

ARTICLE 1. GENERAL

Section

R9-10-101. Definitions

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

Section

R9-10-707. Admission; Assessment

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

Section

R9-10-1002. Supplemental Application Requirements

R9-10-1025. Respite Services

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

R9-10-1031. Colocation Requirements

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ARTICLE 1. GENERAL

R9-10-101. Definitions

“Respite services” means respite care services provided to an individual who is receiving behavioral health services.

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

R9-10-707. Admission; Assessment

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

- ensure that the behavioral health assessment identifies the behavioral health services needed by the resident; or
- b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the resident;
8. Except as provided in subsection (A)(9), a behavioral health assessment for a resident is completed before treatment for the resident is initiated;
 9. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains a behavioral health assessment that was completed within 12 months before the date of the resident's current admission:
 - a. The resident's assessment information is reviewed and updated if additional information that affects the resident's assessment is identified, and
 - b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;
 10. A behavioral health assessment:
 - a. Documents a resident's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - v. Criminal justice record;
 - vi. Family history;
 - vii. Behavioral health treatment history;
 - viii. Symptoms reported by the resident; and
 - ix. Referrals needed by the resident, if any;
 - b. Includes:

- i. Recommendations for further assessment or examination of the resident's needs,
 - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
 - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
 - c. Is documented in resident's medical record;
- 11. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition; and
- 12. Except as provided in subsection (E)(1)(d), a resident provides evidence of freedom from infectious tuberculosis:
 - a. Before or within seven calendar days after the resident's admission, and
 - b. As specified in R9-10-113.
- B. An administrator shall ensure that:
 - 1. A request for participation in a resident's behavioral health assessment is made to the resident or the resident's representative,
 - 2. An opportunity for participation in the resident's behavioral health assessment is provided to the resident or the resident's representative, and
 - 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.
- C. An administrator shall ensure that a resident's behavioral health assessment information is documented in the medical record within 48 hours after completing the behavioral health assessment.
- D. If information in subsection (A)(10) is obtained about a resident after the resident's behavioral health assessment is completed, an interval note, including the information, is documented in the resident's medical record within 48 hours after the information is obtained.
- E. If a behavioral health residential facility is authorized to provide respite services, an administrator shall ensure that:
 - 1. Upon admission of a resident for respite services:
 - a. Except as provided in subsection (F), A a medical history and physical examination of the resident:
 - i. Is performed; or

- ii. Dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
 - b. A treatment plan that meets the requirements in R9-10-708:
 - i. Is developed; or
 - ii. Dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
 - c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident's medical record; and
 - d. If the resident is not expected to be present in the behavioral health residential facility for more than seven days, the resident is not required to comply with the requirements in subsection (A)(12);
- 2. The common area required in R9-10 -722(B)(1)(b) provides at least 25 square feet for each resident, including residents who do not stay overnight; and
- 3. In addition to the requirements in R9-10-722(B)(3), toilets and hand washing sinks are available to residents, including residents who do not stay overnight, as follows:
 - a. There is at least one working toilet that flushes and has a seat and one sink with running water for every 10 residents,
 - b. There are at least two working toilets that flush and have seats and two sinks with running water if there are 11 to 25 residents, and
 - c. There is at least one additional working toilet that flushes and has a seat and one additional sink with running water for each additional 20 residents.

F. A medical history and physical examination is not required for a child who is admitted or expected to be admitted to a residential behavioral health facility for less than 10 days in a 90-consecutive-day period.

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

R9-10-1002. Supplemental Application Requirements

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

1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; 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. Counseling,
 - vi. Crisis services,
 - vii. Opioid treatment services,
 - viii. Pre-petition screening,
 - ix. Respite services,
 - x. Respite services for children on the premises.
 - ~~xi.~~ DUI education,
 - ~~xi.~~~~xii.~~ DUI screening,
 - ~~xi.~~~~xii.~~~~xiii.~~ DUI treatment, or
 - ~~xi.~~~~xii.~~~~xiii.~~~~xiv.~~ Misdemeanor domestic violence offender treatment;
 - b. Diagnostic imaging services;
 - c. Clinical laboratory services;
 - d. Dialysis services;
 - e. Emergency room services;
 - f. Pain management services;
 - g. Physical health services;
 - h. Rehabilitation services;
 - i. Sleep disorder services; or
 - j. Urgent care services provided in a freestanding urgent care center setting.

B. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an:

1. ~~affiliated~~ Affiliated outpatient treatment center, as defined in R9-10-1901, applying for an initial or renewal license for the affiliated outpatient treatment center shall submit, in a format provided by the Department, the following information for each counseling facility for which the affiliated outpatient treatment center is providing administrative support:

1-a. Name, and

2-b. Either:

a.i. The license number assigned to the counseling facility by the Department; or

b.ii. If the counseling facility is not currently licensed, the:

i.(1) Counseling facility's street address, and

ii.(2) Date the counseling facility submitted to the Department an initial application for a health care institution license; and

2. Outpatient treatment center applying for an initial or renewal license that includes a request for authorization to provide respite services for children on the premises, shall include the requested respite capacity, as defined in R9-10-1025(A).

R9-10-1025. Respite Services

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

1. "Emergency safety response" has the same meaning as in R9-10-701.

2. "Outing" means travel by a child for a specific activity to a location away from an outpatient treatment center premises or, if applicable, a child's residence.

3. "Parent" means a child's:

a. Mother or father, or

b. Legal guardian.

4. "Respite capacity" means the total number of children for whom an outpatient treatment center is authorized by the Department to provide respite services on the outpatient treatment center's premises.

