

**ARTICLE 14. BEHAVIORAL HEALTH SUBSTANCE ABUSE TRANSITIONAL FACILITIES**

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**ARTICLE 14. BEHAVIORAL HEALTH SUBSTANCE ABUSE TRANSITIONAL FACILITIES**

**R9-10-1401. Definitions**

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

1. “Emergency medical care technician” has the same meaning as in A.R.S. § 36-2201.

**R9-10-1402. Administration**

A. A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of a substance abuse transitional facility;
2. Establish, in writing:
  - a. A substance abuse transitional facility’s scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who meets the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1403;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
  - a. Expected not to be present on a substance abuse transitional facility’s premises for more than 30 calendar days, or
  - b. Not present on a substance abuse transitional facility’s premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority for the daily operation of the substance abuse transitional facility and all services provided by or at the substance abuse transitional facility;
2. Has the authority and responsibility to manage the substance abuse transitional facility; and

3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on a substance abuse transitional facility's premises and accountable for the substance abuse transitional facility when the administrator is not present on the substance abuse transitional facility's premises.
- C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to services provided to a participant;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training, including:
      - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
      - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
      - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
    - f. Include a method to identify a participant to ensure the participant receives physical health services and behavioral health services as ordered;
    - g. Cover first aid training;
    - h. Cover participant rights, including assisting a participant who does not speak English or who has a physical or other disability to become aware of participant rights;
    - i. Cover specific steps for:
      - i. A participant to file a complaint, and
      - ii. The substance abuse transitional facility to respond to a participant's

- complaint;
  - j. Cover medical records, including electronic medical records;
  - k. Cover quality management, including incident reports and supporting documentation;
  - l. Cover contracted services; and
  - m. Cover when an individual may visit a participant in the substance abuse transitional facility;
2. Policies and procedures for services are established, documented, and implemented to protect the health and safety of a participant that:
- a. Cover participant screening, admission, assessment, transfer, discharge planning, and discharge;
  - b. Include when general consent and informed consent are required;
  - c. Cover the provision of behavioral health services and physical health services;
  - d. Cover medication administration, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - e. Cover infection control;
  - f. Cover environmental services that affect participant care;
  - g. Cover the process for receiving a fee from and refunding a fee to a participant or the participant's representative;
  - h. Cover the security of a participant's possessions that are allowed on the premises;
  - i. Cover smoking tobacco products on the premises;
  - j. Cover how the facility will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual; and
  - k. Cover how often periodic monitoring occurs based on a participant's condition;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to employees; and
5. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a substance abuse transitional facility, the documentation or information is provided to the unit in the Department that is responsible for

licensing and monitoring the substance abuse transitional facility.

- D. An administrator shall provide written notification to the Department of a participant's:
1. Death, if the participant's death is required to be reported according to A.R.S. § 11-593, within one working day after the participant's death; and
  2. Self-injury, within two working days after the participant inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E. If abuse, neglect, or exploitation of a participant is alleged or suspected to have occurred before the participant was admitted or while the participant is not on the premises and not receiving services from a substance abuse transitional facility's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454.
- F. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a participant is receiving services from a substance abuse transitional facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the participant and any change to the participant's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and

6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. An administrator shall establish, document, and implement a process for responding to a participant's need for immediate and unscheduled behavioral health services or physical health services.
- H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a participant, or a participant's representative:
  1. The participant rights listed in R9-10-1409,
  2. The facility's current license,
  3. The location at which inspection reports are available for review or can be made available for review, and
  4. The days and times when a participant may accept visitors and make telephone calls.

**R9-10-1403. Quality Management**

An administrator shall ensure that:

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

authority.

