
2. According to policies and procedures:
 - a. An **evaluation of the patient is conducted before and after** the transport,
 - b. **Medical records are provided** to a receiving health care institution,
 - c. A personnel member **explains risks and benefits of the transport** to the patient or the patient's representative; and
3. **Documentation** in the patient'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 personnel member accompanying the patient** during a transport.

B. Except for a transfer (**Definition – R9-10-190 Discharging a patient and sending the patient to another licensed health care institution as an**

inpatient or resident without intending that the patient be returned to the sending health care institution) of a patient due to an emergency, an administrator shall ensure that:

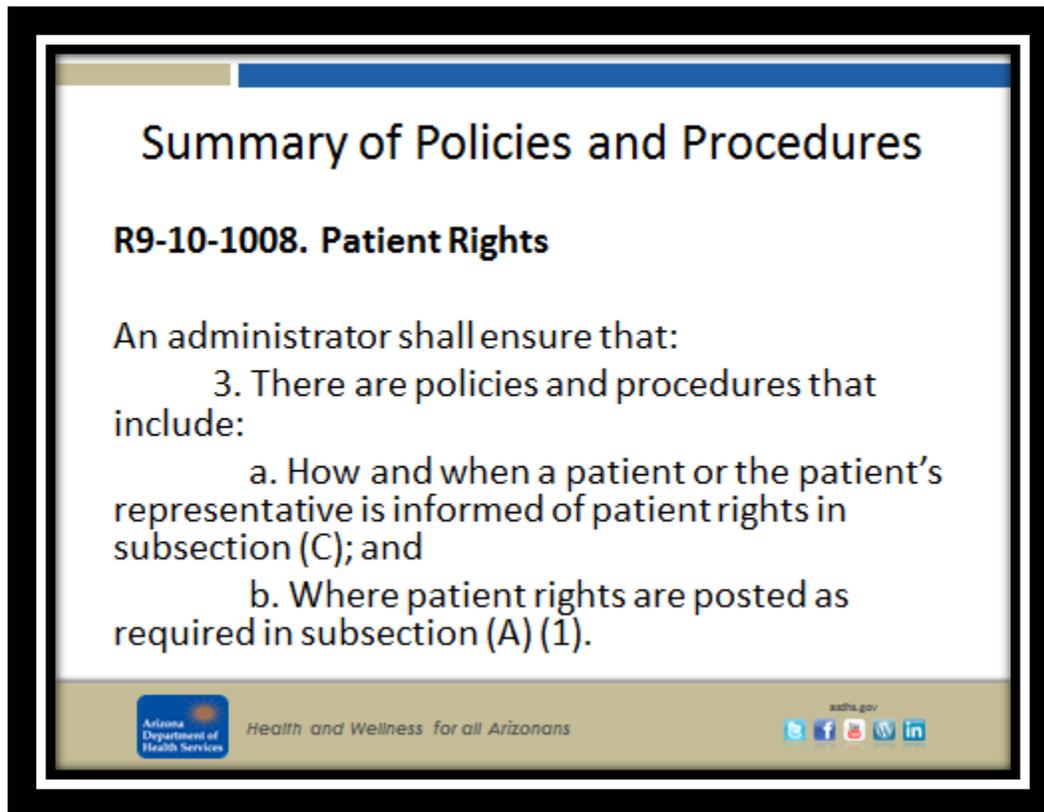
1. A personnel member **coordinates the transfer and the services** provided to the patient;
2. According to policies and procedures:
 - a. An **evaluation of the patient is conducted before the transfer,**
 - b. **Medical records including orders that are in effect at the time of the transfer** are provided to a receiving health care institution, and
 - c. A personnel member **explains risks and benefits of the transfer** to the patient or the patient's representative; and
3. **Documentation in the patient'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, a personnel member accompanying the patient during a transfer.

R9-10-1008. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the **patient rights** in subsection (C) are **conspicuously posted on the premises;**
2. **At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and**
3. There are **policies and procedures** that include:
 - a. **How and when a patient or the patient's representative is informed** of patient rights in subsection (C); and
 - b. **Where patient rights are posted** as required in subsection (A)(1).



B. An administrator shall ensure that:

1. A patient is treated with **dignity, respect, and consideration;**
2. A patient as not subjected to:
 - a. **Abuse;**
 - b. **Neglect;**
 - c. **Exploitation;**
 - d. **Coercion;**
 - e. **Manipulation;**
 - f. **Sexual abuse;**
 - g. **Sexual assault;**
 - h. **Seclusion;**

- i. **Restraint**, if not necessary to prevent imminent harm to self or others;
 - j. **Retaliation for submitting a complaint** to the Department or another entity; or
 - k. **Misappropriation of personal and private property** by an outpatient treatment center's personnel member, employee, volunteer, or student; and
3. A patient or the patient's representative:
- a. Except in an emergency, **either consents to or refuses treatment;**
 - b. **May refuse or withdraw consent** to treatment before treatment is initiated;
 - c. **Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;**

(152. "Psychotropic medication" means a chemical substance that crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior that is

provided to a patient to address the patient's behavioral health issue.)

- d. Is informed of the following:
 - i. The outpatient treatment center's policy on **health care directives, and**
 - ii. The **patient complaint process;**
- e. **Consents to photographs of the patient** before a patient is photographed **except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and**
- f. **Except as otherwise permitted by law,** provides **written consent to the release of the patient's:**
 - i. **Medical records, and**
 - ii. **Financial records.**

C. A patient 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 patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;

12-2293. Release of medical records and payment records to patients and health care decision makers; definition

- A. Except as provided in subsections B and C of this section, on the written request of a patient or the patient's health care decision maker for access to or copies of the patient's medical records and payment records, the health care provider in possession of the record shall provide access to or copies of the records to the patient or the patient's health care decision maker.
- B. A health care provider may deny a request for access to or copies of medical records or payment records if a health professional determines that either:
 1. Access by the patient is reasonably likely to endanger the life or physical safety of the patient or another person.
 2. The records make reference to a person other than a health professional and access by the patient or the patient's health care decision maker is reasonably likely to cause substantial harm to that other person.
 3. Access by the patient's health care decision maker is reasonably likely to cause substantial harm to the patient or another person.
 4. Access by the patient or the patient's health care decision maker would reveal information obtained under a promise of confidentiality with someone other than a health professional and access would be reasonably likely to reveal the source of the information.

- C. A health care provider may deny a request for access to or copies of medical records or payment records if the health care provider determines that either:**
- 1. The information was created or obtained in the course of clinical research and the patient or the patient's health care decision maker agreed to the denial of access when consenting to participate in the research and was informed that the right of access will be reinstated on completion of the research.**
 - 2. A health care provider is a correctional institution or is acting under the direction of a correctional institution and access by a patient who is an inmate in the correctional institution would jeopardize the health, safety, security, custody or rehabilitation of the patient or other inmates or the safety of any officer, employee or other person at the correctional institution or of a person who is responsible for transporting the inmate.**
- D. If the health care provider denies a request for access to or copies of the medical records or payment records, the health care provider must note this determination in the patient's records and provide to the patient or the patient's health care decision maker a written explanation of the reason for the denial of access. The health care provider must release the medical records or payment records information for which there is not a basis to deny access under subsection B of this section.**

12-2294. Release of medical records and payment records to third parties

A. A health care provider shall disclose medical records or payment records, or the information contained in medical records or payment records, without the patient's written authorization as otherwise required by law or when ordered by a court or tribunal of competent jurisdiction.

B. A health care provider may disclose medical records or payment records, or the information contained in medical records or payment records, pursuant to written authorization signed by the patient or the patient's health care decision maker.

C. A health care provider may disclose medical records or payment records or the information contained in medical records or payment records and a clinical laboratory may disclose clinical laboratory results

Outpatient Treatment Center Title 9 Chapter 10 Article 10

without the written authorization of the patient or the patient's health care decision maker as otherwise authorized by state or federal law, including the health insurance portability and accountability act privacy standards (45 Code of Federal Regulations part 160 and part 164, subpart E), or as follows:

1. To health care providers who are currently providing health care to the patient for the purpose of diagnosis or treatment of the patient.
2. To health care providers who have previously provided treatment to the patient, to the extent that the records pertain to the provided treatment.
3. To ambulance attendants as defined in section 36-2201 for the purpose of providing care to or transferring the patient whose records are requested.
4. To a private agency that accredits health care providers and with whom the health care provider has an agreement requiring the agency to protect the confidentiality of patient information.
5. To a health profession regulatory board as defined in section 32-3201.
6. To health care providers for the purpose of conducting utilization review, peer review and quality assurance pursuant to section 36-441, 36-445, 36-2402 or 36-2917.
7. To a person or entity that provides services to the patient's health care providers or clinical laboratories and with whom the health care provider or clinical laboratory has an agreement requiring the person or entity to protect the confidentiality of patient information and as required by the health insurance portability and accountability act privacy standards, 45 Code of Federal Regulations part 164, subpart E.
8. To the legal representative of a health care provider in possession of the medical records or payment records for the purpose of securing legal advice.
9. To the patient's third party payor or the payor's contractor.
10. To the industrial commission of Arizona or parties to an industrial commission claim pursuant to title 23, chapter 6.

