

## RESPITE WORKGROUP MEETING NOTES

November 16, 2015

Regular text = paraphrased discussion

*Italics*=Department's response

**Bold, italics, and indented**=rule with changes highlighted

### R9-10-707

No comments

### R9-10-1002(A)(2)

A question was asked about whether an entity providing DUI services or misdemeanor domestic violence offender treatment has to be a licensed outpatient treatment center to be included on a court-list.

*An entity providing DUI services or misdemeanor domestic violence offender treatment may be included on a court list by either being approved under 9 A.A.C. 20 or licensed under 9 A.A.C. 10, Article 10 as an outpatient treatment center approved to provide both behavioral health services and either or both DUI services or misdemeanor domestic violence offender treatment.*

A question was asked about whether an outpatient treatment center must be approved to provide behavioral health services in order to provide respite services.

*Yes, an outpatient treatment center must be approved to provide behavioral health services in order to provide respite services, as specified in R9-10-1002(A)(2)(a).*

A question was asked about whether any other information needs to be submitted as part of a license application. *Most of the requirements for providing respite services for children on the premises of an outpatient treatment center are contained in R9-10-1025. However, as part of an application for an initial license (required in R9-10-105) or a renewal license (required in R9-10-107), the governing authority for the outpatient treatment center will need to include the number of children for whom the outpatient treatment center is requesting authorization from the Department to provide respite services on the outpatient treatment center's premises. This number is being called the "respite capacity" and is defined in R9-10-1025. As part of an application for an initial license, the governing authority will also need to submit, according to R9-10-105(A)(5)(b)(v), a floor plan showing room layout and room usage, indicating where in the outpatient treatment center respite services will be provided to children on the premises. The governing authority for an outpatient treatment center that plans to add the provision of respite services to children on the premises will need to comply with requirements in R9-10-110.*

*A new subsection will be added to the rule as follows:*

***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:***

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

### R9-10-1025(B)(2)(b)(iii)

A question was asked about why there are so many requirements for food when respite is provided on the premises, but none for when respite is provided in the community.

*Subsection (B) pertains to respite provided to both adults and children. To make the rules more consistent, the Department will revise the rule as follows:*

***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) for the amount of time the child is receiving respite services from the outpatient treatment center.**

#### **R9-10-1025(C)(9)(f)**

A question was asked about whether written instructions are needed for a child on a regular diet. *The written instructions pertain more to children who need a special diet due to a medical condition or food allergy/sensitivity. The Department will clarify this as follows:*

**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:**

**f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;**

#### **R9-10-1025(C)(12)**

A question was asked about ratios of personnel members to children and why two personnel members are required on the premises when a child is receiving respite services.

*The ratio of five children per personnel member was taken from child care group homes, in which children of mixed ages, without the behavioral health issues that children receiving respite services have, are cared for on a daily basis. For a child with a behavioral health issue who is placed in a non-routine setting and who would, therefore, be more likely to act out, that ratio is considered to be the minimum necessary to protect a child's health and safety. As necessary, the ratio could be lower to meet the needs of the children receiving respite on the premises.*

*Two personnel members are required to be present on the premises to ensure that, if there is an emergency or another situation where the personnel member providing supervision for a child receiving respite services is dealing with the emergency or other situation, another personnel member is available to help, either by supervising the child or dealing with the emergency.*

*No change will be made to the rules.*

#### **R9-10-1025(E)(2)**

An issue was raised that respite is often provided in multi-purpose rooms, rather than in rooms dedicated to a specific age group, and that the ages and characteristics of children receiving respite may change each day. It is not feasible to have a room decorated with mirrors, bulletin boards, pictures, and posters in such a setting, nor would they necessarily be age-appropriate for all groups.

*The area in the room or rooms used for providing respite services to children on the premises helps determine the respite capacity. A floor plan of the facility showing where an outpatient treatment center plans to provide respite services on the premises must be submitted at the time of initial licensing or when requesting the addition of respite services as an authorized service. While the room or rooms may be used for other purposes when the outpatient treatment center is not providing respite services to children of the premises, the area is required to be equipped to accommodate the children for whom the outpatient treatment center is providing respite services. Having bulletin boards, pictures, and posters, appropriate to the ages of the children receiving respite services in the room, would not interfere with the room's use for other purposes. The Department will change the rule as follows:*

**2. Indoor areas used by children are decorated with age-appropriate articles such as ~~mirrors~~, bulletin boards, pictures, and posters;**

#### **R9-10-1025(E)(7)**

A question was asked about why 75 square feet is required per child when some children may not stay for eight or 10 hours. Some confusion was also expressed about whether it was 75 square feet per the number of children in the outpatient treatment center's respite capacity or in the outdoor/large muscle activity area.