**R9-10-1404. Contracted Services**

An administrator shall ensure that:

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

**R9-10-1405. Personnel**

A. An administrator shall ensure that:

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

B. An administrator shall ensure that:

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

- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides behavioral health services or physical health services, and
  - b. According to policies and procedures;
3. An emergency medical care technician complies with the requirements in 9 A.A.C. 25 for certification and medical direction;
4. A substance abuse transitional facility has sufficient personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
  - a. Provide the behavioral health services and physical health services in the substance abuse transitional facility's scope of services,
  - b. Meet the needs of a participant, and
  - c. Ensure the health and safety of a participant;
5. A written plan is developed and implemented to provide orientation specific to the duties of a personnel member;
6. A personnel member's orientation is documented, to include:
  - a. The personnel member's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
7. In addition to the training required in subsections (B)(1) and (B)(5), a written plan is developed and implemented to provide a personnel member with in-service education specific to the duties of the personnel member;
8. A personnel member receives training in how to respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual:
  - a. Before providing services related to participant care, and
  - b. At least once every 12 months after the date the personnel member begins providing services related to participant care; and
9. An individual's in-service education and, if applicable, training in how to respond to a participant's sudden, intense, or out-of-control behavior is documented, to include:
  - a. The personnel member's name,

- b. The date of the training, and
  - c. The subject or topics covered in the training.
- C. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor receives direct supervision as defined in A.A.C. R4-6-101.
- D. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:
  - 1. On or before the date the individual begins providing services at or on behalf of the substance abuse transitional facility, and
  - 2. As specified in R9-10-113.
- E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- F. An administrator shall ensure that a personnel record is maintained for a personnel member, employee, volunteer, or student that contains:
  - 1. The individual's name, date of birth, and contact telephone number;
  - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - 3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. The individual's completion of the training required in subsection (B)(8), if applicable;
    - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - g. Cardiopulmonary resuscitation training, if required for the individual according to subsection (H) or policies and procedures;



call.

**R9-10-1406. Admission; Assessment**

An administrator shall ensure that:

1. A participant is admitted based upon the participant's presenting behavioral health issue and treatment needs and the substance abuse transitional facility's ability and authority to provide behavioral health services or physical health services consistent with the participant's needs;
2. General consent is obtained from a participant or the participant's representative before or at the time of admission;
3. The general consent obtained in subsection (2) is documented in the participant's medical record;
4. An assessment of a participant is completed or updated by an emergency medical care technician or a registered nurse;
5. If an assessment is completed or updated by an emergency medical care technician, a registered nurse reviews the assessment within 24 hours after the completion of the assessment to ensure that the assessment identifies the behavioral health services and physical health services needed by the participant;
6. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the substance abuse transitional facility or the substance abuse transitional facility has a medical record for the participant that contains an assessment that was completed within 12 months before the date of the participant's current admission:
  - a. The participant's assessment information is reviewed and updated if additional information that affects the participant's assessment is identified, and
  - b. The review and update of the participant's assessment information is documented in the participant's medical record within 48 hours after the review is completed;
7. An assessment:
  - a. Documents a participant's:
    - i. Presenting issue;
    - ii. Substance abuse history;
    - iii. Co-occurring disorder;
    - iv. Medical condition and history;

- v. Behavioral health treatment history;
    - vi. Symptoms reported by the participant; and
    - vii. Referrals needed by the participant, if any;
  - b. Includes:
    - i. Recommendations for further assessment or examination of the participant's needs,
    - ii. The behavioral health services and physical health services that will be provided to the participant, and
    - iii. The signature and date signed of the personnel member conducting the assessment; and
  - c. Is documented in participant's medical record;
- 8. A participant is referred to a medical practitioner if a determination is made that the participant requires immediate physical health services or the participant's behavioral health issue may be related to the participant's medical condition;
- 9. If a participant requires behavioral health services that the substance abuse transitional facility is not authorized or not able to provide, a personnel member arranges for the participant to be provided transportation to transfer to another health care institution where the behavioral health services can be provided;
- 10. A request for participation in a participant's assessment is made to the participant or the participant's representative;
- 11. An opportunity for participation in the participant's assessment is provided to the participant or the participant's representative;
- 12. Documentation of the request in subsection (10) and the opportunity in subsection (11) is in the participant's medical record; and
- 13. A participant's assessment information is:
  - a. Documented in the medical record within 48 hours after completing the assessment, and
  - b. Reviewed and updated when additional information that affects the participant's assessment is identified.