D. A health care provider may disclose a deceased patient's medical records or payment records or the information contained in medical records or payment records to the patient's health care decision maker at the time of the patient's death. A health care provider also may disclose a deceased patient's medical records or payment records or the information contained in medical records or payment records to the personal representative or administrator of the estate of a deceased patient, or if a personal representative or administrator has not been appointed, to the following persons in the following order of priority, unless the deceased patient during the deceased patient's lifetime or a person in a higher order of priority has notified the health care provider in writing that the deceased patient opposed the release of the medical records or payment records:

Outpatient Treatment Center Title 9 Chapter 10 Article 10

1. The deceased patient's spouse, unless the patient and the patient's spouse were legally separated at the time of the patient's death.
 2. The acting trustee of a trust created by the deceased patient either alone or with the deceased patient's spouse if the trust was a revocable inter vivos trust during the deceased patient's lifetime and the deceased patient was a beneficiary of the trust during the deceased patient's lifetime.
 3. An adult child of the deceased patient.
 4. A parent of the deceased patient.
 5. An adult brother or sister of the deceased patient.
 6. A guardian or conservator of the deceased patient at the time of the patient's death.
- E. A person who receives medical records or payment records pursuant to this section shall not disclose those records without the written authorization of the patient or the patient's health care decision maker, unless otherwise authorized by law.
- F. If a health care provider releases a patient's medical records or payment records to a contractor for the purpose of duplicating or disclosing the records on behalf of the health care provider, the contractor shall not disclose any part or all of a patient's medical records or payment records in its custody except as provided in this article. After duplicating or disclosing a patient's medical records or payment records on behalf of a health care provider, a contractor must return the records to the health care provider who released the medical records or payment records to the contractor.

12-2294.01. Release of medical records or payment records to third parties pursuant to subpoena

A. A subpoena seeking medical records or payment records shall be served on the health care provider and any party to the proceedings at least ten days before the production date on the subpoena.

B. A subpoena that seeks medical records or payments records must meet one of the following requirements:

1. The subpoena is accompanied by a written authorization signed by the patient or the patient's health care decision maker.

2. The subpoena is accompanied by a court or tribunal order that requires the release of the records to the party seeking the records or that meets the requirements for a qualified protective order under the health insurance portability and accountability act privacy standards (42 Code of Federal Regulations section 164.512(e)).

3. The subpoena is a grand jury subpoena issued in a criminal investigation.

4. The subpoena is issued by a health profession regulatory board as defined in section 32-3201.

5. The health care provider is required by another law to release the records to the party seeking the records.

C. If a subpoena does not meet one of the requirements of subsection B of this section, a health care provider shall not produce the medical records or payment records to the party seeking the records, but may either file the records under seal pursuant to subsection D of this section, object to production under subsection E of this section or file a motion to quash or modify the subpoena under rule 45 of the Arizona rules of civil procedure.

D. It is sufficient compliance with a subpoena issued in a court or tribunal proceeding if a health care provider delivers the medical records or payment records under seal as follows:

1. The health care provider may deliver by certified mail or in person a copy of all the records described in the subpoena by the production date to the clerk of the court or tribunal or if there is no clerk then to the court or tribunal, together with the affidavit described in paragraph 4 of this subsection.

2. The health care provider shall separately enclose and seal a copy of the

Outpatient Treatment Center Title 9 Chapter 10 Article 10

records in an inner envelope or wrapper, with the title and number of the action, name of the health care provider and date of the subpoena clearly inscribed on the copy of the records. The health care provider shall enclose the sealed envelope or wrapper in an outer envelope or wrapper that is sealed and directed to the clerk of the court or tribunal or if there is no clerk then to the court or tribunal.

3. The copy of the records shall remain sealed and shall be opened only on order of the court or tribunal conducting the proceeding.

4. The records shall be accompanied by the affidavit of the custodian or other qualified witness, stating in substance each of the following:

(a) That the affiant is the duly authorized custodian of the records and has authority to certify the records.

(b) That the copy is a true complete copy of the records described in the subpoena.

(c) If applicable, that the health care provider is subject to the confidentiality requirements in 42 United States Code sections 290dd-3 and 290ee-3 and applicable regulations and that those confidentiality requirements may apply to the requested records. The affidavit shall request that the court make a determination, if required under applicable federal law and regulations, as to the confidentiality of the records submitted.

(d) If applicable, that the health care provider has none of the records described or only part of the records described in the subpoena.

5. The copy of the records is admissible in evidence as provided under rule 902(11), Arizona rules of evidence. The affidavit is admissible as evidence of the matters stated in the affidavit and the matters stated are presumed true. If more than one person has knowledge of the facts, more than one affidavit may be made. The presumption established by this paragraph is a presumption affecting the burden of producing evidence.

E. If a subpoena does not meet one of the requirements of subsection B of this section or if grounds for objection exist under rule 45 of the Arizona rules of civil procedure, a health care provider may file with the court or tribunal an objection to the inspection or copying of any or all of the records as follows:

1. On filing an objection, the health care provider shall send a copy of the objection to the patient at the patient's last known address, to the patient's attorney if known and to the party seeking the records, unless after reasonable inquiry the health care provider cannot determine the last known address of the patient.

2. On filing the objection, the health care provider has no further obligation to assert a state or federal privilege pertaining to the records or to appear or respond to a motion to compel production of records, and may produce the records if ordered by a court or tribunal. If an objection is filed, the patient or the patient's attorney is responsible for asserting or waiving any state or federal privilege that pertains to the records.

3. If an objection is filed, the party seeking production may request an order compelling production of the records. If the court or tribunal issues an order compelling production, a copy of the order shall be provided to the health care provider. On receipt of the order, the health care provider shall produce the records.

4. If applicable, an objection shall state that the health care provider is subject

to the confidentiality requirements in 42 United States Code sections 290dd-3 and 290ee-3, shall state that the records may be subject to those confidentiality requirements and shall request that the court make a determination, if required under applicable federal law and regulations, on whether the submitted records are subject to discovery.

F. If a party seeking medical records or payment records wishes to examine the original records maintained by a health care provider, the health care provider may permit the party to examine the original records if the subpoena meets one of the requirements of subsection B of this section. The party seeking the records also may petition a court or tribunal for an order directing the health care provider to allow the party to examine the original records or to file the original records under seal with the court or tribunal under subsection D of this section.

5. To **receive a referral to another health care institution** if the outpatient treatment center is **unable to provide physical health services or behavioral health services for the patient;**
6. To **participate or have the patient's representative participate in the development** of, or decisions concerning treatment;
7. To **participate or refuse to participate in research or experimental treatment;** and

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

R9-10-1008. Patient Rights Policies and Procedures

An administrator shall ensure that:

3. There are policies and procedures that include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
 - b. Where patient rights are posted as required in subsection (A) (1).



Health and Wellness for all Arizonans



R9-10-1009. Medical Records

A. An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to **A.R.S. Title 12, Chapter 13, Article 7.1;**
2. An entry in a patient'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 patient'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 code** is used to authenticate an order,

the **individual whose signature** the stamp or electronic code represents is **accountable for the use of the stamp or the electronic code;**

5. A **patient's medical record is available** to personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;
 6. **Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent** of a patient or the patient's representative or as permitted by law;
 7. **Policies and procedures** include the **maximum time-frame to retrieve a patient's medical record** at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
 8. A **patient's medical record is protected from loss, damage, or unauthorized use.**
- B. If an outpatient treatment center maintains patient'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 patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:

a. Except as specified in **A.A.C. R9-6-1005**, the **patient's name and address;**

(R9-6-1005. Anonymous HIV Testing)

b. The patient's **date of birth;**

c. The **name and contact information** of the **patient's representative**, if applicable; and

d. Any known allergies, including medication allergies;

2. A diagnosis or reason for outpatient treatment center services;

3. Documentation of general consent, and if applicable informed consent, for treatment by the patient or the patient's representative except in an emergency; **(R9-10-101 Definitions:**

82. "General consent" means documentation of an agreement from an individual or the individual's representative to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issues.

97. "Informed consent" means advising a patient of a proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic drug, or diagnostic procedure; associated risks and possible complications; and obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure from the patient or the patient's representative.)

4. Documentation of medical history and, if applicable, results of a physical examination;

5. Orders;

6. Assessment;

7. Treatment plans;

8. Interval notes; (Definition R9-10-101

99. "Interval note" means documentation updating a patient's:

a. Medical condition after a medical history and physical examination is performed;

b. Behavioral health issue after an assessment is performed.)

9. Progress notes; (Definition R9-10-101

147. "Progress note" means documentation by a medical staff member, nurse, or personnel member of:

a. An observed patient response to a physical health service or behavioral health service provided to a patient,

b. A patient's significant change in condition, or

c. Observed behavior of a patient related to the patient's medical condition or behavioral health issue.;)

10. Documentation of outpatient treatment center services provided to the patient

11. Name of each individual providing treatment or a diagnostic procedure;

12. **Disposition** of the patient upon discharge;
13. Documentation of the patient's **follow-up instructions** provided to the patient;
14. A **discharge summary**; (**Definition R9-10-101**)

66. "Discharge summary" means a documented brief review of services provided to a patient, current patient status, and reasons for the patient's discharge.