The rules provide for less outdoor square footage under the circumstances specified in subsection (Z), now renumbered to subsection (BB). The amount of outdoor area required depends on the number of children in the respite capacity and the number of hours for which respite services are provided to a child on the premises. It is assumed that not all children may be in the outdoor area, or indoor are substituted for outdoor area, at the same time, so the requirement is that there be at least 75 square feet of space in these areas for each child in the area at any time, except as provided in subsection new (BB)(2)(a). The Department will change the rule as follows to clarify this:

7. **Except as provided in subsection (BB)(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;**

#### **R9-10-1025(E)(11)**

A comment was made that some children have sensory issues that require them to be in a subdued-lighting environment. A question was asked about how the requirement for illumination would apply to those children. *If a child has a sensory issue that requires the child to be in a subdued-light environment, the condition should be noted in the child's behavioral health assessment. The child should receive services consistent with the child's behavioral health assessment, including subdued lighting. However, the administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises is required to ensure that other children receiving respite services on the premises are in a room that is maintained at a minimum of 30 foot candles of illumination, except when napping or sleeping. The Department will change the rule as follows:*

11. **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;**

#### **R9-10-1025(E)(13)**

A comment was made that some children come with a change of clothing, but do not bring the other items listed. A question was asked about whether the requirement about toothbrushes, combs, washcloths, etc. applies to these children.

*The Department will change the rule as follows to clarify that the requirements apply to items provided for a child by the child's parents:*

13. **Each child's toothbrush, comb, washcloth, cloth towel, and clothing that is provided for the child by the child's parent is maintained in a clean condition and stored in an identified space separate from those of other children;**

#### **R9-10-1025(F)(4)**

A question was asked about when the schedule needs to be posted.

*The rule requires that a "current schedule" be posted, so the schedule can be different every day, tailored to the needs of the children who will be receiving respite on the outpatient treatment center's premises that day. The schedule for the day should be posted before the first child arrives for respite services. The Department will change the rule as follows to clarify this:*

- F. **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:**

4. **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 are tailored to the needs of the children receiving respite services that day, including the times the following are provided:**

#### **R9-10-1025(F)(5)**

A question was asked about why so many activities are listed. The comment was made that there are activity requirements for a child set by each payor and that a licensed behavioral health professional is monitoring all behavioral health services provided by the outpatient treatment center.

**Stakeholders were asked to provide online comments stating those activities that are most important. The Department will review and consider any comments received before making any changes to the subsection.**

**R9-10-1025(F)(8)**

A question was asked about how the list of toys and equipment was derived. The comment was made that they may not be appropriate for every group of children receiving respite services.

*Stakeholders were asked to provide online comments stating those toys, materials, and equipment that would be more appropriate. The Department will review and consider any comments received before making any changes to the list. The Department will change the subsection to refer to the schedule of activities as follows:*

- 8. 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 (F)(4), which are too large for a child to swallow and free from sharp edges and points, in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center including:**

**R9-10-1025(F)(9)**

A comment was made about how the rule about personal products applies to sunscreen provided by the facility and whether spray-on sunscreen would need to be labeled.

*The Department will change the rule as follows:*

- 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 from the child's parent or, if the administrator provides the personal products a personal product for use by the a child, obtains written approval for use of the products personal product from the child's parent;**
- b. Labels the child's personal products with the child's name; and**
- c. Keeps the child's personal products inaccessible to children; and**

**R9-10-1025(G)**

A question was asked about whether these requirements for diapering apply to all facilities.

*These requirements apply only if the outpatient treatment center includes in the outpatient treatment center's scope of services respite services for children wearing diapers.*

**R9-10-1025(I), (J), and (K)**

A comment was made that some children with autism spectrum disorder or OCD have eating patterns that are ritualistic and need to be accommodated. The question was asked about how these requirements about meals apply to those children. Another question was asked about whether a facility has to have double portions of food to meet the requirements in subsection (K)(2).

*The Department will change the rules as follows to clarify the amount of food required and to accommodate the documented needs of such children:*

- I. Except as provided in subsection (L), administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:**
- 1. Make breakfast available to a child who is receiving respite services on the premises before 8:00 a.m.,**
- 2. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m., and**
- 3. 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.**
- J. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall, except as provided in subsection (L), serve the following meals or snacks to a child receiving respite services for the following periods of time:**
- 1. If a child is on the premises two to four hours, one or more snacks;**
- 2. If a child is on the premises during any of the meal times stated in subsection (I), a meal that meets the meal pattern requirements in Table 10.1;**
- 3. If a child is on the premises four to eight hours, one or more snacks and a meal; and**
- 4. If a child is on the premises more than eight hours, two snacks and one or more meals.**
- K. An administrator of an outpatient treatment center that is authorized to provides respite services for children on the premises shall:**

1. Except as provided in subsection (L), serve food to a child according to the meal pattern requirements in Table 10.1;
  2. In addition to the required daily servings of food stated in Table 10.1:
    - a. Make second servings of food available to a child who requests a second serving at meals and at snack time, 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.
- L.** An administrator of an outpatient treatment center that is authorized to provide respite services to children on the premises shall provide food for a child, at times and in quantities consistent with the information documented according to subsection (C)(9)(f) for the child and the child's behavioral health assessment, to meet the child's dietary and nutritional needs.