**R9-10-1407. Discharge**

- A. An administrator shall ensure that:
  - 1. If a participant is not being transferred to another health care institution, before discharging the participant from a substance abuse transitional facility, a personnel

- member:
- a. Identifies the specific needs of the participant after discharge necessary to assist the participant to address the participant's substance abuse issues;
  - b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the participant; and
  - c. Documents the information in subsection (A)(1)(a) and the resources in subsection (A)(1)(b) in the participant's medical record; and
2. When an individual is discharged, a personnel member:
    - a. Provides the participant with discharge information that includes:
      - i. The identified specific needs of the participant after discharge, and
      - ii. Resources that may be available for the participant; and
    - b. Contacts any resources identified as required in subsection (A)(1)(b).
- B. An administrator shall ensure that there is a documented discharge order by a medical practitioner before a participant is discharged unless the participant leaves the facility against a medical practitioner's advice.
- C. An administrator shall ensure that, at the time of discharge, a participant receives a referral for behavioral health services that the participant may need after discharge, if applicable.
- D. An administrator shall ensure that a discharge summary:
1. Is entered into the participant's medical record within 10 working days after a participant's discharge; and
  2. Includes the following information completed by an individual authorized by policies and procedures:
    - a. The participant's presenting issue and other behavioral health and physical health issues identified in the participant's assessment;
    - b. A summary of the behavioral health services and physical health services provided to the participant;
    - c. The name, dosage, and frequency of each medication for the participant ordered at the time of the participant's discharge by a medical practitioner at the facility; and
    - d. A description of the disposition of the participant's possessions, funds, or medications brought to the facility by the participant.
- E. An administrator shall ensure that a participant who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the participant is

discharged.

**R9-10-1408. Transfer**

Except for a transfer of a participant due to an emergency, an administrator shall ensure that:

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

**R9-10-1409. Participant Rights**

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that include:
  - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
  - b. Where participant rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A participant is treated with dignity, respect, and consideration;
2. A participant is not subjected to:
  - a. Abuse;

- b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity;
  - k. Misappropriation of personal and private property by the substance abuse transitional facility's personnel members, employees, volunteers, or students; or
  - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the participant's treatment needs, except as established in a fee agreement signed by the participant or the participant's representative; and
3. A participant or the participant's representative:
- a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication, associated risks, and possible complications;
  - d. Is informed of the participant complaint process; and
  - e. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
    - i. Medical record, or
    - ii. Financial records.
- C. A participant has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that:
    - a. Supports and respects the participant's individuality, choices, strengths, and abilities;
    - b. Supports the participant's personal liberty and only restricts the participant's personal liberty according to a court order, by the participant's or the participant's representative's general consent, or as permitted in this Chapter; and
    - c. Is provided in the least restrictive environment that meets the participant's

- treatment needs;
- 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
  - a. A participant may be photographed when admitted to a substance abuse transitional facility for identification and administrative purposes;
  - b. For a participant receiving treatment according to A.R.S. Title 36, Chapter 37; or
  - c. For video recordings used for security purposes that are maintained only on a temporary basis;
- 4. To review, upon written request, the participant's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
- 5. To receive a referral to another health care institution if the substance abuse transitional facility is not authorized or not able to provide behavioral health services or physical health services needed by the participant;
- 6. To participate or have the participant's representative participate in the development of or decisions concerning treatment;
- 7. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights;
- 8. To be provided locked storage space for the participant's belongings while the participant receives services; and
- 9. To be informed of the requirements necessary for the participant's discharge.