15. If applicable:
 - a. **Laboratory reports,**
 - b. **Radiologic reports,**
 - c. **Sleep disorder reports,**
 - d. **Diagnostic reports,**
 - e. **Documentation of restraint or seclusion,**
and
 - f. **Consultation reports; and**
16. Documentation of a **medication administered** to the patient 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**:
 - i. An **assessment** of the patient's pain **before** administering the medication,
and

- ii. The **effect of** the medication administered;
- d. For a **psychotropic medication**:
 - i. An **assessment of the patient'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 **observing the self-administration of the medication**;
- f. Any **adverse reaction** a patient has to the medication; and
- g. **Prepacked or sample medication** provided to the patient for self-administration including the **name, strength, dosage, amount, route of administration, and expiration date**.

R9-10-1009. Medical Records
Policies and Procedures

An administrator shall ensure that:

7. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and

8. A patient's medical record is protected from loss, damage, or unauthorized use.

Arizona Department of Health Services
Health and Wellness for all Arizonans
azdhs.gov

R9-10-1010. Medication Services

A. If an outpatient treatment center provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that **policies and procedures**:

1. Include:

- a. A **process for providing information** to a patient about medication prescribed for the patient including:
 - i. The **prescribed medication's anticipated results,**

- ii. The prescribed medication's **potential adverse reactions,**
 - iii. The prescribed medication's **potential side effects,** and
 - iv. **Potential adverse reactions** that could result from not taking the medication as prescribed;
- b. **Procedures for preventing, responding to, and reporting:**
 - i. **A medication error,**
 - ii. **An adverse response** to a medication, or
 - iii. A medication **overdose;**
- c. Procedures to ensure that a **patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;**
- d. **Procedures for documenting** medication services and assistance in the self-administration of medication;
- e. **Procedures for assisting a patient in obtaining medication;** and
- f. If applicable, **procedures for providing medication administration or assistance**

in the self-administration of medication off the premises; and

2. Specify a **process for review through the quality management program** of:

- a. A **medication administration error**, and
- b. An **adverse reaction** to a medication.

B. If an outpatient treatment center provides medication administration, an administrator shall ensure that:

1. **Policies and procedures** for medication administration:

- a. Are **reviewed and approved by a medical practitioner;**

- b. **Specify the individuals who may:**

- i. **Order medication, and**

- ii. **Administer medication;**

- c. Ensure that medication is **administered** to a patient only **as prescribed;** and

- d. A **patient's refusal** to take prescribed medication is documented in the patient's medical record;

2. **Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;**

3. A medication administered to a patient is:

- a. **Administered in compliance with an order, and**
- b. **Documented in the patient's medical record; and**

4. **If pain medication is administered to a patient, documentation in the patient's medical record includes:**

- a. **An identification of the patient's pain before administering the medication, and**
- b. **The effect of the pain medication administered.**

C. **If an outpatient treatment center provides assistance in the self-administration of medication, an administrator shall ensure that:**

1. **A patient's medication is stored by the outpatient treatment center;**
2. **The following assistance is provided to a patient:**
 - a. **A reminder when it is time to take the medication;**
 - b. **Opening the medication container for the patient;**

b. Documented in the patient'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;
3. If pharmaceutical services are provided:
 - a. The pharmaceutical services are provided under the direction of a pharmacist;
 - b. The pharmaceutical services comply with **ARS 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 an outpatient treatment center**, an administrator shall ensure that:

1. There is a **separate room, closet, or self-contained unit used for medication storage that includes a lockable door;**
2. If **medication is stored in a room or closet, there is a locked cabinet that is used for medication storage;**

3. Medication is **stored according to the instructions on the medication container**; and
 4. **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 patients who received recalled medication**; and
 - d. **Storing, inventorying, and dispensing controlled substances**.
- F. An administrator shall ensure that a personnel member **immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication** and, if applicable, the outpatient treatment center's **clinical director**.

(Behavioral Health Services; Behavioral health Observation/Stabilization Services Court-Ordered Evaluation and Court-Ordered Treatment will be discuss later.)

R9-10-1015. Clinical Laboratory Services

An administrator shall ensure that:

1. If clinical laboratory services are provided on the premises or at another location, the clinical laboratory services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. 263a, as amended by Public Law 100-578, October 31, 1988; and
2. A clinical laboratory test result is documented in a patient's medical record including:
 - a. The name of the clinical laboratory test;
 - b. The patient's name;
 - c. The date of the clinical laboratory test;
 - d. The results of the clinical laboratory test; and

- e. If applicable, any adverse reaction related to or as a result of the clinical laboratory test.

(Crisis Services discussed later)

R9-10-1017. Diagnostic Imaging Services

An administrator of an outpatient treatment center that provides diagnostic imaging services shall:

1. Designate an individual to provide direction for diagnostic imaging services who is a:
 - a. Radiologic technologist certified under A.R.S. Title 32, Chapter 28, Article 2 who has at least 12 months experience in an outpatient treatment center;
 - b. Physician; or
 - c. Radiologist; and
2. Ensure that:
 - a. Diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 12 A.A.C. 1;
 - b. A copy of a certificate documenting compliance with subsection (2)(a) is provided to the Department for review upon the Department's request;

- c. Diagnostic imaging services are provided to a patient according to an order that includes:
 - i. The patient's name,
 - ii. The name of the ordering individual,
 - iii. The diagnostic imaging procedure ordered, and
 - iv. The reason for the diagnostic imaging procedure;
- d. A physician or radiologist interprets the diagnostic image; and
- e. A diagnostic imaging patient report is completed that includes:
 - i. The patient's name,
 - ii. The date of the procedure, and
 - iii. A physician's or radiologist's interpretation of the diagnostic image.

R9-10-1018. Dialysis Services

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

1. **"Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.**

- 2. “Chief clinical officer” means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.**
- 3. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane.**
- 4. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.**
- 5. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.**
- 6. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.**
- 7. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate**

whether the patient's nutritional needs are being met.

8. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.
9. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
10. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
11. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
12. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
13. "Stable" means a patient's blood pressure, temperature, pulse, respirations, and

diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.

- 14. "Transplant surgeon" means a physician who:**
- a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and**
 - b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.**

- B. A governing authority of an outpatient treatment center providing dialysis services shall:**
- 1. Ensure that the administrator appointed as required in R9-10-1003(B)(3) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and**
 - 2. Appoint a chief clinical officer to direct the dialysis services provided by or at the**

outpatient treatment center who is **a physician** who:

- a. Is **board eligible or board certified** in internal medicine or pediatrics by a professional credentialing board, and
- b. Has at **least 12 months of experience** or training in providing dialysis services.

C. An administrator of an outpatient treatment center providing dialysis services shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented that cover:
 - a. Long-term care plans and patient care plans,
 - b. Assigning a patient an identification number,
 - c. Personnel members' response to a patient adverse reaction during dialysis, and
 - d. Personnel members' response to an equipment malfunction during dialysis;
2. A personnel member complies with the requirements in **A.R.S. § 36-423 and R9-10-113** for hemodialysis technicians and hemodialysis technician trainees, if applicable;

36-423. Hemodialysis technicians; minimum requirements; definition

- A. Except as provided in subsection B, beginning on April 1, 2003, a facility that provides hemodialysis treatment shall only use a hemodialysis technician who is certified by a national organization that certifies hemodialysis technicians.**
- B. Beginning on April 1, 2003, an employee who provides hemodialysis treatment and who is not certified pursuant to subsection A is a hemodialysis technician trainee. A hemodialysis technician trainee may provide hemodialysis treatment in any facility unless the trainee fails to pass the national certification examination within two years after employment. The department of health services shall establish by rule appropriate clinical practice restrictions for hemodialysis technician trainees. An employee who is employed to provide hemodialysis treatment before April 1, 2003 must meet the requirements of this section on or before April 1, 2006.**
- C. A facility that provides hemodialysis treatment must maintain the verification of certification in the hemodialysis technician's personnel file.**
- D. For the purposes of this section, "hemodialysis technician" means a person who, under the direct supervision of a physician licensed pursuant to title 32, chapter 13 or 17, or a registered nurse licensed pursuant to title 32, chapter 15, provides assistance in the treatment of patients who receive dialysis treatment for end stage renal disease.**

R9-10-113. Clinical Practice Restrictions for Hemodialysis Technician Trainees

A. The following definitions apply in this Section:

- 1. "Assess" means collecting data about a patient by:
 - a. Obtaining a history of the patient,**
 - b. Listening to the patient's heart and lungs, and**
 - c. Checking the patient for edema.****
- 2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.**
- 3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.**
- 4. "Central line catheter" means a type of vascular access created by surgically implanting a tube into a large vein.**
- 5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.**
- 6. "Conductivity test" means a determination of the electrolytes in a dialysate.**
- 7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.**

8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.
9. "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
10. "Direct supervision" has the same meaning as "supervision" in A.R.S. § 36-401.
11. "Electrolytes" means chemicals, such as sodium, potassium, and calcium, that break apart into electrically charged particles when dissolved in water.
12. "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
13. "Fistula" means a type of vascular access created by a surgical connection between an artery and vein.
14. "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:
 - a. Dialyzer size,
 - b. Blood-flow rate,
 - c. Dialysate-flow rate, and
 - d. Hemodialysis duration.
15. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
16. "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
17. "Graft" means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
18. "Hemodialysis machine" means a mechanical pump that controls:
 - a. The blood-flow rate,
 - b. The mixing and temperature of dialysate,
 - c. The dialysate-flow rate,
 - d. The addition of anticoagulant, and
 - e. The fluid-removal rate.