### Table 10.1

A question was asked about whether the components of a meal specified in Table 10.1 apply when children are taken off the premises, such as for field trips.

*The components of a meal specified in Table 10.1 only apply to meals served to a child receiving respite services on the premises of the outpatient treatment center, not while a child receiving respite services is off-site.*

### R9-10-1025(L) New (M)

A question was asked about when a food establishment permit is required.

*Although the wording in A.A.C. R9-8-102(B)(7) needs to be revised to reflect that behavioral health service agencies are no longer licensed under 9 A.A.C. 20, the Department has included in R9-10-1025 the exclusion from food establishment licensing requirements, as specified in A.A.C. R9-8-102(B)(7), for outpatient treatment centers authorized to provide respite services for children on the premises that have a respite capacity of 10 or fewer children. For all other outpatient treatment centers authorized to provide respite services for children on the premises, the requirements in 9 A.A.C. 8, Article 1 apply. The Department will change the rule as follows to clarify:*

- M.** 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 permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment permit.

### R9-10-1025(O) New (P)

A question was asked about how the requirements related to a child's behavior apply to a child who has specific behavior management instructions in the child's behavioral health assessment.

*If specific behavior management instructions are noted in a child's behavioral health assessment, a personnel member should follow the behavior management instructions in the child's behavioral health assessment.*

A comment was made that the use of an emergency safety response should be documented before a personnel member's shift ends, rather than "within 24 hours" to ensure that staff coming in after the shift can read about the incident and that details are not forgotten. Another comment was received that 10 working days for a behavioral health professional to review the use of the emergency safety response is too long. A third comment was made that a parent of a child on whom an emergency safety response was used should be notified of the use of an emergency safety response when arriving to pick the child.

*No change will be made to time-frame requirements for documenting the use of an emergency safety response or reviewing its use. The Department will change the rule to require that notification of a child's parent is documented.*

*The Department will change the rule as follows to accommodate the documented behavior management needs of children receiving respite services on the premises and to require documentation of parental notification of the use of an emergency safety response on the parent's child:*

- P.** 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 a child's behavioral health assessment:
    - i. Defines and maintains consistent and reasonable guidelines and limitations for the child's behavior;
    - ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and
    - iii. Explains to the 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 on a child, a personnel member documents in the child's medical record, when the child is discharged to the child's parent, 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:

#### **R9-10-1025(P) New (Q)**

A question was asked about whether a bunk bed may be used for children receiving respite services on the premises.

*No, a bunk bed may not be used by a child receiving respite services on the premises of an outpatient treatment center.*

#### **R9-10-1025(S) New (T)**

A question was asked about why a first aid kit is required in this rule, since there is not a similar requirement in other types of health care institutions.

*An outpatient treatment center authorized to provide respite services to children on the premises is required to be authorized to provide behavioral health services. However, the outpatient treatment center may or may not also be authorized to provide physical health services. Since it is expected that children receiving respite services on the premises of an outpatient treatment center may fall or otherwise receive small cuts or abrasions that may require first aid treatment, the rules require that a first aid kit be accessible to personnel members in the designated area of the outpatient treatment center where respite services are provided.*

#### **R9-10-1025(T)(1)(d)(i) New (U)(1)(d)(i)**

A comment was made that 30 minutes is too short a time to initiate parental notification in case of an emergency, since it may take at least that long to get the children to a safe place and address their fears and concerns. A question was asked about whether the notification has to be verbal, or whether text messages or email notification can be made.

*The Department will change the rule as follows to increase the maximum time to initiate parental notification and remove the restriction on the mechanism that may be used to do so:*

- U. 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:
    - d. The directions for:

- i. Initiating verbal notification of a child's parent by telephone or other equally expeditious means within 30 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

#### **R9-10-1025(V) New (W)**

A question was asked about whether procedures to follow in case a child has an accident, injury, or emergency that requires medical treatment by a health care provider should be specified in a policy and procedure, rather than in the rules.

*The Department believes that the procedures specified in the rules are the minimum necessary to protect the health and safety of a child receiving respite services on the premises of an outpatient treatment center. No change will be made to the rules.*

#### **R9-10-1025(Y)(1) New (Z)(1) and (AA)**

A question was asked about whether toilets and hand-washing sinks for use by children receiving respite services must be in the area designated for providing respite services and for the exclusive use of a child receiving respite services.

