Behavioral Health
Residential Facilities

Rules Update and FAQs

Final rules filed with the Arizona Secretary of State on April 29, 2014
Final version of Behavioral Health Residential Facilities Rules

• The final version of Articles 1, 7, 16, & 18 were filed on April 29, 2014.
• Implementation is July 1, 2014.
• There will be no more changes made to these rules. These are it.
• Some rules in this presentation have been paraphrased or had emphasis added for clarity.
Important changes since Oct. 1st

• This presentation will summarize many of the important changes, as well as familiarize you with the rules in general; however, it will not cover ALL changes to the rules.

• It is your responsibility to ensure you are aware of the rules as they apply to your facility.

• You can find the most up-to-date copy of the rules at our website:
  http://www.azdhs.gov/als/residential/
A Note About Renewal Applications

- Renewal applications are due to the Bureau no later than 60 days prior to the expiration date on the license.
- An application received 59 or fewer days prior to the license expiration date will result in the assessment of a civil penalty of $250.00 for a first offense.
- Subsequent offenses will result in higher penalties.
Application forms

Application forms can be downloaded and printed from our website at:

http://www.azdhs.gov/als/forms/residential.htm

– The application can be filled out and saved to your computer.
Article 1

• Tuberculosis Screening

• Behavioral Health Professionals, Technicians, & Paraprofessionals

• Collaborating Health Care Institutions
Tuberculosis ("TB") Testing

• Acceptable documentation of freedom from infectious TB [as per R9-10-113(1)(a)]:
  – Mantoux (PPD) skin test OR
  – A written statement signed by a medical practitioner that the person is free from infectious TB

• This statement MAY be based on a chest X-ray, but it does not have to be.
• If a chest X-ray report is used, it must indicate that the person is free from infectious TB and have the signature of a medical practitioner.
Tuberculosis ("TB") Screening

• The TB test must be both administered and read prior to:
  – An employee working at the facility, if that employee is expected to have 8 hours of direct interaction with residents per week.
  – A resident’s 8th day in the facility (documentation of freedom from TB for a resident must be obtained within 7 days of admission).

• The documentation of freedom from TB must be no more than twelve months old.
Tuberculosis ("TB") Screening

• Documentation of freedom from TB must be obtained every 12 months.
• The documentation must be dated within 30 calendar days before or after the anniversary of the most recent TB documentation.
• The tuberculosis infection control program referenced in R9-10-113(2) is optional and takes the place of the above requirements.
• If a resident is receiving respite services, documentation is not required unless the resident is expected to be present for more than 7 days.
Behavioral Health Professionals, Technicians, & Paraprofessionals

- A Behavioral Health Professional (BHP) may be:
  - Licensed by the Board of Behavioral Health Examiners
    - LPC, LCSW, LMFT, LISAC
    - LAC, LMSW, LBSW, LAMFT, LASAC
Behavioral Health Professionals, Technicians, & Paraprofessionals

- A BHP may also be:
  - Psychiatrist
  - Psychologist
  - Physician (MD or DO)
  - Behavior Analyst
  - Registered Nurse Practitioner (if licensed as an adult psychiatric and mental health nurse)
  - Registered Nurse
An important note regarding any BHP

A BHP must work within their **scope of practice**.

This is based on their independent licensing board, education, experience, statutes, & rules.

**Example:** A Behavior Analyst whom cannot provide specific treatment modalities (see [A.R.S. § 32-2091](#))

**Example:** An RN who has certification to provide counseling/psychotherapy (i.e. - Clinical Nurse Specialist; see R4-19 & [A.R.S. § 32-1601](#))
Clinical Oversight vs. Supervision

• BHT’s must receive clinical oversight (formerly known as clinical supervision) from a BHP

• BHPP’s must receive supervision from a BHP
Clinical Oversight for a BHT

• Clinical oversight is:
  – Provided after a BHT performs a behavioral health service.
  – Provided by a BHP, not another BHT
  – Provided once during any two week span the behavioral health service is provided.
  – Based on how many hours, how often, and what topics the licensee determines in their policies & procedures.

