

**ARTICLE 10. OUTPATIENT TREATMENT CENTERS**

Section

- R9-10-1001. Definitions
- R9-10-1002. Supplemental Application Requirements
- R9-10-1003. Administration
- R9-10-1004. Quality Management
- R9-10-1005. Contracted Services
- R9-10-1006. Personnel
- R9-10-1007. Transport; Transfer
- R9-10-1008. Patient Rights
- R9-10-1009. Medical Records
- R9-10-1010. Medication Services
- R9-10-1011. Behavioral Health Services
- R9-10-1012. Behavioral Health Observation/Stabilization Services
- R9-10-1013. Court-ordered Evaluation
- R9-10-1014. Court-ordered Treatment
- R9-10-1015. Clinical Laboratory Services
- R9-10-1016. Crisis Services
- R9-10-1017. Diagnostic Imaging Services
- R9-10-1018. Dialysis Services
- R9-10-1019. Emergency Room Services
- R9-10-1020. Opioid Treatment Services
- R9-10-1021. Pain Management Services
- R9-10-1022. Physical Health Services
- R9-10-1023. Pre-petition Screening
- R9-10-1024. Rehabilitation Services
- R9-10-1025. Respite Services
- R9-10-1026. Sleep Disorder Services
- R9-10-1027. Urgent Care Services Provided in a Freestanding Urgent Care Setting
- R9-10-1028. Infection Control
- R9-10-1029. Emergency and Safety Standards
- R9-10-1030. Physical Plant, Environmental Services, and Equipment Standards
- R9-10-1031. Colocation Requirements

## ARTICLE 10. OUTPATIENT TREATMENT CENTERS

### R9-10-1001. 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 room services” means medical services provided to a patient in an emergency.

### R9-10-1002. Supplemental Application Requirements

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

1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
2. A request to provide one or more of the following services:
  - a. Behavioral health services and, if applicable;
    - i. Behavioral health observation/stabilization services,
    - ii. Children's behavioral health services,
    - iii. Court-ordered evaluation,
    - iv. Court-ordered treatment,
    - v. Counseling,
    - vi. Crisis services,
    - vii. Opioid treatment services,
    - viii. Pre-petition screening,
    - ix. Respite services,
    - x. Respite services for children on the premises,
    - xi. DUI education,
    - xii. DUI screening,
    - xiii. DUI treatment, or
    - xiv. Misdemeanor domestic violence offender treatment;
  - b. Diagnostic imaging services;
  - c. Clinical laboratory services;
  - d. Dialysis services;
  - e. Emergency room services;
  - f. Pain management services;

- g. Physical health services;
      - h. Rehabilitation services;
      - i. Sleep disorder services; or
      - j. Urgent care services provided in a freestanding urgent care center setting.
- B. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an:
  - 1. Affiliated outpatient treatment center, as defined in R9-10-1901, applying for an initial or renewal license for the affiliated outpatient treatment center shall submit, in a format provided by the Department, the following information for each counseling facility for which the affiliated outpatient treatment center is providing administrative support:
    - a. Name, and
    - b. Either:
      - i. The license number assigned to the counseling facility by the Department; or
      - ii. If the counseling facility is not currently licensed, the:
        - (1) Counseling facility's street address, and
        - (2) Date the counseling facility submitted to the Department an application for an initial health care institution license; and
  - 2. Outpatient treatment center, applying for an initial or renewal license that includes a request for authorization to provide respite services for children on the premises, shall include the requested respite capacity, as defined in R9-10-1025(A).

**R9-10-1003. Administration**

- A. If an outpatient treatment center is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) or (G), the hospital's governing authority is the governing authority for the outpatient treatment center.
- B. A governing authority shall:
  - 1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;
  - 2. Establish, in writing:
    - a. An outpatient treatment center's scope of services, and
    - b. Qualifications for an administrator;
  - 3. Designate, in writing, an administrator who has the qualifications established in subsection (B)(2)(b);

4. Adopt a quality management program according to R9-10-1004;
  5. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;
  6. Designate, in writing, an acting administrator who has the qualifications established in subsection (B)(2)(b) if the administrator is:
    - a. Expected not to be present on an outpatient treatment center's premises for more than 30 calendar days, or
    - b. Not present on an outpatient treatment center's premises for more than 30 calendar days; and
  7. Except as provided in subsection (B)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.
- C. An administrator:
1. Is directly accountable to the governing authority for the daily operation of the outpatient treatment center and all services provided by or at the outpatient treatment center;
  2. Has the authority and responsibility to manage the outpatient treatment center; and
  3. Except as provided in subsection (B)(6), designates, in writing, an individual who is present on the outpatient treatment center's premises and accountable for the outpatient treatment center when the administrator is not available.
- D. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient 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 patient;
    - d. Cover the requirements in 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 an individual has received cardiopulmonary resuscitation training;
  - f. Cover first aid training;
  - g. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
  - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
  - i. Cover health care directives;
  - j. Cover medical records, including electronic medical records;
  - k. Cover quality management, including incident report and supporting documentation; and
  - l. Cover contracted services;
- 2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover patient screening, admission, assessment, transport, transfer, discharge planning, and discharge;
  - b. Cover the provision of medical services, nursing services, health-related services, and ancillary services;
  - c. Include when general consent and informed consent are required;
  - d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
  - e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
  - f. Cover infection control;
  - g. Cover telemedicine, if applicable;
  - h. Cover environmental services that affect patient care;
  - i. Cover specific steps for:
    - i. A patient to file a complaint, and

- ii. An outpatient treatment center to respond to a complaint;
  - j. Cover smoking tobacco products on an outpatient treatment center's premises;  
and
  - k. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
- 3. Outpatient treatment center policies and procedures are:
  - a. Reviewed at least once every three years and updated as needed, and
  - b. Available to personnel members and employees;
- 4. 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 an outpatient treatment center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient treatment center;
- 5. The following are conspicuously posted:
  - a. The current license for the outpatient treatment center issued by the Department;
  - b. The name, address, and telephone number of the Department;
  - c. A notice that a patient may file a complaint with the Department about the outpatient treatment center;
  - d. One of the following:
    - i. A schedule of rates according to A.R.S. § 36-436.01(C), or
    - ii. A notice that the schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;
  - e. A list of patient rights;
  - f. A map for evacuating the facility; and
  - g. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and
- 6. Patient follow-up instructions are:
  - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member's advice; and
  - b. Documented in the patient's medical record.