19. **"Hemodialysis technician"** has the same meaning as in A.R.S. § 36-423.
20. **"Hemodialysis technician trainee"** means an individual who is working in a health care institution to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
21. **"Inexperienced hemodialysis technician trainee"** means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
22. **"Medical person"** means:
 - a. A doctor of medicine licensed under A.R.S. Title 32, Chapter 13, and experienced in dialysis;
 - b. A doctor of osteopathy licensed under A.R.S. Title 32, Chapter 17, and experienced in dialysis;
 - c. A registered nurse practitioner licensed under A.R.S. Title 32, Chapter 15, and experienced in dialysis;
 - d. A nurse licensed under A.R.S. Title 32, Chapter 15, and experienced in dialysis;
 - e. A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
 - f. An experienced hemodialysis technician trainee approved by the governing authority.
23. **"Not established"** means not approved by a patient's nephrologist for use in hemodialysis.
24. **"Patient"** means an individual who receives hemodialysis.
25. **"pH test"** means a determination of the acidity of a dialysate.
26. **"Preceptor course"** means a health care institution's instruction and evaluation provided to a nurse or a hemodialysis technician trainee that enables the nurse or the hemodialysis technician trainee to provide direct observation and education to other hemodialysis technician trainees.
27. **"Respond"** means to mute, shut off, reset, or troubleshoot an alarm.
28. **"Safety check"** means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.

29. "Water-contaminant test" means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.

B. An experienced hemodialysis technician trainee may:

1. Perform hemodialysis under direct supervision, and
2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution's preceptor course approved by the governing authority.

C. An experienced hemodialysis technician trainee shall not access a patient's:

1. Fistula that is not established, or
2. Graft that is not established;

D. An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:

1. Access a patient's central line catheter;
2. Respond to a hemodialysis-machine alarm;
3. Draw blood for laboratory tests;
4. Perform a water-contaminant test on a water system used for hemodialysis;
5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
7. Prime a dialyzer;
8. Test a hemodialysis machine for germicide presence;
9. Perform a hemodialysis machine safety check;
10. Prepare a dialysate;
11. Perform a conductivity test and a pH test on a dialysate;
12. Assess a patient;
13. Check and record a patient's vital signs, weight, and temperature;
14. Determine the amount and rate of fluid removal from a patient;
15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;
16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;
17. Initiate or discontinue a patient's hemodialysis;
18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or

19. Prepare a blood, water, or dialysate culture to determine microorganism presence;

E. An inexperienced hemodialysis technician trainee shall not:

1. Access a patient's:

a. Fistula that is not established, or

b. Graft that is not established; or

2. Provide direct observation.

F. When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:

1. The name of the hemodialysis technician trainee;

2. The date, time, and hemodialysis task performed;

3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and

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

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

3. A personnel member completes basic

cardiopulmonary resuscitation training

specific to the age of the patients receiving dialysis from the outpatient treatment center:

i **Before providing dialysis services**, and

ii. At **least once every two years** after the initial date of employment or volunteer services;

4. A personnel member **wears a name badge** that displays the individual's **first name, job title, and professional license or certification**; and
 5. A minimum of **one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.**
- D. An administrator of an outpatient treatment center providing dialysis services shall ensure that:
1. The premises of the outpatient treatment center where dialysis services are provided **complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date listed on the building permit or zoning clearance** submitted as part of the application for approval of the architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center's scope of services;
 2. **Before a modification of the premises** of an outpatient treatment center where dialysis services are provided is made, an **application**

for approval of the architectural plans and specifications of the outpatient treatment center required in R9-10-104(A):

- a. Is submitted to the Department; and
- b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in **A.A.C. R9-1-412** in effect on the date:
 - i. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
 - ii. The application for approval of the architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and

3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient

treatment centers providing dialysis services, incorporated by reference in **A.A.C. R9-1-412** in effect on the date:

- a. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
- b. The application for approval of the architectural plans and specifications required in R9-10-104(A) is submitted to the Department.

E. An administrator shall ensure that for a patient receiving dialysis services:

1. The dialysis services provided to the patient meet the needs of the patient;

2. A physician:

- a. **Performs a medical history and physical examination on the patient within 30 days before admission or within 48 hours after admission**, and
- b. **Documents the** medical history and physical examination in the patient's medical record **within 48 hours** after admission;

3. If the patient's medical history and physical examination required in subsection (E)(2) is **not performed by the patient's nephrologist, the patient's nephrologist, within 30 days after the date of the medical history and physical examination:**
 - a. **Reviews and authenticates** the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and **includes information specific to nephrology;**
or
 - b. **Performs a medical history and physical examination** that includes information **specific to nephrology;**
4. The patient's nephrologist or the nephrologist's designee:
 - a. Performs a medical history and physical examination on the patient **at least once every 12 months from the date of the patient's admission** to the outpatient treatment center, and

- b. **Documents monthly notes** related to the patient's progress in the patient's medical record;
5. A **registered nurse responsible** for the nursing services provided to the patient receiving dialysis services:
 - a. **Reviews with the patient the results of any diagnostic tests** performed on the patient;
 - b. **Assesses the patient's medical condition before the patient begins** receiving hemodialysis and after the patient has received hemodialysis;
 - c. If the **patient returns to another health care institution after receiving dialysis services** at the outpatient treatment center, **provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible** for the nursing services provided to the patient at the health care institution **or**, if there is not a registered nurse responsible, **the person responsible** for the medical services, nursing services, or health-related services

- provided to the patient at the health care institution;
- d. **Informs the patient's nephrologist of any changes in the patient's medical condition or needs; and**
 - e. Documents in the patient's medical record:
 - i. **Any notice provided as required in subsection (E)(5)(c), and**
 - ii **Monthly notes** related to the patient's progress;
6. If the **patient is unstable**, before dialysis is provided to the patient, a **nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;**
7. The patient:
- a. Is under the care of a nephrologist;
 - b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(b);
 - c. Is identified by a personnel member before beginning dialysis;
 - d. **Receives the dialysis services ordered for the patient by a medical practitioner;**

- e. **Is monitored** by a personnel member while receiving dialysis at least **once every 30 minutes**; and
 - f. If the outpatient treatment center reprocesses and reuses dialyzers, **is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis**;
8. Equipment used for hemodialysis is inspected and **tested according to the manufacturer's recommendations** or the outpatient treatment center's **policies and procedures before being used to provide hemodialysis to a patient**;
 9. The **equipment inspection and testing required in subsection (E)(8) is documented** in the patient's medical record;
 10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;
 11. If hemodialysis is provided to the patient, a personnel member:
 - a. **Inspects the dialyzer** before use to ensure that the:

- i. External surface of the dialyzer is clean;
 - ii. Dialyzer label is intact and legible;
 - iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and
 - iv. Dialyzer is free of visible blood and other foreign material;
- b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
- c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
- d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:
- i. The patient's name and the patient's identification number,
 - ii. The number of times the dialyzer has been used in patient treatments,
 - iii. The date of the last use of the dialyzer by the patient, and
 - iv. The date of the last reprocessing of the dialyzer;

- e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and
 - f. **Ensures that a patient's vascular access is visible to a personnel member during dialysis;**
12. **A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;**
 13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(b);
 14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c); and
 15. After a patient's discharge from an outpatient treatment center, **the nephrologist responsible**

for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 days after the patient's discharge and includes:

- a. A description of the patient's medical condition and the dialysis services provided to the patient, and**
- b. The signature of the nephrologist.**

(R9-10-101.66. "Discharge summary" means a documented brief review of services provided to a patient, current patient status, and reasons for the patient's discharge)

F. If an outpatient treatment center provides support for **self-dialysis services, an administrator shall ensure that:**

- 1. A patient or the **patient's caregiver** is:**
 - a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction, and**
 - b. **Monitored in the patient's home to assess** the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;**
- 2. **Instruction** provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection**

(F)(1)(b) is documented in the patient's medical record;

3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);
6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
 - a. Reviewed to ensure that the patient is receiving continuity of care, and
 - b. Placed in the patient's medical record; and
7. If a patient uses self-dialysis and self-administers medication:
 - a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;

- b. The patient and the patient's caregiver are informed of any potential:
 - i. Side effects of the medication; and
 - ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and
- c. The patient or the patient's caregiver is:
 - i. Taught the route and technique of administration and is able to administer the medication, including injecting the medication;
 - ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication;
 - iii. Provided with instructions for the administration of the medication including the specific route and technique the patient or the patient's caregiver has been taught to use;
 - iv. Able to read and understand the medication;
 - v. Taught and able to self-monitor the patient's blood pressure; and

vi. Informed how to store the medication according to the manufacturer's instructions.