B. An administrator of an outpatient treatment center that is authorized to provide respite services shall ensure that:

1. Respite services are not provided in a personnel member's residence unless the personnel

member's residence is licensed as a behavioral health respite home; and

2. Except for an outpatient treatment center that is authorized to provide respite services to children on the premises, Respite respite services are provided:

- a. In a patient's residence; or
- b. Up to 10 continuous hours in a 24-hour time period while the individual who is receiving the respite services is:
 - i. Supervised by a personnel member;
 - ii. Awake;
 - iii. Except as stated in subsection (B)(3), Provided provided food;
 - iv. Allowed to rest;
 - v. Provided an opportunity to use the toilet and meet the individual's hygiene needs; and
 - vi. Participating in activities in the community but is not in a licensed health care institution or child care facility; and

3. If a child is provided respite services according to subsection (B)(2)(b), the child is provided the appropriate meals or snacks in subsection (J)(1) for the amount of time the child is receiving respite services from the outpatient treatment center.

C. If an outpatient treatment center that is authorized to provide respite services to children includes outings in the outpatient treatment center's scope of services, an administrator shall ensure that:

1. Before a personnel member takes a child receiving respite services on an outing, written permission is obtained from the child's parent that includes:

- a. The child's name;
- b. A description of the outing;
- c. The name of the outing destination, if applicable;
- d. The street address and, if available, the telephone number of the outing destination;
- e. Either:
 - i. The date or dates of the outing; or
 - ii. The time period, not to exceed 12 months, during which the permission is given;
- f. The projected time of departure from the outpatient treatment center or, if applicable, the child's residence;
- g. The projected time of arrival back at the outpatient treatment center or, if applicable, the child's residence; and

2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises is stated in the outpatient treatment center's hours of operation that is submitted as part of the outpatient treatment center's initial or renewal application;
3. A personnel member, who is expected to provide respite services eight or more hours a week, complies with the requirements for tuberculosis screening in R9-10-113;
4. At least one personnel member who has current training in first aid and CPR is available on the premises when a child is receiving respite services on the premises;
5. At least one personnel member who has completed training in crisis intervention according to R9-10-716(F) is available on the premises when a child is receiving respite services on the premises;
6. A personnel member does not use or possess any of the following items when a child receiving respite services is on the premises:
 - a. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
 - b. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
 - c. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
 - d. A firearm as defined in A.R.S. § 13-105;
7. An unannounced fire and emergency evacuation drill is conducted at least once a month, and at different times of the day, and each personnel member providing respite services for children on the premises and each child receiving respite services on the premises participates in the fire and emergency evacuation drill;
8. Each fire and emergency evacuation drill is documented, and the documentation is maintained for at least 12 months after the date of the fire and emergency evacuation drill;
9. Before a child receives respite services on the premises of the outpatient treatment center, in addition to the requirements in R9-10-1009, the following information is obtained and maintained in the child's medical record:
 - a. The name, home address, city, state, zip code, and contact telephone number of each parent of the child;

- b. The name and contact telephone number of at least two additional individuals authorized by the child's parent to collect the child from the outpatient treatment center in case of emergency, or if the child's parent cannot be contacted;
 - c. The name and contact telephone number of the child's health care provider;
 - d. The written authorization for emergency medical care of the child when the parent cannot be contacted at the time of an emergency;
 - e. The name of the individual to be contacted in case of injury or sudden illness of the child;
 - f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;
 - g. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a personnel member should be aware, and any specific requirements for health maintenance; and
 - h. Documentation of each time the child receives respite services on the premises that includes:
 - i. The date and time of each admission to and discharge from receiving respite services; and
 - ii. A signature, which contains at least a first initial of a first name and the last name of the child's parent or other individual designated by the child's parent, each time the child is admitted or discharged from receiving respite services on the premises;
10. Policies and procedures are developed, documented, and implemented to ensure that the identity of an individual is known to a personnel member or is verified with picture identification before the personnel member discharges a child to the individual;
11. A child is not discharged to an individual other than the child's parent or other individual designated according to subsection (D)(9)(b), except when the child's parent is unable to collect the child and authorizes the administrator by telephone or electronic means to release the child to an individual not so designated if the administrator can verify the telephone or electronic authorization using a means of verification that has been agreed upon and documented in the child's medical record; and
12. The number of personnel members providing respite services for children on the premises is determined by the needs of the children present, with a minimum of at least:

- a. One personnel member providing supervision for every five children receiving respite services on the premises; and
- b. Two personnel members on the premises when a child is receiving respite services on the premises.

E. If swimming activities are conducted at a swimming pool for a child receiving respite services on the premises of an outpatient treatment center, an administrator shall ensure that there is a individual at the swimming pool on the premises who has current lifeguard certification that includes a demonstration of the individual's ability to perform CPR. If the individual is a personnel member, the personnel member cannot be counted in the personnel member-to-children ratio required by subsection (D)(12).

F. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that in each area designated for providing respite services:

- 1. Drinking water is provided sufficient for the needs of and accessible to each child in both indoor and outdoor areas;
- 2. Indoor areas used by children are decorated with age-appropriate articles such as bulletin boards, pictures, and posters;
- 3. Storage space is provided for indoor and outdoor toys, materials, and equipment in areas accessible to children;
- 4. Clean clothing is available to a child when the child needs a change of clothing;
- 5. At least one indoor area in the outpatient treatment center where respite services are provided for children is equipped with at least one cot or mat, a sheet, and a blanket, where a child can rest quietly away from the other children;
- 6. Except as provided in subsection (AA)(2)(a), outdoor or large muscle development activities are scheduled to allow not less than 75 square feet for each child occupying the outdoor area or indoor area substituted for outdoor area at any time;
- 7. The premises, including the buildings, are maintained free from hazards;
- 8. Toys and play equipment, required in this Section, are maintained:
 - a. Free from hazards, and
 - b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
- 9. Temperatures are maintained between 70° F and 84° F in each room or indoor area used by children;

10. Except when a child is napping or sleeping or for a child who has a sensory issue documented in the child's behavioral health assessment, each room or area used by a child is maintained at a minimum of 30 foot candles of illumination;
 11. When a child is napping or sleeping in a room, the room is maintained at a minimum of five foot candles of illumination;
 12. Each child's toothbrush, comb, washcloth, and cloth towel that are provided for the child's use by the child's parent are maintained in a clean condition and stored in an identified space separate from those of other children;
 13. Except as provided in subsection (F)(14), the following are stored separate from food storage areas and are inaccessible to a child:

 - a. All materials and chemicals labeled as a toxic or flammable substance;
 - b. All substances that have a child warning label and may be a hazard to a child;
and
 - c. Lawn mowers, ladders, toilet brushes, plungers, and other equipment that may be a hazard to a child;
 14. Hand sanitizers:

 - a. When being stored, are stored separate from food storage areas and are inaccessible to children; and
 - b. When being provided for use, are accessible to children; and
 15. Except when used as part of an activity, the following are stored in an area inaccessible to a child:

 - a. Garden tools, such as a rake, trowel, and shovel; and
 - b. Cleaning equipment and supplies, such as a mop and mop bucket.
- G. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that a personnel member:
1. Supervises each child at all times;
 2. Does not smoke or use tobacco:

 - a. On the premises, or
 - b. When transporting or transferring a child;
 3. Except for a child who can change the child's own clothing, changes a child's clothing when wet or soiled;
 4. Empties clothing soiled with feces into a flush toilet without rinsing;

5. Places a child's soiled clothing in a plastic bag labeled with the child's name, stores the clothing in a container used for this purpose, and sends the clothing home with the child's parent;
6. Prepares and posts in each indoor area, before the first child arrives to receive respite services that day, a current schedule of children's age-appropriate activities that meet the needs of the children receiving respite services that day, including the times the following are provided:
 - a. Meals and snacks,
 - b. Naps,
 - c. Indoor activities,
 - d. Outdoor or large muscle development activities,
 - e. Quiet and active activities,
 - f. Personnel member-directed activities,
 - g. Self-directed activities, and
 - h. Activities that develop small muscles;
7. Provides activities and opportunities, consistent with a child's behavioral health assessment, for each child to:
 - a. Gain a positive self-concept;
 - b. Develop and practice social skills;
 - c. Acquire communication skills;
 - d. Participate in large muscle physical activity;
 - e. Develop habits that meet health, safety, and nutritional needs;
 - f. Express creativity;
 - g. Learn to respect cultural diversity of children and staff;
 - h. Learn self-help skills; and
 - i. Develop a sense of responsibility and independence;
8. Implements the schedule in subsection (G)(6);
9. If the schedule in subsection (G)(6) is not implemented, writes on the schedule the activities that were not implemented and what activities were substituted;
10. Ensures that each indoor area has a supply of age-appropriate toys, materials, and equipment, necessary to implement the daily activity schedule required in subsection (G)(6), in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center, including:
 - a. Art and crafts supplies;

- b. Books;
 - c. Balls;
 - d. Puzzles, blocks, and toys to enhance manipulative skills;
 - e. Creative play toys;
 - f. Musical instruments; and
 - g. Indoor and outdoor equipment to enhance large muscle development;
9. Does the following when a parent permits or asks a personnel member to apply personal products, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations on the parent's child:
- a. Obtains the child's personal products and written approval for use of the personal products from the child's parent;
 - b. Labels the personal products with the child's name; and
 - c. Keeps the personal products inaccessible to children; and
10. Monitors a child for overheating or overexposure to the sun.

H. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises and includes in the outpatient treatment center's scope of services respite services for children wearing diapers shall ensure that there is a diaper changing space in the area designated for providing respite services for children that contains:

- 1. A nonabsorbent, sanitizable diaper changing surface that is:
 - a. Seamless and smooth, and
 - b. Kept clear of items not required for diaper changing;
- 2. A hand-washing sink adjacent to the diaper changing surface, for a personnel member's use when changing diapers and for washing a child during or after diapering, that provides:
 - a. Running water,
 - b. Soap from a dispenser, and
 - c. Single-use paper hand towels from a dispenser;
- 3. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled diapers; and
- 4. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled clothing.

I. In a diaper changing space, an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:

1. A diaper changing procedure is established, documented, and implemented that states that a child's diaper is changed as soon as it is soiled and that a personnel member when diapering:
 - a. Washes and dries the child, using a separate wash cloth and towel only once for each child;
 - b. If applicable, applies the child's individual personal products labeled with the child's name;
 - c. Uses single-use non-porous gloves;
 - d. Washes the personnel member's own hands with soap and running water according to the requirements in R9-10-1028(5);
 - e. Washes each child's hands with soap and running water after each diaper change; and
 - f. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and
2. A personnel member:
 - a. Removes disposable diapers and disposable training pants from a diaper changing space as needed or at least twice every 24 hours to a waste receptacle outside the building; and
 - b. Does not:
 - i. Permit a bottle, formula, food, eating utensil, or food preparation in a diaper changing space;
 - ii. Draw water for human consumption from the hand-washing sink adjacent to a diaper changing surface, required in subsection (H)(2); or
 - iii. If responsible for food preparation, change diapers until food preparation duties have been completed for the day.