- E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from an outpatient treatment center's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
  - 1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
  - 2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from an outpatient treatment center's employee or personnel member, an 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 patient as follows:
    - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
  - 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 patient related to the suspected abuse or neglect and any change to the patient'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. If an outpatient treatment center is an affiliated outpatient treatment center as defined in R9-10-1901, an administrator shall ensure that the outpatient treatment center complies with the requirements for an affiliated outpatient treatment center in 9 A.A.C. 10, Article 19.

**R9-10-1004. Quality Management**

An administrator shall ensure that:

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

**R9-10-1005. 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.

**R9-10-1006. Personnel**

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 physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures;
  3. Sufficient personnel members are present on an outpatient treatment center's premises with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the outpatient treatment center's scope of services,
    - b. Meet the needs of a patient, and
    - c. Ensure the health and safety of a patient;
  4. A personnel member only provides physical health services or behavioral health services the personnel member is qualified to provide;
  5. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
  6. A personnel member completes orientation before providing medical services, nursing services, or health-related services to a patient;

7. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
8. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
9. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the in-service education, and
  - c. The subject or topics covered in the in-service education;
10. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
11. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
  - a. The individual's name, date of birth, and contact telephone number;
  - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date;
  - c. Documentation of:
    - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - ii. The individual's education and experience applicable to the individual's job duties;
    - iii. The individual's completed orientation and in-service education as required by policies and procedures;
    - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable; and
    - vii. Cardiopulmonary resuscitation training, if the individual is required to have cardiopulmonary resuscitation training according to this Article or policies and procedures; and
12. The record in subsection (A)(11) is:

- a. Maintained while an individual provides services for or at the outpatient treatment center and for at least 24 months after the last date the employee or volunteer provided services for or at the outpatient treatment center; and
- b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

**R9-10-1007. Transport; Transfer**

- A. Except as provided in subsection (B), an administrator shall ensure that:
  1. A personnel member coordinates the transport and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before and after the transport,
    - b. Information from the patient's medical record is provided to a receiving health care institution,
    - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
    - d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution;
  3. The patient's medical record includes documentation of:
    - a. Communication or lack of communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the patient during a transport.
- B. Subsection (A) does not apply to:
  1. Transportation to a location other than a licensed health care institution,
  2. Transportation provided for a patient by the patient or the patient's representative,
  3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
  4. A transport to another licensed health care institution in an emergency.
- C. Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
  1. A personnel member coordinates the transfer and the services provided to the patient;
  2. According to policies and procedures:

- a. An evaluation of the patient is conducted before the transfer;
  - b. Information from the patient'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 patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
- a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**R9-10-1008. Patient Rights**

- A. An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Except as allowed in R9-10-1012(B), restraint or seclusion;

- i. Retaliation for submitting a complaint to the Department or another entity; or
    - j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and
  3. A patient or the patient's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
    - d. Is informed of the following:
      - i. The outpatient treatment center's policy on health care directives, and
      - ii. The patient complaint process;
    - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
    - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records.
- C. A patient has the following rights:
  1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
  3. To receive privacy in treatment and care for personal needs;
  4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  5. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
  6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
  7. To participate or refuse to participate in research or experimental treatment; and
  8. To receive assistance from a family member, the patient's representative, or other

individual in understanding, protecting, or exercising the patient's rights.

**R9-10-1009. Medical Records**

- A. An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  4. If a rubber-stamp signature or an electronic signature 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 patient's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
    - c. As permitted by law;
  6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
  7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If an outpatient treatment center maintains patients' 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 patient's medical record contains:
1. Patient information that includes:
    - a. Except as specified in A.A.C. R9-6-1005, the patient's name and address;
    - b. The patient's date of birth; and
    - c. Any known allergies, including medication allergies;
  2. A diagnosis or reason for outpatient treatment center services;
  3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
  4. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient'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, if applicable, results of a physical examination;
  6. Orders;
  7. Assessment;
  8. Treatment plans;
  9. Interval notes;
  10. Progress notes;
  11. Documentation of outpatient treatment center services provided to the patient;
  12. The name of each individual providing treatment or a diagnostic procedure;
  13. Disposition of the patient upon discharge;
  14. Documentation of the patient's follow-up instructions provided to the patient;
  15. A discharge summary;
  16. If applicable:
    - a. Laboratory reports,
    - b. Radiologic reports,

- c. Sleep disorder reports,
  - d. Diagnostic reports, and
  - e. Consultation reports;
17. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual, other than actions taken while providing behavioral health observation/stabilization services; and
18. Documentation of a medication administered to the patient that includes:
- a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain:
    - i. An assessment of the patient's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication:
    - i. An assessment of the patient's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
  - f. Any adverse reaction a patient has to the medication; and
  - g. For prepacked or sample medication provided to the patient for self-administration, the name, strength, dosage, amount, route of administration, and expiration date.

**R9-10-1010. Medication Services**

- A. If an outpatient treatment center provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
- 1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and



- iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
    - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
    - e. Procedures for assisting a patient in obtaining medication; and
    - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  - 2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. If an outpatient treatment center provides medication administration, an administrator shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
    - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient'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 patient is:
    - a. Administered in compliance with an order, and
    - b. Documented in the patient's medical record.
- C. If an outpatient treatment center provides assistance in the self-administration of medication, an administrator shall ensure that:
  - 1. A patient's medication is stored by the outpatient treatment center;

2. The following assistance is provided to a patient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the patient;
    - c. Observing the patient while the patient removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      - i. The patient taking the medication is the individual stated on the medication container label,
      - ii. The patient is taking the dosage of the medication stated on the medication container label, and
      - iii. The patient is taking the medication at the time stated on the medication container label; or
    - e. Observing the patient while the patient 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; and
    - 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 patient is:
    - a. In compliance with an order, and
    - b. Documented in the patient's medical record.
- D. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members;
  3. If pharmaceutical services are provided:
    - a. The pharmaceutical services are provided under the direction of a pharmacist;
    - b. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - c. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at an outpatient treatment center, an administrator shall ensure that:
1. 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 on 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 patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient treatment center's clinical director.