  • Remember: Clinical oversight is in relation to the BH services provided. General job duties, house meetings, etc. are not clinical oversight.
Supervision for a BHPP

• Supervision is:
  – Provided at the same time the BHPP is performing a behavioral health service.
  – Provided by a BHP. The BHP needs to be directly responsible for the BHPP (meaning the BHP must be able to intervene during the BHPP’s provision of BH services).

• Remember: A BHPP cannot perform a BH service independently, or with clinical oversight. The BHPP needs supervision.
Who can be a BHT or BHPP?

This is up to the licensee and their policies & procedures. The Department no longer specifies experience/education required to be a BHT or BHPP.

The Department will survey to the licensee’s P&P’s.
What is a behavioral health service?

• Assessments
• Treatment Plans
• Any treatment modality that would need to be performed by an independently licensed individual.
  – Medication services and personal care services are not behavioral health services.
Collaborating Health Care Institution R9-10-118

• Specific to Behavioral Health Respite Homes (Article 16) & Adult Behavioral Health Therapeutic Homes (Article 18).
• Must be a licensed Outpatient Treatment Center (OTC).
• Approves the policies & procedures and the scope of services for the Respite or Therapeutic Home.
• Provides clinical oversight, if applicable.
Article 7
Abuse/Neglect/Exploitation

• R9-10-703.H: The rule has been changed to read “If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect or exploitation has occurred on the premises...”
• This is the same language used in A.R.S. § 46-454.
• The requirement to submit a written report of the facility’s investigation to the Department in R9-10-703.H.5 has been removed.
What to report to the Department...

• R9-10-703.F – An administrator shall provide written notification to the Department of a resident’s:
  
  • (a) Death within one working day (A.R.S. § 11-593)
  • (b) Self-injury or accident requiring emergency medical services within two working days

• NOTE: AWOL’s are no longer reported to the Department; HOWEVER, a written log for unauthorized absences must be maintained per R9-10-703.I.7
Policies & Procedures

• The rules require facilities to establish, document, and implement Policies and Procedures (P&Ps) to protect the health and safety of a resident.

• Changes to the required P&Ps have been made since Oct. 1st. Please carefully review the new requirements.

• Surveys will be conducted based on the outcomes and the facility’s Policies & Procedures (P&Ps).
Policies & Procedures

• R9-10-703.C.3: P&Ps must be reviewed at least once every three years and updated as needed.
• R9-10-703.C.4: P&Ps are available to personnel members, employees, volunteers, and students.
Required Personnel

• The facility must have a BHP & RN available on-site or on-call at all times.

• R9-10-703.D: If the facility has a licensed capacity of **ten (10) or more**, an administrator shall designate a Clinical Director who:
  – Provides direction for the behavioral health services provided by or at the facility,
  – Is a BHP, and
  – May be the same individual as the administrator, if the individual meets the above requirements.
Personnel Requirements

• R9-10-706.A – An administrator shall ensure...

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

An Employee is at least 18 years old
A Student is at least 18 years old
A volunteer is at least 21 years old
Personnel Requirements

- R9-10-706.F.1-2. – A personnel member, employee, volunteer, or student must provide documentation of freedom from tuberculosis if the individual is expected to have 8 hours of direct interaction with residents per week.
Personnel Qualifications

• An administrator shall ensure the qualifications, skills, and knowledge are based on the facility job descriptions and the acuity of the residents receiving services.

• These requirements are based upon the facility’s P&P’s. The Department no longer has guidelines.

• The facility’s P&P’s will determine the amount of ongoing in-service education and orientation.
Admission & Assessment

• A resident must receive a **medical history/physical exam or nursing assessment** within 30 days before, or 7 days after, admission.