J. Except as provided in subsection (K)(3), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:

1. Serve the following meals or snacks to a child receiving respite services on the premises:
 - a. For the following periods of time:
 - i. Two to four hours, one or more snacks;
 - ii. Four to eight hours, one or more snacks and one or more meals; and
 - iii. More than eight hours, two snacks and one or more meals;
 - b. Make breakfast available to a child receiving respite services on the premises before 8:00 a.m.;

- c. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m.; and
- d. Serve dinner to a child who is receiving respite services on the premises from 5:00 p.m. through 7:00 p.m. and who will remain on the premises after 7:00 p.m.;
- 2. Ensure that a meal or snack provided by the outpatient treatment center meets the meal pattern requirements in Table 10.1; and
- 3. If the outpatient treatment center provides a meal or snack to a child:
 - a. Make a second serving of a food component of a provided snack or meal available to a child who requests a second serving, and
 - b. Substitute a food that is equivalent to a specific food component if a requested second serving of a specific food component is not available.
- K. An administrator of an outpatient treatment center that is authorized to provide respite services to children on the premises:
 - 1. May serve food provided for a child by the child's parent;
 - 2. If a child's parent does not provide a sufficient number of meals or snacks to meet the requirements in subsection (J)(1), shall supplement, according to the requirements in Table 10.1, the meals or snacks provided by the child's parent; and
 - 3. If applicable, shall serve food to a child at the times and in quantities consistent with the information documented according to subsection (D)(9)(f) for the child and the child's behavioral health assessment, to meet the child's dietary and nutritional needs.

Table 10.1 Meal Pattern Requirements for Children

<u>Food Components</u>	<u>Ages 1 through 2 years</u>	<u>Ages 3 through 5 years</u>	<u>Ages 6 and Older</u>
<u>Breakfast:</u>			
1. <u>Milk, fluid</u>	<u>1/2 cup</u>	<u>3/4 cup</u>	<u>1 cup</u>
2. <u>Vegetable, fruit, or full-strength juice</u>	<u>1/4 cup</u>	<u>1/2 cup</u>	<u>1/2 cup</u>
3. <u>Bread and bread alternates (whole grain or enriched):</u>			
<u>Bread</u>	<u>1/2 slice</u>	<u>1/2 slice</u>	<u>1 slice</u>
<u>or cornbread, rolls, muffins, or biscuits</u>	<u>1/2 serving</u>	<u>1/2 serving</u>	<u>1 serving</u>
<u>or cold dry cereal (volume or weight, whichever is less)</u>	<u>1/4 cup</u>	<u>1/3 cup</u>	<u>3/4 cup</u>
<u>or cooked cereal, pasta, noodle products, or cereal grains</u>	<u>1/4 cup</u>	<u>1/4 cup</u>	<u>1/2 cup</u>

<p><u>Lunch or Supper:</u></p> <p>1. <u>Milk, fluid</u></p> <p>2. <u>Vegetable and/or fruit (2 or more kinds)</u></p> <p>3. <u>Bread and bread alternates (whole grain or enriched):</u> <u>Bread</u> <u>or cornbread, rolls, muffins, or biscuits</u> <u>or cold dry cereal (volume or weight, whichever is less)</u> <u>or cooked cereal, pasta, noodle products, or cereal grains</u></p> <p>4. <u>Meat or meat alternates:</u> <u>Lean meat, fish, or poultry (edible portion as served)</u> <u>or cheese</u> <u>or egg</u> <u>or cooked dry beans or peas*</u> <u>or peanut butter, soy nut butter, or other nut or seed butters</u> <u>or peanuts, soy nuts, tree nuts, or seeds</u> <u>or an equivalent quantity of any combination of the above meat/meat alternates</u> <u>or yogurt</u></p>	<p><u>1/2 cup</u></p> <p><u>1/4 cup total</u></p> <p><u>1/2 slice</u> <u>1/2 serving</u> <u>1/4 cup</u> <u>1/4 cup</u></p> <p><u>1 oz.</u> <u>1 oz.</u> <u>1/2 egg</u> <u>1/4 cup</u> <u>2 tbsp**</u></p> <p><u>1/2 oz.**</u></p> <p><u>4 oz.</u></p>	<p><u>3/4 cup</u></p> <p><u>1/2 cup total</u></p> <p><u>1/2 slice</u> <u>1/2 serving</u> <u>1/3 cup</u> <u>1/4 cup</u></p> <p><u>1 1/2 oz.</u> <u>1 1/2 oz.</u> <u>3/4 egg</u> <u>3/8 cup</u> <u>3 tbsp**</u></p> <p><u>3/4 oz.**</u></p> <p><u>6 oz.</u></p>	<p><u>1 cup</u></p> <p><u>3/4 cup total</u></p> <p><u>1 slice</u> <u>1 serving</u> <u>3/4 cup</u> <u>1/2 cup</u></p> <p><u>2 oz.</u> <u>2 oz.</u> <u>1 egg</u> <u>1/2 cup</u> <u>4 tbsp**</u></p> <p><u>1 oz.**</u></p> <p><u>8 oz.</u></p>
<p><u>Snack: (select 2 of these 4 components)***</u></p> <p>1. <u>Milk, fluid</u></p> <p>2. <u>Vegetable, fruit, or full-strength juice</u></p> <p>3. <u>Bread and bread alternates (whole grain or enriched):</u> <u>Bread</u> <u>or cornbread, rolls, muffins, or biscuits</u> <u>or cold dry cereal (volume or weight, whichever is less)</u> <u>or cooked cereal, pasta, noodle products, or cereal grains</u></p> <p>4. <u>Meat or meat alternates:</u> <u>Lean meat, fish, or poultry (edible portion as served)</u> <u>or cheese</u> <u>or egg</u> <u>or cooked dry beans or peas*</u> <u>or peanut butter, soy nut butter, or other nut or seed</u></p>	<p><u>1/2 cup</u></p> <p><u>1/2 cup</u></p> <p><u>1/2 slice</u> <u>1/2 serving</u> <u>1/4 cup</u> <u>1/4 cup</u></p> <p><u>1/2 oz.</u> <u>1/2 oz.</u> <u>1/2 egg</u> <u>1/8 cup</u> <u>1 tbsp</u></p>	<p><u>1/2 cup</u></p> <p><u>1/2 cup</u></p> <p><u>1/2 slice</u> <u>1/2 serving</u> <u>1/3 cup</u> <u>1/4 cup</u></p> <p><u>1/2 oz.</u> <u>1/2 oz.</u> <u>1/2 egg</u> <u>1/8 cup</u> <u>1 tbsp</u></p>	<p><u>1 cup</u></p> <p><u>3/4 cup</u></p> <p><u>1 slice</u> <u>1 serving</u> <u>3/4 cup</u> <u>1/2 cup</u></p> <p><u>1 oz.</u> <u>1 oz.</u> <u>1/2 egg</u> <u>1/4 cup</u> <u>2 tbsp</u></p>