**R9-10-1011. Behavioral Health Services**

- A. An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
1. The outpatient treatment center does not provide a behavioral health service the outpatient treatment center is not authorized to provide;
  2. The behavioral health services provided by or at the outpatient treatment center:
    - a. Are provided under the direction of a behavioral health professional; and
    - b. Comply with the requirements:
      - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115, and
      - ii. For an assessment, in subsection (B);

3. A personnel member who provides behavioral health services is:
    - a. At least 21 years of age; or
    - b. At least 18 years of age and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice; and
  4. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner and an employee or a volunteer comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.
- B. An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
1. Except as provided in subsection (B)(2), a behavioral health assessment for a patient is completed before treatment for the patient is initiated;
  2. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the outpatient treatment center or the outpatient treatment center has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission:
    - a. The patient's assessment information is reviewed and updated if additional information that affects the patient's assessment is identified, and
    - b. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed;
  3. If a behavioral health assessment is conducted by a:
    - a. Behavioral health technician or a registered nurse, within 72 hours a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the patient; or
    - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the behavioral health services needed by the patient;
  4. A behavioral health assessment:
    - a. Documents a patient's:

- i. Presenting issue;
    - ii. Substance abuse history;
    - iii. Co-occurring disorder;
    - iv. Medical condition and history;
    - v. Legal history, including:
      - (1) Custody,
      - (2) Guardianship, and
      - (3) Pending litigation;
    - vi. Criminal justice record;
    - vii. Family history;
    - viii. Behavioral health treatment history; and
    - ix. Symptoms reported by the patient and referrals needed by the patient, if any;
  - b. Includes:
    - i. Recommendations for further assessment or examination of the patient's needs;
    - ii. The behavioral health services, physical health services, or ancillary services that will be provided to the patient; and
    - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
  - c. Is documented in patient's medical record;
5. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
6. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
7. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
8. Documentation of the request in subsection (B)(6) and the opportunity in subsection (B)(7) is in the patient's medical record;
9. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
10. If information in subsection (B)(4)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is

documented in the patient's medical record within 48 hours after the information is obtained;

11. Counseling is:
    - a. Offered as described in the outpatient treatment center's scope of services,
    - b. Provided according to the frequency and number of hours identified in the patient's assessment, and
    - c. Provided by a behavioral health professional or a behavioral health technician;
  12. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  13. Each counseling session is documented in the patient's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.
- C. An administrator of an outpatient treatment center authorized to provide behavioral health services may request to provide any of the following to individuals required to attend by a referring court:
1. DUI screening,
  2. DUI education,
  3. DUI treatment, or
  4. Misdemeanor domestic violence offender treatment.
- D. An administrator of an outpatient treatment center authorized to provide the services in subsection (C):
1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
  2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

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

- A. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:

1. Behavioral health observation/stabilization services are available 24 hours a day, every calendar day;
2. Behavioral health observation/stabilization services are provided in a designated area that:
  - a. Is used exclusively for behavioral health observation/stabilization services;
  - b. Has the space for a patient to receive privacy in treatment and care for personal needs; and
  - c. For every 15 observation chairs or less, has at least one bathroom that contains:
    - i. A working sink with running water,
    - ii. A working toilet that flushes and has a seat,
    - iii. Toilet tissue,
    - iv. Soap for hand washing,
    - v. Paper towels or a mechanical air hand dryer,
    - vi. Lighting, and
    - vii. A means of ventilation;
3. If the outpatient treatment center is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age:
  - a. There is a separate designated area for providing behavioral health observation/stabilization services to individuals under 18 years of age that:
    - i. Meets the requirements in subsection (B)(2), and
    - ii. Has floor to ceiling walls that separate the designated area from other areas of the outpatient treatment center;
  - b. A registered nurse is present in the separate designated area; and
  - c. A patient under 18 years of age does not share any space, participate in any activity or treatment, or have verbal or visual interaction with a patient 18 years of age or older;
4. A medical practitioner is available;
5. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;
6. A registered nurse is present and provides direction for behavioral health observation/stabilization services in the designated area;
7. A nurse monitors each patient at the intervals determined according to subsection (A)(12) and documents the monitoring in the patient's medical record;
8. An individual who arrives at the designated area for behavioral health

- observation/stabilization services in the outpatient treatment center is screened within 30 minutes after entering the designated area to determine whether the individual is in need of immediate physical health services;
9. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:
    - a. Able to provide according to the outpatient treatment center's scope of services, the individual is examined by a medical practitioner within 30 minutes after being screened; or
    - b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;
  10. If a screening indicates that an individual needs behavioral health observation/stabilization services and the outpatient treatment center has the capabilities to provide the behavioral health observation/stabilization services, the individual is admitted to the designated area for behavioral health observation/stabilization services and may remain in the designated area and receive observation/stabilization services for up to 23 hours and 59 minutes;
  11. Before a patient is discharged from the designated area for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:
    - a. If the behavioral health observation/stabilization services are provided in a health care institution that also provides inpatient services and is capable of meeting the patient's needs, admitted to the health care institution as an inpatient;
    - b. Transferred to another health care institution capable of meeting the patient's needs;
    - c. Provided a referral to another entity capable of meeting the patient's needs; or
    - d. Discharged and provided patient follow-up instructions;
  12. When a patient is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the patient includes the interval for monitoring the patient based on the patient's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the patient;
  13. If a patient is not being admitted as an inpatient to a health care institution, before discharging the patient from a designated area for behavioral health observation/stabilization services, a personnel member:
    - a. Identifies the specific needs of the patient after discharge necessary to assist the