**R9-10-1410. Medical Records**

- A. An administrator shall ensure that:
  - 1. A medical record is established and maintained for each participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a participant's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. An order is:
    - a. Dated when the order is entered in the participant's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional

- according to policies and procedures; and
- c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
- 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
- 5. A participant's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the participant's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
  - c. As permitted by law; and
- 6. A participant's medical record is protected from loss, damage, or unauthorized use.
- B. If a substance abuse transitional agency maintains participants' medical records electronically, an administrator shall ensure that:
  - 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a participant's medical record contains:
  - 1. Participant information that includes:
    - a. The participant's name;
    - b. The participant's address;
    - c. The participant's date of birth; and
    - d. Any known allergies, including medication allergies;
  - 2. A participant's presenting behavioral health issue;
  - 3. Documentation of general consent and, if applicable, informed consent for treatment by the participant or the participant's representative, except in an emergency;
  - 4. If applicable, the name and contact information of the participant's representative and:
    - a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
    - b. If the participant's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-

- 3282, a copy of the health care power of attorney or mental health care power of attorney; or
- ii. Is a legal guardian, a copy of the court order establishing guardianship;
- 5. Documentation of medical history and results of a physical examination;
- 6. The date of admission and, if applicable, date of discharge;
- 7. Orders;
- 8. Assessment;
- 9. Progress notes;
- 10. Documentation of substance abuse transitional agency services provided to the participant;
- 11. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
- 12. The disposition of the participant upon discharge;
- 13. The discharge plan;
- 14. A discharge summary, if applicable; and
- 15. Documentation of a medication administered to a participant that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain:
    - i. An evaluation of the participant's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication:
    - i. An evaluation of the participant's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The signature of the individual administering the medication; and
  - f. Any adverse reaction a participant has to the medication.

**R9-10-1411. Behavioral Health Services**

- A. An administrator shall ensure that counseling is:
  - 1. Offered as described in the substance abuse transitional facility's scope of services,
  - 2. Provided according to the frequency and number of hours identified in the participant's

- assessment, and
- 3. Provided by a behavioral health professional.
- B. An administrator shall ensure that:
  - 1. A behavioral health professional providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  - 2. Each counseling session is documented in a participant's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.

**R9-10-1412. Medication Services**

- A. If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
  - 1. Include:
    - a. A process for providing information to a participant about medication prescribed for the participant including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the participant's needs;
    - d. Procedures for documenting medication administration and assistance in the self-

- administration of medication;
- e. Procedures for assisting a participant in obtaining medication; and
- f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
- 2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication.
- B. If a substance abuse transitional facility provides medication administration, an administrator shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a participant only as prescribed;
    - d. Cover the documentation of a participant's refusal to take prescribed medication in the participant's medical record;
  - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  - 3. A medication administered to a participant:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the participant's medical record.
- C. If a substance abuse transitional facility provides assistance in the self-administration of medication, an administrator shall ensure that:
  - 1. A participant's medication is stored by the substance abuse transitional facility;
  - 2. The following assistance is provided to a participant:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the participant;
    - c. Observing the participant while the participant removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
      - i. The participant taking the medication is the individual stated on the medication container label,

- ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
        - iii. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
      - e. Observing the participant while the participant takes the medication;
    - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
    - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
      - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse;
      - b. Includes:
        - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
        - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
        - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
    - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
    - 6. Assistance in the self-administration of medication provided to a participant:
      - a. Is in compliance with an order, and
      - b. Is documented in the participant's medical record.
  - D. An administrator shall ensure that:
    - 1. A current drug reference guide is available for use by personnel members, and
    - 2. A current toxicology reference guide is available for use by personnel members.
  - E. When medication is stored at the substance abuse transitional facility, an administrator shall ensure that:
    - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;

2. Medication is stored according to the instructions of the medication container; and
  3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of participants who received recalled medication;
    - d. Storing, inventorying, and dispensing controlled substances; and
    - e. Documenting the maintenance of a medication requiring refrigeration.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a participant's adverse reaction to a medication to the medical practitioner who ordered the medication and the registered nurse required in R9-10-1405(I)(6).