*The Department will change the rules to clarify that the toilets and hand-washing sinks for use by children receiving respite services do not need to be in the area designated for providing respite services to children on the premises, nor for their exclusive use. However, requirement will be included that will help ensure the safety of children receiving respite services. The rule will be changed as follows:*

- Z. 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; and

AA. 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 in 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.

#### **R9-10-1025(Z) New (BB)**

A question was raised about how many square feet of outdoor area are required if children receive respite services on the premises of an outpatient treatment center, but are taken off-site, to a park or other location, for outdoor activities. A comment was made about the need for notifying parents if such activities are planned.

*The rules specify the requirements for outdoor activity areas or indoor areas substituted for outdoor activity areas. All outpatient treatment centers authorized to provide respite services to children on the premises will be required to meet these requirements, regardless of whether children are also taken to a local park or other location. The Department agrees that a parent should be notified of the location and time-frame for such activities. No change will be made to this rule.*

#### **R9-10-1025(BB) New (DD)**

A question was asked about whether the subsection needs to be clarified to indicate that these requirements for outdoor areas are only applicable if the outpatient treatment center authorized to provide respite services to children has such an outdoor area.

No, an outpatient treatment center authorized to provide respite services to children on the premises will be required to have on the premises an outdoor activity area or indoor area substituted for an outdoor activity area, regardless of whether a child receiving respite services is also taken to a park or another location for an activity. Such activities would constitute an outing, of which a parent should be informed. The rules will be changed to define the term "outing" and provide basic requirements to ensure the health and safety of a child receiving respite services during an outing. The rules will also provide requirements for documentation that a parent is aware of basic information about an outing before a child is taken on an outing while receiving respite services provided by an outpatient treatment center. The rules will be changed as follows, adding the definition of "outing to subsection (A) and adding requirements for outings to a new subsection (C):

**A. The following definitions apply in this Section unless otherwise specified:**

- 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.**

**C. If an outpatient treatment center that is authorized to provide respite services 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, the personnel member obtains written permission from the child's parent that includes:**
  - a. The child's name;**
  - b. A description of the outing;**
  - c. The name of the outing destination, if applicable;**
  - d. The street address and, if available, the telephone number of the outing destination;**
  - e. Either:**
    - i. The date or dates of the outing; or**
    - ii. The time period, not to exceed 12 months, during which the permission is given;**
  - f. The projected time of departure from the outpatient treatment center or, if applicable, the child's residence;**
  - g. The projected time of arrival back at the outpatient treatment center or, if applicable, the child's residence; and**
  - h. The dated signature of the child's parent;**
- 2. Each motor vehicle used by a personnel member for a child receiving respite services from the outpatient treatment center:**
  - a. Is maintained in a mechanically safe condition;**
  - b. Is free from hazards;**
  - c. Has an operational heating system;**
  - d. Has an operational air-conditioning system; and**
  - e. Is equipped with:**
    - i. A first-aid kit that meets the requirements in subsection (T), and**
    - ii. Two large, clean towels or blankets;**
- 3. On an outing, a child does not ride in a truck bed, camper, or trailer attached to a motor vehicle;**
- 4. The Department is notified within 24 hours after a motor vehicle accident that involves a child who is receiving respite services while riding in the motor vehicle; and**
- 5. A personnel member who drives a motor vehicle on an outing for children receiving respite services from the outpatient treatment center:**
  - a. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;**
  - b. Does not permit a child to be seated in front of a motor vehicle's air bag;**
  - c. Requires that a child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;**

- d. Requires that a child is secured, as required in A.R.S. § 36-907 or 36-909, before the motor vehicle is set in motion and while the motor vehicle is in motion;**
- e. Assists a child into or out of the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose;**
- f. Carries drinking water in an amount sufficient to meet the needs of each child on the outing and a sufficient number of cups or other drinking receptacles so that each child can drink from a different cup or receptacle; and**
- g. Accounts for each child while on the outing.**

**R9-10-1025(CC) New (EE)**

A question was asked about the requirement for a fire extinguisher, since the outpatient treatment center rules already contain in R9-10-1029(D)(2)(b) a requirement for a fire extinguisher.

*The requirement in the rule is more specific than the requirement in R9-10-1029, which just requires the fire extinguisher to be available at the outpatient treatment center. In an outpatient treatment center authorized to provide respite services to children on the premises, children may be receiving respite services for up to 10 continuous hours per day, and the designated area where respite services are provided to children on the premises may include a kitchen. Therefore, the requirement in the rule for having a fire extinguisher available is based on these conditions, which are different from those in an outpatient treatment center not authorized to provide respite services to children on the premises, where the expectation is that a patient arrives, receives services, and leaves a short time later.*