- patient to function independently;
  - b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the patient; and
  - c. Documents the information in subsection (A)(13)(a) and the resources in subsection (A)(13)(b) in the patient's medical record;
- 14. When a patient is discharged from a designated area for behavioral health observation/stabilization services, a personnel member:
  - a. Provides the patient with discharge information that includes:
    - i. The identified specific needs of the patient after discharge, and
    - ii. Resources that may be available for the patient;
  - b. Contacts any resources identified as required in subsection (A)(13)(b);
- 15. Except as provided in subsection (A)(16), a patient is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge from a designated area for behavioral health observation/stabilization services;
- 16. A patient may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge if:
  - a. It is at least one hour since the time of the patient's discharge;
  - b. A law enforcement officer or the patient's case manager accompanies the patient to the outpatient treatment center;
  - c. Based on a screening of the patient, it is determined that re-admission for behavioral health observation/stabilization is necessary for the patient; and
  - d. The name of the law enforcement officer or the patient's case manager and the reasons for the determination in subsection (A)(16)(c) are documented in the patient's medical record;
- 17. A patient admitted for behavioral health observation/stabilization services is provided:
  - a. An observation chair; or
  - b. A separate piece of equipment for the patient to use to sit or recline that:
    - i. Is at least 12 inches from the floor; and
    - ii. Has sufficient space around the piece of equipment to allow a personnel member to provide behavioral health services and physical health services, including emergency services, to the patient;
- 18. If an individual is not admitted for behavioral health observation/stabilization services

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

- a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;
  - b. Establishing a method to notify the individual when there is an observation chair available;
  - c. Referring or providing transportation to the individual to another health care institution;
  - d. Assisting the individual to contact the individual's support system; and
  - e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;
19. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;
20. The log required in subsection (A)(19) is maintained for at least 12 months after the date of documentation in the log;
21. An observation chair or, as provided in subsection (A)(17)(b), a piece of equipment used by a patient to sit or recline is visible to a personnel member;
22. Except as provided in subsection (A)(23), a patient admitted to receive behavioral health observation/stabilization services is visible to a personnel member;
23. A patient admitted to receive behavioral health observation/stabilization services may use the bathroom and not be visible to a personnel member, if the personnel member:
- a. Determines that the patient is capable of using the bathroom unsupervised,
  - b. Is aware of the patient's location, and
  - c. Is able to intervene in the patient's actions to ensure the patient's health and safety; and
24. An observation chair:
- a. Effective until July 1, 2015, has space around the observation chair that allows a personnel member to provide behavioral health services and physical health services, including emergency services, to a patient in the observation chair; and
  - b. Effective on July 1, 2015, has at least three feet of clear floor space:
    - i. On at least two sides of the observation chair, and

- ii. Between the observation chair and any other observation chair.
- B. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall:
  - 1. Have a room used for seclusion that complies requirements for seclusion rooms in R9-10-316, and
  - 2. Comply with the requirements for restraint and seclusion in R9-10-316.
- C. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:
  - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover the process for:
      - i. Evaluating a patient previously admitted to the designated area to determine whether the patient is ready for admission to an inpatient setting or discharge, including when to implement the process;
      - ii. Contacting other health care institutions that provide behavioral health observation/stabilization services to determine if the patient could be admitted for behavioral health observation/stabilization services in another health care institution, including when to implement the process; and
      - iii. Ensuring that sufficient personnel members, space, and equipment are available to provide behavioral health observation/stabilization services to patients admitted to receive behavioral health observation/stabilization services; and
    - b. Establish a maximum capacity of the number of patients for whom the outpatient treatment center is capable of providing behavioral health observation/stabilization services;
  - 2. The outpatient treatment center does not:
    - a. Exceed the maximum capacity established by the outpatient treatment center in subsection (C)(1)(b); or
    - b. Admit an individual if the outpatient treatment center does not have personnel members, space, and equipment available to provide behavioral health observation/stabilization services to the individual; and
  - 3. Effective on July 1, 2015:

- a. If an admission of an individual causes the outpatient treatment center to exceed the outpatient treatment center's licensed occupancy, the individual is only admitted for behavioral health observation/stabilization services after:
  - (1) A behavioral health professional reviews the individual's screening and determines the admission is an emergency; and
  - (2) Documents the determination in the individual's medical record; and
- b. The outpatient treatment center's quality management program's plan, required in R9-10-1004(1), includes a method to identify and document each occurrence of exceeding licensed occupancy, to evaluate the occurrences of exceeding licensed occupancy, and to review the actions taken to reduce future occurrences of exceeding licensed occupancy.

**R9-10-1013. Court-ordered Evaluation**

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

**R9-10-1014. Court-ordered Treatment**

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

**R9-10-1015. Clinical Laboratory Services**

An administrator of an outpatient treatment center that is authorized to provide clinical laboratory services shall ensure that:

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

laboratory test.

**R9-10-1016. Crisis Services**

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

**R9-10-1017. Diagnostic Imaging Services**

An administrator of an outpatient treatment center that is authorized to provide diagnostic imaging services shall:

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

- iii. The diagnostic imaging procedure ordered, and
- iv. The reason for the diagnostic imaging procedure;
- d. A physician or radiologist interprets the diagnostic image; and
- e. A diagnostic imaging patient report is completed that includes:
  - i. The patient's name,
  - ii. The date of the procedure, and
  - iii. A physician's or radiologist's interpretation of the diagnostic image.

**R9-10-1018. Dialysis Services**

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

1. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.
2. "Chief clinical officer" means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.
3. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.
4. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
5. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.
6. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.
7. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
8. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
9. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
10. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.