- G. An administrator of an outpatient treatment center providing dialysis services shall ensure that **a social worker is employed by with the outpatient treatment center to meet the needs of a patient receiving dialysis services including:**
1. Conducting an **initial psychosocial evaluation of the patient within 30 days** after the patient's admission to the outpatient treatment center;
 2. Participating in reviewing the patient's need for social work services;
 3. Recommending changes in treatment based on the patient's psychosocial evaluation;
 4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;
 5. Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;

6. **Documenting monthly notes** related to the patient's progress in the patient's medical record; and
 7. **Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months** from the date of the patient's admission to the outpatient treatment center.
- H. An administrator of an outpatient treatment center providing dialysis services shall ensure that a **registered dietitian is employed** by with the outpatient treatment center to assist a patient receiving dialysis services to meet the patient's nutritional and dietetic needs including:
1. Conducting an **initial nutritional assessment of the patient within 30 days** after the patient's admission to the outpatient treatment center;
 2. Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;
 3. Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;
 4. **Monitoring the patient's adherence and response to a prescribed diet;**

5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;
 6. **Documenting monthly notes** related to the patient's progress in the patient's medical record; and
 7. **Conducting a follow-up nutritional assessment of the patient at least once every 12 months** from the date of the patient's admission to the outpatient treatment center.
- I. An administrator of an outpatient treatment center providing dialysis services shall ensure that a **long-term care plan for each patient**:
1. Is developed by a team that includes at least:
 - a. The **chief clinical officer** of the outpatient treatment center;
 - b. **If the chief clinical officer is not a nephrologist, the patient's nephrologist**;
 - c. A **transplant surgeon** or the transplant surgeon's designee;
 - d. A **registered nurse responsible for nursing services provided to the patient**;
 - e. A **social worker**;
 - f. A **registered dietitian**; and

- g. The **patient or patient's representative**, if the patient or patient's representative chooses to participate in the development of the long-term care plan;
 2. **Identifies the modality** of treatment and dialysis services to be provided to the patient;
 3. Is **reviewed and approved by the chief clinical officer**;
 4. Is **signed and dated by each personnel** member participating in the development of the long-term care plan;
 5. Includes **documentation signed by the patient or the patient's representative** that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;
 6. Is **signed and dated by the patient** or the patient's representative; and
 7. Is **reviewed at least every 12 months** by the team in subsection (I)(1) and updated according to the patient's needs.
- J. An administrator of an outpatient treatment center providing dialysis services shall ensure that a **patient care plan** for each patient:

1. Is **developed by a team** that includes at least:
 - a. The **patient's nephrologist**;
 - b. A **registered nurse** responsible for nursing services provided to the patient;
 - c. A **social worker**;
 - d. A **registered dietitian**; and
 - e. The **patient or the patient's representative**, if the patient or patient's representative chooses to participate in the development of the patient care plan;
2. Includes an assessment of the patient's need for dialysis services;
3. Identifies treatment and treatment goals;
4. Is signed and dated by each personnel member participating in the development of the patient care plan;
5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the patient care plan;
6. Is signed and dated by the patient or the patient's representative;
7. Is implemented;

8. **Is evaluated by:**

- a. The **registered nurse** responsible for the dialysis services provided to the patient,
- b. The **registered dietitian** providing services to the patient related to the patient's nutritional or dietetic needs, and
- c. The **social worker** providing services to the patient related to the patient's psychosocial needs;

9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and

10. Is reviewed and updated according to the needs of the patient:

- a. At least every six months for a patient whose medical condition is stable, and
- b. At least every 30 days for a patient whose medical condition is not stable.

K. In addition to the requirements in R9-10-1009(C), an administrator shall ensure that a medical record for each patient contains:

1. An annual medical history;
2. An annual physical examination;

3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
 4. If applicable, documentation of:
 - a. The equipment inspection and testing required in subsection (E)(9), and
 - b. The self-dialysis required in subsection (F)(2); and
 5. If applicable, documentation of the patient's discharge.
- L. For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record **within 30 days after the patient's discharge and includes:**
1. A description of the patient's medical condition and the dialysis services provided to the patient, and
 2. The signature of the nephrologist.
- M. If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center complies with

the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reuse of Hemodialyzers, ANSI/AAMI RD47:2002 & RD47:2002/A1:2003, incorporated by reference, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.

- N. A chief clinical officer shall ensure that the **quality of water used in dialysis** conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Hemodialysis systems, ANSI/AAMI RD5:2003, incorporated by reference, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.
- O. An administrator of an outpatient treatment center providing dialysis services shall ensure that the premises of **the outpatient treatment center where dialysis services are provided complies**

with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in **A.A.C. R9-1-412**, that were in effect on the date an application for approval of the architectural plans and specifications was submitted to the Department.

R9-10-1019. Emergency Room Services

An administrator of an outpatient treatment center providing emergency room services shall ensure that:

1. Emergency room services are:
 - a. Available on the premises:
 - i. At all times, and
 - ii. To stabilize an individual's emergency medical condition;
 - b. Provided:
 - i. In a designated area, and
 - ii. Under the direction of a physician;
2. Clinical laboratory services are available on the premises;
3. Diagnostic imaging services are available on the premises;

4. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in R9-1-412;
5. A physician is present in an area designated for emergency room services;
6. A registered nurse is present in an area designated for emergency room services and provides direction for nursing services in the designated area;
7. The outpatient treatment center has a documented transfer agreement with a general hospital;
8. Emergency room services are provided to an individual, including a woman in active labor, requesting medical services in an emergency;
9. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection (7);
10. There is a chronological log of emergency room services provided to a patient that includes:

- a. The patient's name;
 - b. The date, time, and mode of arrival; and
 - c. The disposition of the patient including discharge or transfer; and
11. The chronological log required in subsection (10) is maintained:
- a. In the designated area for emergency room services for a minimum of 12 months after the date the emergency room services were provided; and
 - b. By the outpatient treatment center for a total of 2 years after the date the emergency room services were provided.

(Opioid Treatment Services discussed later)

R9-10-1021. Pain Management Services

An administrator of an outpatient treatment center that provides pain management services shall ensure that:

1. Pain management services are provided under the direction of a physician;
2. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise;

3. If a controlled substance is used to provide pain management services:
 - a. A medical practitioner discusses the risks and benefits of using a controlled substance with a patient; and
 - b. The following information is included in a patient's medical record:
 - i. The patient's history or alcohol and substance abuse,
 - ii. Documentation of the discussion in subsection (3)(a),
 - iii. The nature and intensity of the patient's pain, and
 - iv. The objectives used to determine whether the patient is being successfully treated; and
4. If an injection or a nerve block is used to provide pain management services:
 - a. Before the injection or nerve block is initially used on a patient, an evaluation of the patient is performed by a physician or nurse anesthetist;
 - b. An injection or nerve block is administered by a physician or a nurse anesthetist; and

- c. The following information is included in a patient's medical record:
 - i. The evaluation of the patient required in subsection (4)(a),
 - ii. A record of the administration of the injection or nerve block, and
 - iii. Any resuscitation measures taken.

R9-10-1022. Physical Health Services

An administrator of an outpatient treatment center that provides physical health services shall ensure that:

1. Medical services provided at or by the outpatient treatment center are provided under the direction of a physician or a registered nurse practitioner,
2. Nursing services provided at or by the outpatient treatment center are provided under the direction of a registered nurse, and
3. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise.

(Pre-petition Screening discussion later)

R9-10-1024. Rehabilitation Services

An administrator shall ensure that if an outpatient treatment center provides:

1. Occupational therapy services, an individual licensed under **A.R.S. Title 32, Chapter 34** provides direction for the occupational therapy services provided at or by the outpatient treatment center;
2. Physical therapy services, an individual licensed under **A.R.S. Title 32, Chapter 19** provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, an individual licensed under **A.R.S. Title 36, Chapter 17, Article 4** provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

R9-10-1025. Respite Services

An administrator of an outpatient treatment center that provides respite services shall ensure that:

1. Respite services are not provided in a personnel member's residence unless the personnel member residence is licensed as a behavioral health supportive home;

2. Respite services are provided:
 - a. In a patient's residence; or
 - b. Up to 10 continuous hours in a 24 hour time period, in the community; and
3. If respite services are provided in the community, a patient's needs for food, water, rest, and personal hygiene are met.

R9-10-1026. Sleep Disorder Services

An administrator of an outpatient treatment center that provides sleep disorder services shall ensure that:

1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;
2. A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT) or accepted by the BRPT to sit for the BRPT certification examination is present on the premise of the outpatient treatment center;
3. There is at least one patient testing room having a minimum of 140 square feet and no dimension less than 10 feet;
4. There is a bathroom available for use by a patient that contains:

- a. A working sink with running water,
 - b. A working toilet that flushes and has a seat,
 - c. Toilet tissue,
 - d. Soap for hand washing,
 - e. Paper towels or a mechanical air hand dryer,
 - f. Lighting, and
 - g. A means of ventilation;
5. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise; and
6. Equipment for the delivery of continuous positive airway pressure and bi-level positive airway pressure, including remote control of the airway pressure is available on the premises of the outpatient treatment center.