<u>butters</u> <u>or peanuts, soy nuts, tree nuts, or seeds</u> <u>or an equivalent quantity of any combination of the</u> <u>above meat/meat alternates</u>	<u>1/2 oz.</u>	<u>1/2 oz.</u>	<u>1 oz.</u>
<u>or yogurt</u>	<u>2 oz.</u>	<u>2 oz.</u>	<u>4 oz.</u>

* In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components.

** At lunch and supper, no more than 50% of the requirement shall be met with nuts, seeds, or nut butters. Nuts, seeds, or nut butters shall be combined with another meat or meat alternative to fulfill the requirement. Two tablespoons of nut butter or one ounce of nuts or seeds equals one ounce of meat.

*** Juice may not be served when milk is served as the only other component.

L. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises that has a respite capacity of more than 10 shall obtain a food establishment license or permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment license or permit.

M. If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises serves food to a child receiving respite services on the premises that is not prepared by the outpatient treatment center or provided by the child's parent, the administrator shall ensure that the food was prepared by a food establishment, as defined according to A.A.C. R9-8-101.

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

1. Children, except infants and children who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
2. A personnel member:
 - a. Washes the hands of an infant or a child who cannot wash the child's own hands before and after the infant or child handles or eats food, using:
 - i. A washcloth,
 - ii. A single-use paper towel, or
 - iii. Soap and running water; and
 - b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;

3. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
 - a. After each use:
 - i. Washed in an automatic dishwasher and air dried or heat dried; or
 - ii. Washed in hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
 - b. Stored in a clean area protected from contamination;
4. Single-use utensils and equipment are disposed of after being used;
5. Perishable foods are covered and stored in a refrigerator at a temperature of 41° F or less;
6. A refrigerator at the outpatient treatment center maintains a temperature of 41° F or less, as shown by a thermometer kept in the refrigerator at all times;
7. A freezer at the outpatient treatment center maintains a temperature of 0° F or less, as shown by a thermometer kept in the freezer at all times; and
8. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
 - a. Cold held at a temperature of 45° F or less or hot held at a temperature of 130° F or more until served, or
 - b. Cold held at a temperature of 45° F or less and then reheated to a temperature of at least 165° F before being served.

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

1. May allow a personnel member to separate a child who is receiving respite services on the premises from other children for unacceptable behavior for no longer than three minutes after the child has regained self-control, but not more than 10 minutes without the personnel member interacting with the child, consistent with the child's behavioral health assessment;
2. Shall ensure that:
 - a. A personnel member, consistent with the child's behavioral health assessment:
 - i. Defines and maintains consistent and reasonable guidelines and limitations for a child's behavior;
 - ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and
 - iii. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity;

- b. An emergency safety response is:
- i. Only used:
 - (1) By a personnel member trained according to R9-10-716(F)(1) to use an emergency safety response,
 - (2) For the management of a child's violent or self-destructive behavior, and
 - (3) When less restrictive interventions have been determined to be ineffective; and
 - ii. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
- c. If an emergency safety response was used for a child, a personnel member, when the child is discharged to the child's parent:
- i. Notifies the child's parent of the use of the emergency safety response for the child and the behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - ii. Documents in the child's medical record that the child's parent was notified of the use of the emergency safety response;
- d. Within 24 hours after an emergency safety response is used for a child receiving respite services on the premises, the following information is entered into the child's medical record:
- i. The date and time the emergency safety response was used;
 - ii. The name of each personnel member who used an emergency safety response;
 - iii. The specific emergency safety response used;
 - iv. The behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - v. Any injury that resulted from the use of the emergency safety response;
- e. Within 10 working days after an emergency safety response is used for a child receiving respite services on the premises, a behavioral health professional reviews the information in subsection (O)(2)(d) and documents the review in the child's medical record;
- f. After the review required in subsection (O)(2)(e), the following information is entered into the child's medical record:

- i. Actions taken or planned to prevent the need for a subsequent use of an emergency safety response for the child,
 - ii. A determination of whether the child is appropriately placed at the outpatient treatment center providing respite services for children on the premises, and
 - iii. Whether the child's treatment plan was reviewed or needs to be reviewed and amended to ensure that the child's treatment plan is meeting the child's treatment needs;
 - g. Emergency safety response training is documented according to the requirements in R9-10-716(F)(2); and
 - h. Materials used for emergency safety response training are maintained according to the requirements in R9-10-716(F)(3); and
 - 3. A personnel member does not use or permit:
 - a. A method of discipline that could cause harm to the health, safety, or welfare of a child;
 - b. Corporal punishment;
 - c. Abusive language;
 - d. Discipline associated with:
 - i. Eating, napping, sleeping, or toileting;
 - ii. Medication; or
 - iii. Mechanical restraint; or
 - e. Discipline administered to any child by another child.
- P.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
- 1. Provide each child who naps or sleeps on the premises with a separate cot or mat and ensure that:
 - a. A cot or mat used by the child accommodates the child's height and weight;
 - b. A personnel member covers each cot or mat with a clean sheet that is laundered when soiled, or at least once every seven days and before use by a different child;
 - c. A clean blanket or sheet is available for each child;
 - d. A rug, carpet, blanket, or towel is not used as a mat; and
 - e. Each cot or mat is maintained in a clean and repaired condition;
 - 2. Not use bunk beds or waterbed mattresses for a child receiving respite services;

3. Provide an unobstructed passageway at least 18 inches wide between each row of cots or mats to allow a personnel member access to each child;
4. Ensure that if a child naps while receiving respite services at the outpatient treatment center, the administrator:
 - a. Does not permit the child to lie in direct contact with the floor while napping;
 - b. Prohibits the operation of a television set in a room where the child is napping;
and
 - c. Requires that a personnel member remain awake while supervising the napping child; and
5. Ensure that storage space is provided on the premises for cots, mats, sheets, and blankets, that is:
 - a. Accessible to an area used for napping; and
 - b. Separate from food service and preparation areas, toilet rooms, and laundry rooms.

Q. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall in the area of the premises where the respite services are provided:

1. Maintain the premises and furnishings:
 - a. Free of insects and vermin,
 - b. In a clean condition, and
 - c. Free from odor; and
2. Ensure that:
 - a. Floor coverings are:
 - i. Clean; and
 - ii. Free from:
 - (1) Dampness,
 - (2) Odors, and
 - (3) Hazards;
 - b. Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours;
 - c. Each toilet room used by children receiving respite services on the premises contains, within easy reach of children:
 - i. Mounted toilet tissue;

- ii. A sink with running water;
- iii. Soap contained in a dispenser; and
- iv. Disposable, single-use paper towels in a mounted dispenser, or a mechanical air hand dryer;
- d. Personnel members wash their hands with soap and running water after toileting;
- e. A child's hands are washed with soap and running water after toileting;
- f. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
- g. Food waste and other refuse is removed from the area of the premises where respite services are provided to children at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
- h. A personnel member or a child does not draw water for human consumption from a toilet room hand-washing sink;
- i. Toys, materials, and equipment are maintained in a clean condition;
- j. Plumbing fixtures are maintained in a clean and working condition; and
- k. Chipped or cracked sinks and toilets are replaced or repaired.

R. If laundry belonging to an outpatient treatment center providing respite services for children on the premises is done on the premises, an administrator shall:

- 1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
- 2. Locate the laundry equipment in an area that is separate from areas used by children and inaccessible to children;
- 3. Not permit a child to be in a laundry room or use a laundry area as a passageway for children; and
- 4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.

S. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that there is a first aid kit in the designated area of the outpatient treatment center where respite services are provided that:

- 1. Contains first aid supplies in a quantity sufficient to meet the needs of the children receiving respite services on the premises, including the following:
 - a. Sterile bandages including:
 - i. Self-adhering bandages of assorted sizes,
 - ii. Sterile gauze pads, and
 - iii. Sterile gauze rolls;

- b. Antiseptic solution or sealed antiseptic wipes;
 - c. A pair of scissors;
 - d. Self-adhering tape;
 - e. Single-use, non-porous gloves; and
 - f. Reclosable plastic bags of at least one-gallon size; and
2. Is accessible to personnel members but inaccessible to children receiving respite services on the premises.

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

- 1. Prepare and date a written fire and emergency plan that contains:
 - a. The location of the first aid kit;
 - b. The names of personnel members who have first aid training;
 - c. The names of personnel members who have CPR training;
 - d. The directions for:
 - i. Initiating notification of a child's parent by telephone or other equally expeditious means within 60 minutes after a fire or emergency; and
 - ii. Providing written notification to the child's parent within 24 hours after a fire or emergency; and
 - e. The outpatient treatment center's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
- 2. Maintain the plan required in subsection (T)(1) in the area designated for providing respite services;
- 3. Post the plan required in subsection (T)(1) in any indoor area where respite services are provided that does not have an operable telephone service or two-way voice communication system that connects the indoor area where respite services are provided with an individual who has direct access to an in-and-out operable telephone services; and
- 4. Update the plan in subsection (T)(1) at least once every 12 months after the date of initial preparation of the plan or when any information changes.

U. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall in the area designated for providing respite services:

- 1. Post, near a room's designated exit, a building evacuation plan that details the designated exits from the room and the facility where the outpatient treatment center is located; and

2. Maintain and use a communication system that contains:
 - a. A direct-access, in-and-out, operating telephone service in the area where respite services are provided; or
 - b. A two-way voice communication system that connects the area where respite services are provided with an individual who has direct access to an in-and-out, operating telephone service.

V. If, while receiving respite services at an outpatient treatment center authorized to provide respite services for children on the premises, a child has an accident, injury, or emergency that, based on an evaluation by a personnel member, requires medical treatment by a health care provider, an administrator shall ensure that a personnel member:

1. Notifies the child's parent immediately after the accident, injury, or emergency;
2. Documents:
 - a. A description of the accident, injury, or emergency, including the date, time, and location of the accident, injury, or emergency;
 - b. The method used to notify the child's parent; and
 - c. The time the child's parent was notified; and
3. Maintains the documentation required in subsection (V)(2) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.