11. "Social worker" means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the "practice of social work" as defined in A.R.S. § 32-3251.
  12. "Stable" means that a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.
  13. "Transplant surgeon" means a physician who:
    - a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and
    - b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.
- B. A governing authority of an outpatient treatment center that is authorized to provide dialysis services shall:
1. Ensure that the administrator appointed as required in R9-10-1003(B)(3) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and
  2. Appoint a chief clinical officer to direct the dialysis services provided by or at the outpatient treatment center who is a physician who:
    - a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
    - b. Has at least 12 months of experience or training in providing dialysis services.
- C. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. Long-term care plans and patient care plans,
    - b. Assigning a patient an identification number,
    - c. Personnel members' response to a patient's adverse reaction during dialysis, and
    - d. Personnel members' response to an equipment malfunction during dialysis;
  2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-114 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
  3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
    - a. Before providing dialysis services, and

- b. At least once every 12 months after the initial date of employment or volunteer service;
  4. A personnel member wears a name badge that displays the individual's first name, job title, and professional license or certification; and
  5. At least one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.
- D. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
  1. The premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date listed on the building permit or zoning clearance submitted, as required by R9-10-104, as part of the application for approval of the architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center's scope of services;
  2. Before a modification of the premises of an outpatient treatment center where dialysis services are provided is made, an application for approval of the architectural plans and specifications of the outpatient treatment center required in R9-10-104(A):
    - a. Is submitted to the Department; and
    - b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, in effect on the date:
      - i. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
      - ii. The application for approval of the architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and
  3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412 in effect on the date:
    - a. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or



- b. The application for approval of the architectural plans and specifications required in R9-10-104(A) is submitted to the Department.
- E. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that for a patient receiving dialysis services:
  1. The dialysis services provided to the patient meet the needs of the patient;
  2. A physician:
    - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
    - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
  3. If the patient's medical history and physical examination required in subsection (E)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 calendar days after the date of the medical history and physical examination:
    - a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or
    - b. Performs a medical history and physical examination that includes information specific to nephrology;
  4. The patient's nephrologist or the nephrologist's designee:
    - a. Performs a medical history and physical examination on the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center, and
    - b. Documents monthly notes related to the patient's progress in the patient's medical record;
  5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:
    - a. Reviews with the patient the results of any diagnostic tests performed on the patient;
    - b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;
    - c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care

- institution or, if there is not a registered nurse responsible, the individual responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;
- d. Informs the patient's nephrologist of any changes in the patient's medical condition or needs; and
  - e. Documents in the patient's medical record:
    - i. Any notice provided as required in subsection (E)(5)(c), and
    - ii. Monthly notes related to the patient's progress;
6. If the patient is not stable, before dialysis is provided to the patient, a nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;
7. The patient:
- a. Is under the care of a nephrologist;
  - b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(b);
  - c. Is identified by a personnel member before beginning dialysis;
  - d. Receives the dialysis services ordered for the patient by a medical practitioner;
  - e. Is monitored by a personnel member while receiving dialysis at least once every 30 minutes; and
  - f. If the outpatient treatment center reprocesses and reuses dialyzers, is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis;
8. Equipment used for hemodialysis is inspected and tested according to the manufacturer's recommendations or the outpatient treatment center's policies and procedures before being used to provide hemodialysis to a patient;
9. The equipment inspection and testing required in subsection (E)(8) is documented in the patient's medical record;
10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;
11. If hemodialysis is provided to the patient, a personnel member:
- a. Inspects the dialyzer before use to ensure that the:
    - i. External surface of the dialyzer is clean;
    - ii. Dialyzer label is intact and legible;
    - iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or

- other structural damage; and
      - iv. Dialyzer is free of visible blood and other foreign material;
    - b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
    - c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
    - d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:
      - i. The patient's name and the patient's identification number,
      - ii. The number of times the dialyzer has been used in patient treatments,
      - iii. The date of the last use of the dialyzer by the patient, and
      - iv. The date of the last reprocessing of the dialyzer;
    - e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and
    - f. Ensures that a patient's vascular access is visible to a personnel member during dialysis;
  - 12. A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;
  - 13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c);
  - 14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(d); and
  - 15. After a patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
    - a. A description of the patient's medical condition and the dialysis services provided to the patient, and
    - b. The signature of the nephrologist.
- F. If an outpatient treatment center provides support for self-dialysis services, an administrator shall ensure that:
  - 1. A patient or the patient's caregiver is:

- a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction, and
- b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;
2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;
3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);
6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
  - a. Reviewed to ensure that the patient is receiving continuity of care, and
  - b. Placed in the patient's medical record; and
7. If a patient uses self-dialysis and self-administers medication:
  - a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;
  - b. The patient and the patient's caregiver are informed of any potential:
    - i. Side effects of the medication; and
    - ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and
  - c. The patient or the patient's caregiver is:
    - i. Taught the route and technique of administration and is able to administer the medication, including injecting the medication;
    - ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication;
    - iii. Provided with instructions for the administration of the medication, including the specific route and technique the patient or the patient's caregiver has been taught to use;
    - iv. Able to read and understand the directions for using the medication;
    - v. Taught and able to self-monitor the patient's blood pressure; and

- vi. Informed how to store the medication according to the manufacturer's instructions.
- G. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a social worker is employed by the outpatient treatment center to meet the needs of a patient receiving dialysis services including:
1. Conducting an initial psychosocial evaluation of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
  2. Participating in reviewing the patient's need for social work services;
  3. Recommending changes in treatment based on the patient's psychosocial evaluation;
  4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;
  5. Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;
  6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
  7. Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
- H. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a registered dietitian is employed by the outpatient treatment center to assist a patient receiving dialysis services to meet the patient's nutritional and dietetic needs including:
1. Conducting an initial nutritional assessment of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
  2. Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;
  3. Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;
  4. Monitoring the patient's adherence and response to a prescribed diet;
  5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;
  6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
  7. Conducting a follow-up nutritional assessment of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
- I. An administrator of an outpatient treatment center that is authorized to provide dialysis services

shall ensure that a long-term care plan for each patient:

1. Is developed by a team that includes at least:
    - a. The chief clinical officer of the outpatient treatment center;
    - b. If the chief clinical officer is not a nephrologist, the patient's nephrologist;
    - c. A transplant surgeon or the transplant surgeon's designee;
    - d. A registered nurse responsible for nursing services provided to the patient;
    - e. A social worker;
    - f. A registered dietitian; and
    - g. The patient or patient's representative, if the patient or patient's representative chooses to participate in the development of the long-term care plan;
  2. Identifies the modality of treatment and dialysis services to be provided to the patient;
  3. Is reviewed and approved by the chief clinical officer;
  4. Is signed and dated by each personnel member participating in the development of the long-term care plan;
  5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;
  6. Is signed and dated by the patient or the patient's representative; and
  7. Is reviewed at least once every 12 months by the team in subsection (I)(1) and updated according to the patient's needs.
- J. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a patient care plan for each patient:
1. Is developed by a team that includes at least:
    - a. The patient's nephrologist;
    - b. A registered nurse responsible for nursing services provided to the patient;
    - c. A social worker;
    - d. A registered dietitian; and
    - e. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the patient care plan;
  2. Includes an assessment of the patient's need for dialysis services;
  3. Identifies treatment and treatment goals;
  4. Is signed and dated by each personnel member participating in the development of the patient care plan;
  5. Includes documentation signed by the patient or the patient's representative that the

- patient or the patient's representative was provided an opportunity to participate in the development of the patient care plan;
6. Is signed and dated by the patient or the patient's representative;
  7. Is implemented;
  8. Is evaluated by:
    - a. The registered nurse responsible for the dialysis services provided to the patient,
    - b. The registered dietitian providing services to the patient related to the patient's nutritional or dietetic needs, and
    - c. The social worker providing services to the patient related to the patient's psychosocial needs;
  9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
  10. Is reviewed and updated according to the needs of the patient:
    - a. At least once every six months for a patient whose medical condition is stable, and
    - b. At least once every 30 calendar days for a patient whose medical condition is not stable.
- K. In addition to the requirements in R9-10-1009(C), an administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a medical record for each patient contains:
1. An annual medical history;
  2. An annual physical examination;
  3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
  4. If applicable, documentation of:
    - a. The equipment inspection and testing required in subsection (E)(9), and
    - b. The self-dialysis required in subsection (F)(2); and
  5. If applicable, documentation of the patient's discharge.
- L. For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center that is authorized to provide dialysis services, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
1. A description of the patient's medical condition and the dialysis services provided to the

- patient, and
- 2. The signature of the nephrologist.
- M. If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reuse of Hemodialyzers, ANSI/AAMI RD47:2002 & RD47:2002/A1:2003, incorporated by reference, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.
- N. A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Hemodialysis systems, ANSI/AAMI RD5:2003, incorporated by reference, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.

**R9-10-1019. Emergency Room Services**

An administrator of an outpatient treatment center that is authorized to provide emergency room services shall ensure that:

- 1. Emergency room services are:
  - a. Available on the premises:
    - i. At all times, and
    - ii. To stabilize an individual's emergency medical condition; and
  - b. Provided:
    - i. In a designated area, and
    - ii. Under the direction of a physician;
- 2. Clinical laboratory services are available on the premises;
- 3. Diagnostic imaging services are available on the premises;
- 4. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in R9-1-412;
- 5. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that specify requirements for the use of a seclusion room;
- 6. A physician is present in an area designated for emergency room services;
- 7. A registered nurse is present in an area designated for emergency room services and



- provides direction for nursing services in the designated area;
- 8. The outpatient treatment center has a documented transfer agreement with a general hospital;
- 9. Emergency room services are provided to an individual, including a woman in active labor, requesting medical services in an emergency;
- 10. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection (8);
- 12. There is a chronological log of emergency room services provided to a patient that includes:
  - a. The patient's name;
  - b. The date, time, and mode of arrival; and
  - c. The disposition of the patient, including discharge or transfer; and
- 13. The chronological log required in subsection (12) is maintained:
  - a. In the designated area for emergency room services for at least 12 months after the date the emergency room services were provided; and
  - b. By the outpatient treatment center for a total of at least 24 months after the date the emergency room services were provided.

**R9-10-1020. Opioid Treatment Services**

- A. A governing authority of an outpatient treatment center that is authorized to provide opioid treatment services shall:
  - 1. Ensure that the outpatient treatment center obtains certification by the Substance Abuse and Mental Health Services Administration before providing opioid treatment,
  - 2. Maintain a current Substance Abuse and Mental Health Services Administration certificate for the outpatient treatment center on the premises, and
  - 3. Ensure that the administrator appointed as required in R9-10-1003(B)(3) is named on the Substance Abuse and Mental Health Services Administration certificate as the individual responsible for the opioid treatment services provided by or at the outpatient treatment center.
- B. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that:
  - 1. In addition to the policies and procedures required in R9-10-1003(D), policies and

procedures are established, documented, and implemented to protect the health and safety of a patient that:

- a. Include the criteria for receiving opioid treatment services and address:
  - i. Comprehensive maintenance treatment consisting of dispensing or administering an opioid agonist treatment medication at stable dosage levels to a patient for a period in excess of 21 calendar days and providing medical and health-related services to the patient, and
  - ii. Detoxification treatment that occurs over a continuous period of more than 30 calendar days;
- b. Include the criteria and procedures for discontinuing opioid treatment services;
- c. Address the needs of specific groups of patients, such as patients who:
  - i. Are pregnant;
  - ii. Are children;
  - iii. Have chronic or acute medical conditions such as HIV infection, hepatitis, diabetes, tuberculosis, or cardiovascular disease;
  - iv. Have a mental disorder;
  - v. Abuse alcohol or other drugs; or
  - vi. Are incarcerated or detained;
- d. Contain a method of patient identification to ensure the patient receives the opioid treatment services ordered;
- e. Contain methods to assess whether a patient is receiving concurrent opioid treatment services from more than one health care institution;
- f. Contain methods to ensure that the opioid treatment services provided to a patient by or at the outpatient treatment center meet the patient's needs;
- g. Include relapse prevention procedures;
- h. Include for laboratory testing:
  - i. Criteria for the assessment of a patient's opioid agonist blood levels,
  - ii. Procedures for specimen collection and processing to reduce the risk of fraudulent results, and
  - iii. Procedures for conducting random drug testing of patients receiving an opioid agonist treatment medication;
- i. Include procedures for the response of personnel members to a patient's adverse reaction during opioid treatment; and
- j. Include criteria for dispensing one or more doses of an opioid agonist treatment