R9-10-1027. Urgent Care Services Provided in a Freestanding Urgent Care Setting

An administrator of an outpatient treatment center providing urgent care services in a freestanding urgent care setting, shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D)(1), policies and procedures are established, documented, and implemented that cover basic life support

training and pediatric basic life support training including:

- a. Method and content of training,
 - b. Qualifications of individuals providing the training, and
 - c. Documentation that verifies a medical practitioner has received the training;
2. A medical practitioner is on the premises during hours of clinical operation to provide the medical services, nursing services, and health-related services included in the outpatient treatment center's scope of services;
 3. If a physician is not on the premises during hours of operation, a notice stating this fact is conspicuously posted in the waiting room according to **A.R.S. § 36-432**;
 4. If a patient's death occurs at the outpatient treatment center, a written report is submitted to the Department as required in **A.R.S. § 36-445.04**;
 5. A medical practitioner completes basic life support training and pediatric basic life support training:

- a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
 - b. At least once every two years after the initial date of employment;
6. Except as provided in subsection (5), a personnel member completes basic adult and pediatric cardiopulmonary resuscitation training:
 - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center; and
 - b. At least once every two years after the initial date of employment or volunteer service; and
7. In addition to the requirements in R9-10-1006(A)(9), a medical practitioner's record includes documentation of completion of basic life support training and pediatric basic life support training.

R9-10-1028. Infection Control

A. An administrator shall ensure that:

1. An **infection control program is established, under the direction of an individual qualified**

according to the outpatient treatment center's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:

- a. A method to **identify and document infections** occurring at the outpatient treatment center;
- b. **Analysis of the types, causes, and spread of infections and communicable diseases** at the outpatient treatment center;
- c. The **development of corrective measures to minimize or prevent** the spread of infections and communicable diseases at the outpatient treatment center; and
- d. **Documentation of infection control activities** including:
 - i. The **collection and analysis** of infection control data;
 - ii. The **actions taken** related to infections and communicable diseases; and
 - iii. **Reports of communicable diseases** to the governing authority and state and county health departments;

2. Infection control **documentation is maintained** for **at least two years** after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
 - a. Compliance with the requirements in **9 A.A.C. 6** for **reporting and control measures for communicable diseases and infestations**;
 - b. If applicable:
 - i. Handling and disposal of biohazardous medical waste;
 - ii. Isolation of a patient;
 - iii. Sterilization and disinfection of medical equipment and supplies;
 - iv. Use of **personal protective equipment** such as aprons, gloves, gowns, masks, or face protection when applicable; and
 - v. Collection, storage, and cleaning of soiled linens and clothing;
 - c. Cleaning an individual's hands when the individual's hands are visibly soiled;

- d. Training of personnel members, employees, and volunteers in infection control practices; and
 - e. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to **18 A.A.C. 13, Article 14** and policies and procedures; and
5. A personnel member, employee, or volunteer washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material.
- B. An administrator shall comply with contagious disease reporting requirements in **A.R.S. § 36-621** and communicable disease reporting requirements in **9 A.A.C. 6, Article 2**.

R9-10-1029. Emergency and Safety Standards

- A. An **administrator shall ensure that policies and procedures for providing emergency treatment**

are established, documented, and implemented that protect the health and safety of patients and include:

- 1. A list of the medications, supplies, and equipment required on the premises for the emergency treatment provided by the outpatient treatment center;**
 - 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;**
 - 3. A requirement that a cart or a container is available for emergency treatment that contains the medication, supplies, and equipment specified in the outpatient treatment center's policies and procedures; and**
 - 4. A method to verify and document that the contents of the cart or container are available for emergency treatment.**
- B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the outpatient surgical center according to the**

outpatient surgical center's policies and procedures.

C. An administrator shall ensure that:

1. A **disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:**

- a. **Procedures for protecting the health and safety of patients and other individuals on the premises;**
- b. **Assigned responsibilities for each personnel member, employee, or volunteer;**
- c. **Instructions for the evacuation of patients and other individuals on the premises;**
and
- d. **Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;**

2. The disaster plan required in subsection (C)(1) is **reviewed at least once every 12 months;**

3. An **evacuation drill is conducted on each shift at least once every 12 months;**

4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:
 - a. **The date and time of the evacuation drill or disaster plan review;**
 - b. **The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;**
 - c. **A critique of the evacuation drill or disaster plan review; and**
 - d. **If applicable, recommendations for improvement;**
 5. **Documentation** required in subsection (C)(4) is **maintained for 12 months after the date of the evacuation drill or disaster plan review;** and
 6. **An evacuation path is conspicuously posted on each hallway of each** floor of the outpatient treatment center.
- D. An administrator shall ensure that an outpatient treatment center either has:
1. Both of the following that are tested and serviced **at least once every 12 months:**

- a. A **fire alarm system** installed according to the National Fire Protection Association 72: National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a), incorporated by reference in A.A.C. R9-1-412, that is in working order; and
 - b. A **sprinkler system** installed according to the National Fire Protection Association 13 standards incorporated by reference in A.A.C. R9-1-412, that is in working order; or
2. The following:
- a. A **smoke detector installed in each hallway of the outpatient treatment center** that is:
 - i. Maintained in an operable condition;
 - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
 - iii. Tested monthly; and
 - b. A **portable, operable fire extinguisher**, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:

- i. Is available at the outpatient treatment center;
- ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
- iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
- iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

E. An administrator shall ensure that **documentation of a test required in subsection (D)** is maintained for at least **12 months after the date** of the test.

F. An administrator shall ensure that:

1. **Exit signs are illuminated**, if the local fire jurisdiction requires illuminated exit signs;

2. A **corridor** in the outpatient treatment center is at least **44 inches wide**;
3. **Corridors and exits are kept clear of any obstructions**;
4. A **patient can exit through any exit during hours of operation**;
5. An **extension cord is not used instead of permanent electrical wiring**;
6. Each **electrical outlet and electrical switch has a cover plate that is in good repair**;
7. If applicable, a **sign is placed at the entrance of a room or an area indicating that oxygen is in use; and**
8. **Oxygen and medical gas containers:**
 - a. **Are maintained in a secured, upright position; and**
 - b. **Are stored in a room with a door:**
 - i. **In a building with sprinklers, at least five feet from any combustible materials; or**
 - ii. **In a building without sprinklers, at least 20 feet from any combustible materials.**

G. An administrator shall:

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

R9-10-1030. Physical Plant, Environmental Services, and Equipment Standards

A. An administrator shall ensure that:

1. An outpatient treatment center's premises are:
 - a. Sufficient to provide the outpatient treatment center's scope of services;
 - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
 - c. Free from a condition or situation that may cause an individual to suffer physical injury;
2. Except as provided in subsection (B), if an outpatient treatment center collects urine or stool specimens from a patient, the outpatient treatment center has at least one bathroom that:

- a. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation; and
 - b. Except as provided in subsection (B), is for the exclusive use of the outpatient treatment center;
3. A pest control program is implemented and documented;
 4. A tobacco smoke-free environment is maintained on the premises;
 5. A refrigerator used to store a medication is:
 - a. Maintained in working order, and
 - b. Only used to store medications;
 6. Equipment at the outpatient treatment center is:
 - a. Sufficient to provide the outpatient treatment center's scope of service;
 - b. Maintained in working condition;

- c. Used according to the manufacturer's recommendations; and
 - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
7. Documentation of an equipment test, calibration, and repair is maintained for 12 months after the date of testing, calibration, or repair.

B. An outpatient treatment center licensed before October 1, 2013, may have a bathroom that is not for the exclusive use of the outpatient treatment center if an administrator ensures that policies and procedures are established, documented, and implemented to protect the health and safety of individuals using the bathroom.

R9-10-1011. Behavioral Health Services

A. An administrator of an outpatient treatment center that provides behavioral health services shall

ensure that:

1. The outpatient treatment center does not provide a behavioral health service the outpatient treatment center is not authorized to provide;
2. The behavioral health services provided by or at the outpatient treatment center:
 - a. Are provided under the direction of a behavioral health professional; and b. Comply with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-114, and
 - ii. For an assessment, in R9-10-1011(B);
3. A personnel member who provides behavioral health service is:

- a. At least 21 years of age; or
- b. At least 18 years of age and is licensed as a:
 - i. Nurse according to A.R.S. Title 32, Chapter 15;
 - ii Physician assistant according to A.R.S. Title 32, Chapter 25; or iii.

Behavioral health professional; and

4. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner, an employee, or a volunteer applies for or has a fingerprint clearance card as required in A.R.S. § 36-425.03.