W. If a parent of a child who received respite services at an outpatient treatment center authorized to provide respite services for children on the premises informs a personnel member that the child's parent obtained medical treatment for the child from a health care provider for an accident, injury, or emergency the child had while on the premises, an administrator shall ensure that a personnel member:

1. Documents any information about the child's accident, injury, or emergency received from the child's parent; and
2. Maintains the documentation required in subsection (W)(1) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.

X. If a child exhibits signs of illness or infestation at an outpatient treatment center authorized to provide respite services for children on the premises, an administrator shall ensure that a personnel member:

1. Immediately separates the child from other children,

2. Immediately notifies the child's parent by telephone or other expeditious means to arrange for the child's discharge from the outpatient treatment center, and
3. Maintains documentation of the notification for at least 12 months after the date of the notification.

Y. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall comply with the following physical plant requirements:

1. Toilets and hand-washing sinks are available to children in the area designated for providing respite services or on the premises as follows:
 - a. At least one flush toilet and one hand-washing sink for 10 or fewer children;
 - b. At least two flush toilets and two hand-washing sinks for 11 to 25 children; and
 - c. At least one flush toilet and one hand-washing sink for each additional 20 children;
2. A hand-washing sink provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to a child; and
4. There is at least 30 square feet of unobstructed indoor space for each child who may be receiving respite services on the premises, which excludes floor space occupied by:
 - a. The interior walls;
 - b. A kitchen, bathroom, closet, hallway, stair, entryway, office, an area designated for isolating a child from other children, storage rooms, and room or floor space designated for the sole use of personnel members;
 - c. Room space occupied by desks, file cabinets, storage cabinets, and hand-washing sinks for a personnel member's use; or
 - d. Indoor area that is substituted for required outdoor area.

Z. An administrator of an outpatient treatment center authorized to provide respite services to children on the premises shall ensure that, in addition to the policies and procedures required in this Article, policies and procedures are established, documented, and implemented for the children's use of the toilet and hand-washing sink that ensure the children's health and safety and include:

1. Supervision requirements for children using the toilet, based on a child's age, gender, and behavioral health issue; and

2. If the outpatient treatment center does not have a toilet and hand-washing sink available for the exclusive use of children receiving respite services, a method to ensure that an individual, other than a child receiving respite services or a personnel member providing respite services, is not present in the toilet and hand-washing sink area when a child receiving respite services is present in the toilet and hand-washing sink area.

AA. To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, an administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall:

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

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

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

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

1. An outdoor area used by children receiving respite services:
 - a. Is enclosed by a fence:
 - i. A minimum of 4 feet high,
 - ii. Secured to the ground, and

- iii. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
 - b. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
 - c. Has gates that are kept closed while a child is in the outdoor area;
 2. The following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor area:
 - a. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
 - b. A minimum depth of 6 inches of a nonhazardous, resilient material such as fine loose sand or wood chips;
 3. Hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for a rubber surfacing;
 4. A swing or climbing equipment is not located in the fall zone of another swing or climbing equipment; and
 5. A shaded area for each child occupying an outdoor area at any time of the day is provided.

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

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

1. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the premises;
2. An unvented or open-flame space heater or portable heater is not used on the premises;
3. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
4. Heating and cooling equipment is inaccessible to a child;
5. Fans are mounted and inaccessible to a child;

6. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
7. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting;
and
8. A toilet room door does not open into a kitchen or laundry.

R9-10-1030. 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 R9-10-1025 for respite services provided to children on the premises and subsection (B), if an outpatient treatment center collects urine or stool specimens from a patient, the outpatient treatment center has at least one bathroom on the premises 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. 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 services;
 - 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 equipment testing, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair.
- B. An outpatient treatment center may have a bathroom used for the collection of a patient's urine or stool that is not for the exclusive use of the outpatient treatment center if:
1. The bathroom is located in the same contiguous building as the outpatient treatment center's premises,
 2. The bathroom is of a sufficient size to support the outpatient treatment center's scope of services, and
 3. There is a documented agreement between the licensee and the owner of the building stating that the bathroom complies with the requirements in this Section and allowing the Department access to the bathroom to verify compliance.
- C. If an outpatient treatment center has a bathroom that is not for the exclusive use of the outpatient treatment center as allowed in subsection (B), an administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to:
 - a. Protect the health and safety of an individual using the bathroom; and
 - b. Ensure that the bathroom is cleaned and sanitized to prevent, minimize, and control illness and infection;
 2. Documented instructions are provided to a patient that cover:
 - a. Infection control measures when a patient uses the bathroom, and
 - b. The safe return of a urine or stool specimen to the outpatient treatment center;
 3. The bathroom complies with the requirements in subsection (A)(2)(a); and
 4. The bathroom is free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury.