**R9-10-1413. Food Services**

- A. An administrator shall ensure that:
1. If a substance abuse transitional facility has a licensed capacity of more than 10 participants:
    - a. Food services are provided in compliance with 9 A.A.C. 8, Article 1; and
    - b. A copy of the substance abuse transitional facility's food establishment license or permit required according to subsection (A)(1) is maintained;
  2. If a substance abuse transitional facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the facility:
    - a. A copy of the contracted food establishment's license or permit is maintained by the substance abuse transitional facility; and
    - b. The substance abuse transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant;
  3. A registered dietitian is employed full-time, part-time, or as a consultant; and
  4. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the participants.
- B. A registered dietitian or director of food services shall ensure that:
1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and

- b. In a form to meet the needs of a participant such as cut, chopped, ground, pureed, or thickened;
  2. A food menu is:
    - a. Prepared at least one week in advance,
    - b. Conspicuously posted, and
    - c. Maintained for at least 60 calendar days after the last day included in the food menu;
  3. If there is a change to a posted food menu, the change is noted on the posted menu no later than the morning of the day the change occurs;
  4. Meals and snacks provided by the substance abuse transitional facility are served according to posted menus;
  5. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
  6. A participant is provided:
    - a. A diet that meets the participant's nutritional needs as specified in the participant's assessment;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(6)(d);
    - c. The option to have a daily evening snack identified in subsection (B)(6)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. The participant agrees; and
      - ii. The participant is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
  7. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
  8. Water is available and accessible to participants at all times, unless otherwise stated in a participant's assessment.
- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
  1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;

2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:
  - a. Foods requiring refrigeration are maintained at 41° F or below; and
  - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
    - i. Ground beef and any food containing ground beef are cooked to heat all parts of the food to at least 155° F;
    - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
    - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
    - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
    - v. If the facility serves a population that is not a highly susceptible population, rare roast beef may be served cooked to an internal temperature of at least 145° F for at least three minutes and a whole muscle intact beef steak may be served cooked on both top and bottom to a surface temperature of at least 145° F; and
    - vi. Leftovers are reheated to a temperature of at least 165° F;
4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**R9-10-1414. Emergency and Safety Standards**

- A. An administrator shall ensure that:
  1. An evacuation drill for employees and participants on the premises is conducted at least once every six months on each shift;
  2. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the drill;
    - b. The amount of time taken for all employees and participants to evacuate the substance abuse transitional facility;

- c. Any problems encountered in conducting the drill; and
    - d. Recommendations for improvement, if applicable;
  3. An evacuation path is conspicuously posted on each hallway of each floor of the facility;
  4. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
    - a. When, how, and where participants will be relocated;
    - b. How a participant's medical record will be available to individuals providing services to the participant during a disaster;
    - c. A plan to ensure a participant's medication will be available to administer to the participant during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the substance abuse transitional facility or the substance abuse transitional facility's relocation site during a disaster;
  5. The disaster plan required in subsection (A)(4) is reviewed at least once every 12 months;
  6. Documentation of a disaster plan review required in subsection (A)(5) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each employee or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement; and
  7. A disaster drill for employees is conducted on each shift at least once every three months and documented.
- B. An administrator shall ensure that:
  1. A fire inspection is conducted by a local fire department or the State Fire Marshal before initial licensing and according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Any repairs or corrections stated on the fire inspection report are made, and
  3. Documentation of a current fire inspection is maintained.