B. An administrator of an outpatient treatment center that provides behavioral health services shall ensure that:

1. Except as provided in subsection (B)(2), an

assessment for a patient is completed before treatment for the patient is initiated;

2. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the outpatient treatment center or the outpatient treatment center has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission:
 - a. The patient's assessment information is reviewed and updated if additional information that affects the patient's assessment is identified, and
 - b. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed;

3. If an **assessment** is conducted by a:
 - a. Behavioral health technician, within 72 hours a behavioral health professional reviews and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional 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 patient;
4. An assessment:
 - a. Documents a patient's:
 - i. Presenting issue;

- ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Legal history,
 - including: (1)
 - Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history;
and
 - ix. Symptoms reported by the patient and
referrals needed by the patient, if any;
- b. Includes:
- i. Recommendations for further
assessment or examination of the
patient's needs;

- ii. The behavioral health services, physical health services, or ancillary services that will be provided to the patient; and
 - iii. The signature and date signed of the personnel member conducting the assessment;
- c. Is documented in patient's medical record;
- 5. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
- 6. A request for participation in a patient's assessment is made to the patient or the patient's representative;
- 7. An opportunity for participation in the patient's assessment is provided to the patient or the patient's representative;

8. Documentation of the request in subsection (B)(6) and the opportunity in subsection (B)(7) is in the patient's medical record;
9. A patient's assessment information is documented in the medical record within 48 hours after completing the assessment;
10. A patient's assessment information is reviewed and updated when additional information that affects the patient's assessment is identified;
11. A review and update of a patient's assessment information is documented in the medical record within 48 hours after the review is completed;
12. **Counseling** is:
 - a. Offered as described in the outpatient treatment center's scope of services, b.
Provided according to the frequency and

number of hours identified in the

patient's
assessment, and

c. Provided by a behavioral health professional or a behavioral health technician;

13. 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;

14. Each counseling session is documented in the patient'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;

15. Respite services are not provided in a personnel member's home; and

16. Respite services are provided:

- a. In a patient's residence; or
- b. Up to 10 continuous hours in a 24 hour time period while the individual who is

receiving the respite services is:

- i. Supervised by a personnel member, ii.

Awake,

iii. Provided

food, iv.

Allowed to

rest,

- v. Provided an opportunity to use the toilet and meet the individual's hygiene needs, and
- vi. Participating in activities in the community but is not in a licensed health care institution or child care facility.

C. An administrator of an outpatient treatment center authorized to provide behavioral health services that:

1. Requests approval to provide any of the following to individuals required to attend by a referring court shall comply with the requirements for the specific service in 9 A.A.C. 20: a. DUI screening,
b. DUI education,
c. DUI treatment, or

- d. Misdemeanor domestic violence offender treatment; and
2. Is approved to provide any of the services in subsection (C)(1) may have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

R9-10-1012. Behavioral Health Observation/Stabilization Services

- A. An administrator of an outpatient treatment center that provides behavioral health observation/stabilization services shall ensure that:
 1. Behavioral health observation/stabilization services are available 24 hours a day, every calendar day;
 2. Behavioral health observation/stabilization

services are provided in a designated area that:

- a. Is used exclusively for behavioral health observation/stabilization services; and b. Has the space for a patient to receive privacy in treatment and care for personal needs;
- c. For every 15 observation chairs or less, has one bathroom that contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation;

3. If the outpatient treatment center is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age:
 - a. There is a separate designated area for providing behavioral health observation/stabilization services to individuals under 18 years of age that:
 - i. Meets the requirements in subsection (B)(2), and
 - ii. Has floor to ceiling walls that separate the designated area from other areas of the outpatient treatment center;
 - b. A registered nurse is present in the separate designated area; and
 - c. A patient under 18 years of age does not share any space, participate in any activity

or treatment, or have verbal or visual interaction with a patient 18 years of age or older;

4. A medical practitioner is available;
5. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;
6. A registered nurse is present and provides direction for behavioral health observation/stabilization services in the designated area;
7. A nurse monitors each individual at the intervals determined according to subsection (A)(12) and documents the monitoring in the individual's medical record;
8. An individual who arrives at the designated area for behavioral health

observation/stabilization services in the outpatient treatment center is screened within 30 minutes after entering the designated area to determine whether the individual is in need of immediate physical health services;

9. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:
 - a. Able to provide according to the outpatient treatment center's scope of services, the individual is examined by a medical practitioner within 30 minutes after being screened; or
 - b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;

10. If a screening indicates that an individual needs behavioral health observation/stabilization services and the outpatient treatment center has the capabilities to provide the behavioral health observation/stabilization services, the individual is admitted to the designated area for behavioral health observation/stabilization services and may remain in the designated area and receive observation/stabilization services for up to 23 hours and 59 minutes;
11. Before a patient is discharged from the designated area for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:

- a. If the behavioral health observation/stabilization services are provided in health care institution that also provided inpatient services and is capable of meeting the individual's needs, admitted to the health care institution as an inpatient;
 - b. Transferred to another health care institution capable of meeting the individual's needs;
 - c. Provided a referral to another entity capable of meeting the individual's needs; or d. Discharged and provided patient follow-up instructions;
12. When an individual is admitted to a designated area for behavioral health observation/stabilization services, an

assessment of the individual includes the interval for monitoring the individual based on the individual's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the individual;

13. If an individual is not being admitted as an inpatient to a health care institution, before discharging the individual from a designated area for behavioral health observation/stabilization services, a personnel member:
 - a. Identifies the specific needs of the individual after discharge necessary to assist the individual to function independently;

- b. Identifies any resources including family members, community social services, peer support services, and Regional Behavioral Health Agency staff that may be available to assist the individual; and
 - c. Documents the information in subsection (A)(18)(a) and the resources in subsection (A)(18)(b) in the individual's medical record;
14. When an individual is discharged from a designated area for behavioral health observation/stabilization services a personnel member:
- a. Provides the individual with discharge information that includes:
 - i. The identified specific needs of the individual after discharge, and
 - ii. Resources that may be available for

the individual;

b. Contacts any resources identified as required in subsection (A)(18)(b);

15. Except as provided in subsection (A)(16), an individual is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the individual's discharge from designated area in the outpatient treatment center that provides behavioral health observation/stabilization services; and

16. An individual may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the individual's discharge if:

a. It is at least one hour since the time of the individual's discharge;

b. A law enforcement officer or the

individual's case manager accompanies the individual to the outpatient treatment center;

- c. Based on a screening of the individual, it is determined that re-admission for behavioral health observation/stabilization is necessary for the individual; and
- d. The name of the law enforcement officer or the individual's case manager and the reasons for the determination in subsection (A)(16)(c) are documented in the individual's medical record.

17. An individual admitted for behavioral health observation/stabilization services is provided:

- a. An observation chair, or
- b. A separate piece of equipment for the

individual to use to sit or recline that:

- i. Is at least 12 inches from the floor, and
- ii. Has sufficient space around the piece of equipment to allow a personnel member to provide behavioral health services and physical health services including emergency services to the individual;

18. If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety which may include:

- a. Admitting the individual to the outpatient

treatment center to provide behavioral health services other than behavioral health observation/stabilization services;

- b. Establishing a method to notify the individual when there is an observation chair available;
- c. Referring or providing transportation to the individual to another health care institution;
- d. Assisting the individual to contact the individual's support system; and
- e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;

19. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available

and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;

20. The log required in subsection (A)(19) is maintained for one year after the date of documentation in the log;
21. An observation chair or, as provided in subsection (A)(17)(b), a piece of equipment used by a patient to sit or recline, is visible to a personnel member;
22. Except as provided in subsection (A)(23), a patient admitted to receive behavioral health observation/stabilization services is visible to a personnel member;

23. A patient admitted to receive behavioral health observation/stabilization services may use the bathroom and not be visible to a personnel member, if the personnel member:
 - a. Determines that the patient is capable of using the bathroom unsupervised,
 - b. Is aware of the patient's location; and
 - c. Is able to intervene in the patient's actions to ensure the patient's health and safety; and
24. An observation chair:
 - a. Effective until July 1, 2015, has space around the observation chair that allows a personnel member to provide behavioral health services and physical health services, including emergency services, to a patient in the observation chair; and

- b. Effective on July 1, 2015, has at least three feet of clear floor space:
 - i. On at least two sides of the observation chair, and
 - ii. Between the observation chair and any other observation chair.

B. An administrator of an outpatient treatment center that provides behavioral health observation/stabilization services shall comply with the requirements for restraint and seclusion in R9-10-316.

C. An administrator of an outpatient treatment center that provides behavioral health observation/stabilization services shall ensure that:

- 1. There are policies and procedures established, documented, and implemented that:
 - a. Cover the process for:
 - i. Evaluating a patient previously

admitted to the designated area to determine whether the patient is ready for admission to an inpatient setting or discharge including when to implement the process; and

- ii. Contacting other health care institutions that provide behavioral health observation/stabilization services to determine if the individual could be admitted for behavioral health observation/stabilization services in another health care institution including when to implement the process; and
- iii. Ensuring that sufficient personnel members, space, and equipment is

- available to provide behavioral health observation/stabilization services to patients admitted to receive behavioral health observation/stabilization services; and
- b. Establish a maximum capacity of the number of individuals for which the outpatient treatment center is capable of providing behavioral health observation/stabilization services;
2. The outpatient treatment center does not:
- a. Exceed the maximum capacity established by the outpatient treatment center in subsection (C)(1)(b); or
 - b. Admit an individual if the outpatient treatment center does not have personnel members, space, and equipment available

to provide behavioral health
observation/stabilization services to the
individual; and

3. Effective on July 1, 2015:
 - a. If an admission of an individual causes the outpatient treatment center to exceed the outpatient treatment center's licensed occupancy, the individual is only admitted for behavioral health observation/stabilization services in an emergency for the individual after:
 - (1) A behavioral health professional reviews the individual's screening and determines the admission is an emergency; and
 - (2) Documents the determination in the

- individual's medical record; and
- b. The outpatient treatment center's quality management program's plan required in R9-10-1004(1), includes a method to identify and document each occurrence of exceeding licensed occupancy, and to evaluate the occurrences of exceeding licensed occupancy, including the actions taken for resolving occurrences of exceeding licensed occupancy.