- medication to a patient for use off the premises and address:
  - i. Who may authorize dispensing,
  - ii. Restrictions on dispensing, and
  - iii. Information to be provided to a patient or the patient's representative before dispensing;
- 2. A physician provides direction for the opioid treatment services provided at the outpatient treatment center;
- 3. If a patient requires administration of an opioid agonist treatment medication as a result of chronic pain, the patient:
  - a. Receives consultation with or a referral for consultation with a physician or registered nurse practitioner who specializes in chronic pain management, and
  - b. Is not admitted for opioid treatment services:
    - i. Unless the patient is physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug; and
    - ii. A medical practitioner at the outpatient treatment center coordinates with the physician or registered nurse practitioner who is providing chronic pain management to the patient; and
- 4. In addition to the requirements in R9-10-1009(C), a medical record for each patient contains:
  - a. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and
  - b. If applicable, documentation of the patient's discharge from receiving opioid treatment services.
- C. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that for a patient receiving opioid treatment services:
  - 1. The opioid treatment services provided to the patient meet the needs of the patient;
  - 2. A physician or a medical practitioner under the direction of a physician:
    - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
    - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
  - 3. Before receiving opioid treatment, the patient is informed of the following:
    - a. The progression of opioid addiction and the patient's apparent stage of opioid addiction;

- b. The goal and benefits of opioid treatment;
  - c. The signs and symptoms of overdose and when to seek emergency assistance;
  - d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with other drugs;
  - e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
  - f. Confidentiality requirements;
  - g. Drug screening and urinalysis procedures;
  - h. Requirements for dispensing to a patient one or more doses of an opioid agonist treatment medication for use by the patient off the premises;
  - i. Testing and treatment available for HIV and other communicable diseases; and
  - j. The patient complaint process;
- 4. Documentation of the provision of the information specified in subsection (C)(3) is included in the patient's medical record;
  - 5. The patient receives a dose of an opioid agonist treatment medication only on the order of a medical practitioner;
  - 6. The patient begins detoxification treatment only at the request of the patient or according to the outpatient treatment center's policy and procedure for discontinuing opioid treatment services required in subsection (B)(1)(b);
  - 7. If the patient has an adverse reaction during opioid treatment, a personnel member and, if appropriate, a medical practitioner responds by implementing the policy and procedure required in subsection (B)(1)(i);
  - 8. Before the patient's discharge from opioid treatment services, the patient is provided with patient follow-up instructions that:
    - a. Include information that may reduce the risk of relapse; and
    - b. May include a referral for counseling, support groups, or medication for depression or sleep disorders; and
  - 9. After the patient's discharge from opioid treatment services provided by or at the outpatient treatment center, the medical practitioner responsible for the opioid treatment services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
    - a. A description of the patient's medical condition and the opioid treatment services provided to the patient, and
    - b. The signature of the medical practitioner.

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

**R9-10-1021. Pain Management Services**

An administrator of an outpatient treatment center that is authorized to provide pain management services shall ensure that:

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

- i. The evaluation of the patient required in subsection (4)(a),
- ii. A record of the administration of the injection or nerve block, and
- iii. Any resuscitation measures taken.

**R9-10-1022. Physical Health Services**

An administrator of an outpatient treatment center that is authorized to provide physical health services shall ensure that:

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

**R9-10-1023. Pre-petition Screening**

An administrator of an outpatient treatment center that is authorized to provide pre-petition screening shall comply with the requirements for pre-petition screening in A.R.S. Title 36, Chapter 5, Article 4.

**R9-10-1024. Rehabilitation Services**

An administrator shall ensure that if an outpatient treatment center is authorized to provide:

1. Occupational therapy services, an occupational therapist provides direction for the occupational therapy services provided at or by the outpatient treatment center;
2. Physical therapy services, a physical therapist provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, speech-language pathologist provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

**R9-10-1025. Respite Services**

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

1. "Emergency safety response" has the same meaning as in R9-10-701.
2. "Outing" means travel by a child, who is receiving respite services provided by an outpatient treatment center, to a location away from the outpatient treatment center premises or, if applicable, the child's residence for a specific activity.

3. "Parent" means a child's:
    - a. Mother or father, or
    - b. Legal guardian.
  4. "Respite capacity" means the total number of children for whom an outpatient treatment center is authorized by the Department to provide respite services on the outpatient treatment center's premises.
- B. An administrator of an outpatient treatment center that is authorized to provide respite services shall ensure that:
1. Respite services are not provided in a personnel member's residence unless the personnel member's residence is licensed as a behavioral health respite home;
  2. Except for an outpatient treatment center that is authorized to provide respite services for children on the premises, 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 food;
      - iv. Allowed to rest;
      - v. Provided an opportunity to use the toilet and meet the individual's hygiene needs; and
      - vi. Participating in activities in the community but is not in a licensed health care institution or child care facility; and
  3. If a child is provided respite services according to subsection (B)(2)(b), the child is provided the appropriate meals or snacks in subsection (J)(1) for the amount of time the child is receiving respite services from the outpatient treatment center.
- C. If an outpatient treatment center that is authorized to provide respite services for children includes outings in the outpatient treatment center's scope of services, an administrator shall ensure that:
1. Before a personnel member takes a child receiving respite services on an outing, written permission is obtained from the child's parent that includes:
    - a. The child's name;
    - b. A description of the outing;
    - c. The name of the outing destination, if applicable;