**R9-10-1415. Environmental Standards**

- A. An administrator shall ensure that:
  1. The premises and equipment are sufficient to accommodate the activities, treatment, and ancillary services stated in the substance abuse transitional facility's scope of services;
  2. The premises and equipment are:

- a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment,
  - b. Clean, and
  - c. Free from a condition or situation that may cause a participant or other individual to suffer physical injury or illness;
3. A pest control program is implemented and documented;
4. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to A.A.C. Title 18, Chapter 13, Article 14 and policies and procedures;
5. Equipment used at the substance abuse transitional facility is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations;
6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
7. Garbage and refuse are:
  - a. Stored in plastic bags in covered containers, and
  - b. Removed from the premises at least once a week;
8. Heating and cooling systems maintain the facility at a temperature between 70° F and 84° F at all times;
9. A space heater is not used;
10. Common areas:
  - a. Are lighted to assure the safety of participants, and
  - b. Have lighting sufficient to allow personnel members to monitor participant activity;
11. Hot water temperatures are maintained between 95° F and 120° F in the areas of the substance abuse transitional facility used by participants;
12. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
13. Soiled linen and soiled clothing stored by the substance abuse transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
14. Oxygen containers are secured in an upright position;

15. Poisonous or toxic materials stored by the substance abuse transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;
  16. Combustible or flammable liquids and hazardous materials stored by the substance abuse transitional facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants;
  17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B. An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a substance abuse transitional facility; and
  2. Smoking tobacco products may be permitted on the premises outside a substance abuse transitional facility if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.

**R9-10-1416. Physical Plant Standards**

- A. An administrator shall ensure that a substance abuse transitional facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or
  2. An alternative method to ensure participant safety that is documented and approved by the local jurisdiction.
- B. An administrator shall ensure that:
1. If a participant has a mobility, sensory, or other physical impairment, modifications are

made to the premises to ensure that the premises are accessible to and usable by the participant; and

2. A substance abuse transitional facility has:
  - a. A room that provides privacy for a participant to receive treatment or visitors; and
  - b. A common area and a dining area that:
    - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
    - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the participants and other individuals in the facility.

C. An administrator shall ensure that:

1. For every six participants, there is at least one working toilet that flushes and one sink with running water;
2. For every eight participants, there is at least one working bathtub or shower;
3. A participant bathroom provides privacy when in use and contains:
  - a. A shatter-proof mirror;
  - b. Toilet tissue for each toilet;
  - c. Soap accessible from each sink;
  - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one participant;
  - e. A window that opens or another means of ventilation; and
  - f. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;
4. Each participant is provided a bedroom for sleeping; and
5. A participant bedroom complies with the following:
  - a. Is not used as a common area;
  - b. Except as provided in subsection (D):
    - i. Contains a door that opens into a hallway, common area, or outdoors; and
    - ii. In addition to the door in subsection (C)(5)(b)(i), contains another means of egress;
  - c. Is constructed and furnished to provide unimpeded access to the door;
  - d. Has window or door covers that provide participant privacy;
  - e. Except as provided in subsection (D), is not used as a passageway to another

bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;

- f. Has floor to ceiling walls:
  - g. Is a:
    - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
    - ii. Shared bedroom that, except as provided in subsection (D):
      - (1) Is shared by no more than eight participants;
      - (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
      - (3) Provides at least three feet of floor space between beds or bunk beds;
  - h. Except as provided in subsection (D), contains for each participant occupying the bedroom:
    - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
    - ii. Individual storage space for personal effects and clothing such as a dresser or chest; and
  - i. Has sufficient lighting for participant occupying the bedroom to read.
- D. An administrator of a substance abuse transitional facility that uses a building that was licensed as a rural substance abuse transitional center before October 1, 2013 shall ensure that:
- 1. A bedroom has a door that allows egress from the bedroom,
  - 2. A shared bedroom contains enough space to allow each participant occupying the bedroom to freely move about the bedroom,
  - 3. A bed is of a sufficient size to accommodate a participant using the bed and provide space for all parts of the participant's body on the bed's mattress, and
  - 4. A participant is provided storage space on a substance abuse transitional facility's premises that is accessible to the participant.

**R9-10-1417. Renumbered**