• If the **exam/assessment** is conducted before admission, the physician (physical exam) or RN (nursing assessment) enters an interval note (documenting accuracy and/or changes since the exam/assessment was performed) within 7 days of admission.
Admission & Assessment

• A **behavioral health assessment** is completed before treatment for the resident is initiated:
  – If it is completed by a BHT or an RN (not acting as a BHP), a BHP must review and sign within 24 hours.
  – If it is completed by a BHPP, the BHP must be present during the assessment.
  – Assessments must be placed in the medical record within 48 hours of review and/or completion.
  – Assessments are updated as treatment changes (no longer required to be updated annually).
Behavioral Health Assessments

• Documents a resident’s:
  • Presenting issue
  • Substance abuse history
  • Co-occurring disorder
  • Legal history (including custody, guardianship and pending litigation)
  • Criminal justice record
  • Family history
  • Behavioral health treatment history
  • Symptoms reported by the resident
  • Referrals needed (if any)
Behavioral Health Assessments

• Includes
  • Recommendations for further assessment or examination of the resident’s needs
  • **The physical health services or ancillary services to be provided until the treatment plan is completed**
  • The signature and date signed of the personnel member conducting the assessment
Admission & Assessment

• A facility must obtain documentation of freedom from tuberculosis within 7 days of admission.
Respite Services
(provided in a BH Residential; not BH Respite Homes)

• A physical exam or nursing assessment is performed at admission, and a treatment plan is developed, unless:
  – Either are available in the record from a previous admission to the facility and dated within 12 months.

• Documentation of freedom from tuberculosis is obtained if the individual is expected to be at the facility for more than 7 days.
Treatment Plans

• R9-10-708 - An administrator shall ensure a treatment plan is:
  • Developed and implemented for each resident that is based on the medical history and physical examination or nursing assessment and the behavioral health assessment and ongoing changes to the behavioral health assessment.
  • Completed by a BHP or a BHT receiving clinical oversight (BHPP’s cannot develop a treatment plan).
  • Completed before the resident receives behavioral health services or within 48 hours after the assessment is completed.
  • Treatment plans are updated according to the review date or when the assessment changes (no longer required to be updated annually).
Resident is admitted.

Behavioral health assessment is completed.
  - Within 48 hours of admission & filed in the medical record

BHP reviews assessment.
  - Within 24 hours of completion.

Behavioral health services begin

Physical health & ancillary services begin.

Treatment plan completed
  - Within 48 hours of completion of assessment & filed in the medical record

BHP reviews treatment plan.
  - Within 24 hours of completion of treatment plan.
Discharge Planning

• R9-10-709 - A discharge plan:
  • Is developed that:
    (a) Identifies any specific needs of the resident after discharge
    (b) Is completed before discharge occurs
    (c) Includes a description of the level of care that may meet the resident’s assessed and anticipated needs after discharge
  • Is documented in the medical record within 48 hours after completed
  • Provided to the resident or representative before discharge occurs
Discharge Summary

- R9-10-709.G – A discharge summary is entered in the medical record within 10 working days after a resident’s discharge and includes the following information authenticated by a BHP or medical practitioner:
  - The resident’s presenting issue and other physical health and behavioral health issues identified in the treatment plan
  - A summary of treatment provided
  - The resident’s progress in meeting goals, including goals that were not achieved
  - The name, dosage, and frequency of each medication ordered at the time of discharge
Transport and Transfer

• Transport – the resident will return to the behavioral health facility
  – R9-10-710.B.1-4. Transport does not apply to transportation:
    • To somewhere other than a health care institution
    • Provided by the resident or their representative
    • Arranged by the resident or their representative
    • To another health care institution in an emergency

• Transfer – the resident is not returning to the behavioral health facility
Physical Health Services

• If a Behavioral Health Residential Facility wants to provide personal care services, the services must be provided by a certified caregiver per the Board of Nursing Care Administrators and Assisted Living Facility Managers (NCIA).