R9-10-1013. Court-ordered Evaluation

An administrator of an outpatient treatment center that provides court-ordered evaluation shall comply with the requirements for court-ordered evaluation in A.R.S. § 36-425.03.

R9-10-1014. Court-ordered Treatment

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

R9-10-1016. Crisis Services

- A. An administrator of an outpatient treatment center authorized to provide crisis services shall comply with the requirements for behavioral health services in R9-10-1011.
- B. An administrator of an outpatient treatment center that provides crisis services shall ensure that:
1. Crisis services are available during clinical hours of operation;
 2. The following individuals qualified to provide crisis services according to the outpatient treatment center's policies and procedures are present in the outpatient treatment center

during clinical hours of operation:

a. A behavioral health

technician, and

b. A registered nurse; and

3. The following individuals qualified to provide crisis services according policies and procedures are available during clinical hours of operation:

a. A behavioral health

professional, and

b. A medical practitioner.

R9-10-1020. Opioid Treatment Services

A. In addition to the definitions in R9-10-101 and R9-10-1001, the following definitions apply in this Section unless otherwise specified:

1. "Opioid treatment services" means medical

services, nursing services, health-related services, and ancillary services provided to a patient receiving an opioid agonist treatment medication for opiate addiction.

2. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opiate addiction.

B. A governing authority of an outpatient treatment center providing opioid treatment services shall:

1. Ensure that the outpatient treatment center obtains certification by the Substance Abuse and Mental Health Services Administration before providing opioid treatment,
2. Maintain a current Substance Abuse and Mental Health Services Administration

certificate for the outpatient treatment

center on the premises, and

3. Ensure that the administrator appointed as required in R9-10-1003(B)(C) is named on the Substance Abuse and Mental Health Services Administration certificate as the individual responsible for the opioid treatment services provided by or at the outpatient treatment center.

C. An administrator of an outpatient treatment center providing opioid treatment services shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented that:

- a. Include the criteria for receiving opioid treatment services and address:
 - i. Comprehensive maintenance treatment consisting of dispensing or administering an opioid agonist treatment medication at stable dosage levels to a patient for a period in excess of 21 days and providing medical and health-related services to the patient, and
 - ii. Detoxification treatment that occurs over a continuous period of more than 30 days;
- b. Include the criteria and procedures for discontinuing opioid treatment services;
- c. Address the needs of specific groups of patients, such as patients who:
 - i. Are pregnant;

- ii. Are children;
 - iii. Have chronic or acute medical conditions such as HIV infection, hepatitis, diabetes, tuberculosis, or cardiovascular disease;
 - iv. Have a mental disorder;
 - v. Abuse alcohol or other drugs; or vi. Are incarcerated or detained;
- d. Contain a method of patient identification to ensure the patient receives the opioid treatment services ordered;
- e. Contain methods to assess whether a patient is receiving concurrent opioid treatment services from more than one health care institution;

- f. Contain methods to ensure that the opioid treatment services provided to a patient by or at the outpatient treatment center meet the patient's needs;
- g. Include relapse prevention procedures;
- h. Include for laboratory testing:
- i. Criteria for the assessment of a patient's opioid agonist blood levels,
 - ii. Procedures for specimen collection and processing to reduce the risk of fraudulent results, and
 - iii. Procedures for conducting random drug testing of patients receiving an opioid agonist treatment medication;
- i. Include procedures for the response of personnel members to a patient adverse reaction during opioid treatment; and
- j. Include criteria for dispensing one or more doses of an opioid agonist treatment

medication to a patient for use off the premises and address:

i. Who may authorized dispensing, ii.

Restrictions on dispensing, and

iii. Information to be provided to a patient or the patient's representative before dispensing;

2. A physician provides direction for the opioid treatment services provided at the outpatient treatment center;
3. If a patient requires administration of an opioid agonist treatment medication as a result of chronic pain, the patient:
 - a. Receives consultation with or a referral

for consultation with a physician or registered nurse practitioner who specializes in chronic pain management, and

b. Is not admitted for opioid treatment services:

i. Unless the patient is physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug; and

ii. A medical practitioner at the outpatient treatment center coordinates with the physician or registered nurse practitioner who is providing chronic pain management to the patient; and

4. In addition to the requirements in R9-10-

1009(C), a medical record for each patient contains:

- a. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and
- b. If applicable, documentation of the patient's discharge from receiving opioid treatment services.

D. An administrator shall ensure that for a patient receiving opioid treatment services:

1. The opioid treatment services provided to the patient meet the needs of the patient;
2. A physician or a medical practitioner under the direction of a physician:
 - a. Performs a medical history and physical examination on the patient within 30 days before admission or within 48 hours after admission, and

- b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
3. Before receiving opioid treatment, the patient is informed of the following:
 - a. The progression of opioid addiction and the patient's apparent stage of opioid addiction;
 - b. The goal and benefits of opioid treatment;
 - c. The signs and symptoms of overdose and when to seek emergency assistance;
 - d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with other drugs;
 - e. The requirement for a staff member to report suspected or alleged abuse or

- neglect of a child or an incapacitated or vulnerable adult according to state law;
 - f. Confidentiality requirements;
 - g. Drug screening and urinalysis procedures;
 - h. Requirements for dispensing to a patient one or more doses of an opioid agonist treatment medication for use by the patient off the premises;
 - i. Testing and treatment available for HIV and other communicable diseases; and j. Grievance procedures;
4. Documentation of the provision of the information specified in subsection (D)(3) is included in the patient's medical record;
 5. The patient receives a dose of an opioid agonist treatment medication only on the order of a medical practitioner;

6. The patient begins detoxification treatment only at the request of the patient or according to the outpatient treatment center's policy and procedure for discontinuing opioid treatment services required in subsection (C)(1)(b);
7. If the patient has an adverse reaction during opioid treatment, a personnel member and, if appropriate, a medical practitioner responds by implementing the policy and procedure required in subsection (C)(1)(i);
8. Before the patient's discharge from opioid treatment services, the patient is provided with patient follow-up instructions that:
 - a. Include information that may reduce the risk of relapse; and
 - b. May include a referral for counseling, support groups, or medication for

depression or sleep disorders; and

9. After the patient's discharge from opioid treatment services provided by or at the outpatient treatment center, the medical practitioner responsible for the opioid treatment services provided to the patient documents the patient's discharge in the patient's medical record within 30 days after the patient's discharge and includes:

- a. A description of the patient's medical condition and the opioid treatment services provided to the patient, and
- b. The signature of the medical practitioner.

F. An administrator of an outpatient treatment center providing opioid treatment services shall ensure that an assessment for each patient receiving opioid treatment services:

1. Includes, in addition to the information in R9-10-1010(B):
 - a. An assessment of the patient's need for opioid treatment services,
 - b. An assessment of the patient's medical conditions that may be affected by opioid treatment,
 - c. An assessment of other medications being taken by the patient and conditions that may be affected by opioid treatment, and
 - d. A plan to prevent relapse;
2. Identifies the treatment to be provided to the patient and treatment goals; and
3. Specifies whether the patient may receive an opioid agonist treatment medication for use off the premises and, if so, the number of doses that may be dispensed.

R9-10-1023. Pre-petition Screening

An administrator of an outpatient treatment center that provides pre-petition screening shall comply with the requirements for pre-petition screening in A.R.S. Title 36, Chapter 5, Article 5.

ADHS Public Health Licensing Contacts

Kathryn MCCanna; Branch Chief

Connie Belden; Acting Bureau Chief Medical Facilities
Licensing

Linda Ettenborough; Team Leader Medical Facilities
Licensing

Jeanne Roush; Team Leader Medical Facilities Licensing



Health and Wellness for all Arizonans



Support and Surveyor Team

- Contact Numbers:
 - 602-364-3030 General Phone Number
 - Support staff
 - Surveyor of the Day
 - Surveyors



Health and Wellness for all Arizonans



State Architects Facilities Guidelines Institute

- Lois Adams
 - Lois.Adams@azdhs.gov
- Savita Chandragiri
 - Savita.Chandragiri@azdhs.gov



Health and Wellness for all Arizonans



Facility Guidelines Institute 2010

You may access a “read-only” copy of the 2010 Guidelines on this link only for preview, but not for printing or downloading:

http://openpub.realread.com/rrserver/browser?title=/FGI/2010_Guidelines

Also please go to:

<http://www.fgiguideines.org/guidelines2010.php>



Health and Wellness for all Arizonans

azdhs.gov