R9-10-1031. Colocation Requirements

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

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

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

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

1. An affiliated counseling facility, as defined in R9-10-1901;

2. An outpatient treatment center authorized by the Department to provide dialysis services according to R9-10-1018;

3. An outpatient treatment center authorized by the Department to provide emergency room services according to R9-10-1019; or

4. An outpatient treatment center operating under a single group license according to A.R.S. § 36-422 (F) or (G).

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

1. The following information for each proposed colocator that may share a common area and nontreatment personnel at the collaborating outpatient treatment center:

a. For each proposed associated licensed provider:

i. Name,

ii. The associated licensed provider's license number or the date the associated licensed provider submitted to the Department an initial application for an outpatient treatment center or a counseling facility license,

iii. Proposed scope of services, and

iv. A copy of the written agreement with the collaborating outpatient treatment center required in subsection (E); and

b. For each exempt health care provider:

i. Name,

ii. Current health care professional license number,

iii. Proposed scope of services, and

- iv. A copy of the written agreement required in subsection (F) with the collaborating outpatient treatment center; and
 - 2. In addition to the requirements in R9-10-105(A)(5)(b)(v), a floor plan that shows:
 - a. Each collocator's proposed treatment area; and
 - b. The common areas of the collaborating outpatient treatment center.
- E. An administrator of a collaborating outpatient treatment center shall have a written agreement with each associated licensed provider that includes:
- 1. In a Department-provided format:
 - a. The associated licensed provider's name;
 - b. The name of the associated licensed provider's governing authority;
 - c. Whether the associated licensed provider plans to share medical records with the collaborating outpatient treatment center;
 - d. If the associated licensed provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
 - i. General consent or informed consent, as applicable;
 - ii. Consent to allow a collocator access to the patient's medical record; and
 - iii. Advance directives;
 - e. How the associated licensed provider will transport or transfer a patient to another collocator within the collaborating outpatient treatment center;
 - f. How the associated licensed provider will ensure controlled substances stored in the associated licensed provider's licensed premises are not diverted;
 - g. How the associated licensed provider will ensure environmental services in the associated licensed provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
 - h. How the associated licensed provider's personnel members will respond to a patient's sudden, intense, or out-of-control behavior, in the associated licensed provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
 - i. A statement that, if any of the collocators include children's behavioral health services in the collocator's scope of services, the associated licensed provider will ensure that all employees and personnel members of the associated licensed provider comply the fingerprint clearance card requirements in A.R.S. § 36-425.03;

- j. A statement that the associated licensed provider will:
 - i. Document the following each time another collocator provides emergency health care services in the associated licensed provider's treatment area:
 - (1) The name of collocator;
 - (2) If different from the name of the collocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (3) A description of the emergency health care services provided;
and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (E)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
- k. A statement that the associated licensed provider will:
 - i. Document the following each time the associated licensed provider provides emergency health care services in another collocator's treatment area:
 - (1) If different from the name of the associated licensed provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (2) The name of collocator;
 - (3) A description of the emergency health care services provided;
and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (E)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency

services in the colocator's statement of services, the exempt health care provider will ensure that all employees and staff of the exempt health care provider comply with the fingerprint clearance card requirements A.R.S. § 36-425.03:

j. A statement that the exempt health care provider will:

i. Document the following each time another colocator provides emergency health care services in the exempt health care provider's treatment area:

(1) The name of colocator;

(2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;

(3) A description of the emergency health care services provided; and

(4) The date and time the emergency health care services were provided;

ii. Maintain the documentation in subsection (F)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and

iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;

k. A statement that the exempt health care provider will:

i. Document the following each time the exempt health care provider provides emergency health care services in another colocator's treatment area:

(1) If different from the name of the exempt health care provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;

(2) The name of colocator;

(3) A description of the emergency health care services provided; and

(4) The date and time the emergency health care services were provided;

ii. Maintain the documentation in subsection (F)(1)(k)(i) for at least 12

- months after the emergency health care services were provided; and
- iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
- l. An attestation that the exempt health care provider will comply with the written agreement;
- m. The signature of the exempt health care provider and the date signed; and
- n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
2. A copy of the exempt health care provider's scope of services, including whether the exempt health care provider plans to provide behavioral health services to children.
- G. As part of the policies and procedures required in this Article, an administrator of a collaborating outpatient treatment center shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient based on the scopes of services of all colocators that:
1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for nontreatment personnel who may provide services in the common areas of the collaborating outpatient treatment center;
2. Cover orientation and in-service education for nontreatment personnel who may provide services in the common areas of the collaborating outpatient treatment center;
3. Cover cardiopulmonary resuscitation training, including:
- a. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
- b. The qualifications for an individual to provide cardiopulmonary resuscitation training;
- c. The time-frame for renewal of cardiopulmonary resuscitation training; and
- d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
4. Cover first aid training;
5. Cover patient screening, including a method to ensure that, if a patient identifies a specific colocator, the patient is directed to the identified colocator;
6. Cover the provision of emergency treatment to protect the health and safety of a patient or individual present in a common area according to the requirements for emergency

treatment policies and procedures in R9-10-1029(A):

7. If medication is stored in the collaborating outpatient treatment center's common areas, cover obtaining, storing, accessing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
8. Cover biohazardous wastes, if applicable;
9. Cover environmental services in the common area that affect patient care; and
10. Cover how personnel members and nontreatment personnel will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual in the collaborating outpatient treatment center's common areas.

H. An administrator of a collaborating outpatient treatment center shall ensure that:

1. An outpatient treatment center's common areas are:
 - a. Sufficient to accommodate the outpatient treatment center's and any colocators' scopes of services;
 - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
 - c. Free from a condition or situation that may cause an individual to suffer physical injury;
2. A written log is maintained that documents the date, time, and circumstances each time a colocator provides emergency health care services in another colocator's designated treatment area; and
3. The documentation in the written log required in subsection (H)(2) is maintained for at least 12 months after the date the colocator provides emergency health care services in another colocator's designated treatment area.

I. If any colocator at a collaborating outpatient treatment center includes children's behavioral health services as part of the colocator's scope of services, an administrator of the collaborating outpatient treatment center shall ensure that the governing authority, employees, personnel members, nontreatment personnel, and volunteers of the collaborating outpatient treatment center comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.