• The facility must follow the rules in R9-10-814(A)(C)(D)&(E).
Medication Services

• R9-10-718.A.1 – An administrator shall ensure P&P’s for medication services include:

  • A process for providing information to a resident about medication prescribed including:
    – The prescribed medication’s anticipated results
    – The prescribed medication’s potential adverse reactions
    – The prescribed medication’s potential side effects
    – Potential adverse reactions that could result from not taking the medication as prescribed

  • Procedures for preventing, responding to and reporting:
    – A medication error
    – An adverse reaction to a medication
    – A medication overdose
Medication Services

• R9-10-718.A.1 – An administrator shall ensure P&P’s for medication services include:
  • Procedures to ensure a resident’s medication regimen is reviewed by a medical practitioner to ensure it meets the resident’s needs
  • Procedures for documenting medication administration and assistance in the self administration of medication
  • A process for monitoring a resident who self administers medication
  • Procedures for assisting the resident in obtaining medication
  • Procedures for providing medication administration or assistance in the self administration of medication off the premises
Self-administration of Medication

- R9-10-101.184 means a resident having access to and control of the resident’s medication and may include the resident receiving limited support while taking the medication.
  - Facility does not lock or store medication; resident must have access at all times.
  - Facility does not inventory medication.
  - Limited support may include:
    - General reminders to take medication or asking if resident had taken medications that day.
    - Retrieving medication containers for the resident or opening the medication container, if the resident is physically unable and requests the assistance.
Medication Administration

• Medication administered to a resident is in compliance with an order and is documented in the resident’s record.

• Reference R9-10-712.C.22 for pain & PRN medication – this ONLY applies to medication administration, NOT assistance in the self-administration of medication
Assistance in Self-Administration of Medication

- R9-10-718.C.2.d: To verify that medications are given as ordered, confirm:
  - i. The person getting the medication is the person named on the medication container label;
  - ii. The dosage is as stated on the medication container label or according to a newer order; and
  - iii. The medication is given at the time stated on the medication label or according to a newer order.
Drug and toxicology reference guides

- R9-10-718.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.

  - These references can be “online,” as long as they are available at all times.
  - A common toxicology reference is TOXNET, which can be found at: http://toxnet.nlm.nih.gov/
  - Current means the publication has not been updated and is not out-of-date (i.e. – 1982 PDR)
Food Services

- R9-10-719.A.4 – A behavioral health residential facility must employ a registered dietician either full time, part time or as a consultant.

- R9-10-719.A.5 – If a registered dietician is not employed full time, and individual is designated as a director of food services who consults with the registered dietician as often as necessary to meet the nutritional needs of the residents.
Disaster & Evacuation Drills

• R9-10-720.B.4: Disaster drills (not the same as evacuation drills) for employees must be conducted once every three months on each shift.

• R9-10-720.B.5: Evacuation drills for employees and residents must be conducted at least once every six months.

• Disaster and evacuation drills must be documented.
Behavioral Health Respite Homes (Article 16) & Adult Behavioral Health Therapeutic Homes (Article 18)

• License can be issued to 1 or 2 providers.
• Agreement with a collaborating health care institution must exist. It is an application requirement. If the collaborating HCI changes, the licensee must inform the Department.
• Can provide behavioral health services according to the treatment plan developed by the collaborating HCI.
• Can provide assistance in the self-administration of medication.
Behavioral Health Respite Homes (Article 16)

• For adults, maximum of 3 recipients.
• For children, maximum of 3 recipients, unless 2 or more are siblings, then a maximum of 4.
• At least one provider must be on-site at all times.
• Providers must have CPR & 1st aid training appropriate for the population served.
Adult Behavioral Health Therapeutic Homes (Article 18)

- Maximum of 3 adult residents.
- Licensee must list at least one backup provider.
- If the provider, or providers, are going to be away from the home, a backup provider must be on-site.
- Providers, and backup providers, must have CPR & 1st aid training appropriate for the population served.
Resources


Bureau of Residential Facilities Licensing Website: http://www.azdhs.gov/als/residential/

Arizona Revised Statutes: http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=36

BRFL contact phone numbers:

Phoenix office: 602-364-2639
602-324-5872 (FAX)

Tucson office: 520-628-6965
520-628-6991 (FAX)