- d. The street address and, if available, the telephone number of the outing destination;
  - e. Either:
    - i. The date or dates of the outing; or
    - ii. The time period, not to exceed 12 months, during which the permission is given;
  - f. The projected time of departure from the outpatient treatment center or, if applicable, the child's residence;
  - g. The projected time of arrival back at the outpatient treatment center or, if applicable, the child's residence; and
  - h. The dated signature of the child's parent;
2. Each motor vehicle used on an outing 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 (S)(1), 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 on an outing; and
5. A personnel member who drives a motor vehicle with children receiving respite services from the outpatient treatment center in the motor vehicle:
- 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. § 28-907 or 28-909, 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.
- D. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
- 1. Respite services are only provided on the premises for up to 10 continuous hours per day between the hours of 6:00 a.m. and 10:00 p.m.;
  - 2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises is stated in the outpatient treatment center's hours of operation that is submitted as part of the outpatient treatment center's initial or renewal license application;
  - 3. A personnel member, who is expected to provide respite services eight or more hours a week, complies with the requirements for tuberculosis screening in R9-10-113;
  - 4. At least one personnel member who has current training in first aid and cardiopulmonary resuscitation is available on the premises when a child is receiving respite services on the premises;
  - 5. At least one personnel member who has completed training in crisis intervention according to R9-10-716(F) is available on the premises when a child is receiving respite services on the premises;
  - 6. A personnel member does not use or possess any of the following items when a child receiving respite services is on the premises:
    - a. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
    - b. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
    - c. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
    - d. A firearm as defined in A.R.S. § 13-105;
  - 7. An unannounced fire and emergency evacuation drill is conducted at least once a month, and at different times of the day, and each personnel member providing respite services

- for children on the premises and each child receiving respite services on the premises participates in the fire and emergency evacuation drill;
8. Each fire and emergency evacuation drill is documented, and the documentation is maintained for at least 12 months after the date of the fire and emergency evacuation drill;
  9. Before a child receives respite services on the premises of the outpatient treatment center, in addition to the requirements in R9-10-1009, the following information is obtained and maintained in the child's medical record;
    - a. The name, home address, city, state, zip code, and contact telephone number of each parent of the child;
    - b. The name and contact telephone number of at least two additional individuals authorized by the child's parent to collect the child from the outpatient treatment center;
    - c. The name and contact telephone number of the child's health care provider;
    - d. The written authorization for emergency medical care of the child when the parent cannot be contacted at the time of an emergency;
    - e. The name of the individual to be contacted in case of injury or sudden illness of the child;
    - f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;
    - g. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a personnel member should be aware, and any specific requirements for health maintenance; and
  10. Documentation is obtained and maintained in the child's medical record each time the child receives respite services on the premises that includes:
    - a. The date and time of each admission to and discharge from receiving respite services; and
    - b. A signature, which contains at least a first initial of a first name and the last name of the child's parent or other individual designated by the child's parent, each time the child is admitted or discharged from receiving respite services on the premises;

11. Policies and procedures are developed, documented, and implemented to ensure that the identity of an individual is known to a personnel member or is verified with picture identification before the personnel member discharges a child to the individual;
  12. A child is not discharged to an individual other than the child's parent or other individual designated according to subsection (D)(9)(b), except:
    - a. When the child's parent authorizes the administrator by telephone or electronic means to release the child to an individual not so designated, and
    - b. The administrator can verify the telephone or electronic authorization using a means of verification that has been agreed to by the administrator and the child's parent and documented in the child's medical record; and
  13. The number of personnel members providing respite services for children on the premises is determined by the needs of the children present, with a minimum of at least:
    - a. One personnel member providing supervision for every five children receiving respite services on the premises; and
    - b. Two personnel members on the premises when a child is receiving respite services on the premises.
- E. If swimming activities are conducted at a swimming pool for a child receiving respite services on the premises of an outpatient treatment center, an administrator shall ensure that there is an individual at the swimming pool on the premises who has current lifeguard certification that includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation. If the individual is a personnel member, the personnel member cannot be counted in the personnel member-to-children ratio required by subsection (D)(13).
- F. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that in each area designated for providing respite services:
1. Drinking water is provided sufficient for the needs of and accessible to each child in both indoor and outdoor areas;
  2. Indoor areas used by children are decorated with age-appropriate articles such as bulletin boards, pictures, and posters;
  3. Storage space is provided for indoor and outdoor toys, materials, and equipment in areas accessible to children;
  4. Clean clothing is available to a child when the child needs a change of clothing;

5. At least one indoor area in the outpatient treatment center where respite services are provided for children is equipped with at least one cot or mat, a sheet, and a blanket, where a child can rest quietly away from the other children;
6. Except as provided in subsection (AA)(2)(a), outdoor or large muscle development activities are scheduled to allow not less than 75 square feet for each child occupying the outdoor area or indoor area substituted for outdoor area at any time;
7. The premises, including the buildings, are maintained free from hazards;
8. Toys and play equipment, required in this Section, are maintained:
  - a. Free from hazards, and
  - b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
9. Temperatures are maintained between 70° F and 84° F in each room or indoor area used by children;
10. Except when a child is napping or sleeping or for a child who has a sensory issue documented in the child's behavioral health assessment, each room or area used by a child is maintained at a minimum of 30 foot candles of illumination;
11. When a child is napping or sleeping in a room, the room is maintained at a minimum of five foot candles of illumination;
12. Each child's toothbrush, comb, washcloth, and cloth towel that are provided for the child's use by the child's parent are maintained in a clean condition and stored in an identified space separate from those of other children;
13. Except as provided in subsection (F)(14), the following are stored separate from food storage areas and are inaccessible to a child:
  - a. All materials and chemicals labeled as a toxic or flammable substance;
  - b. All substances that have a child warning label and may be a hazard to a child; and
  - c. Lawn mowers, ladders, toilet brushes, plungers, and other equipment that may be a hazard to a child;
14. Hand sanitizers:
  - a. When being stored, are stored separate from food storage areas and are inaccessible to children; and
  - b. When being provided for use, are accessible to children; and
15. Except when used as part of an activity, the following are stored in an area inaccessible to a child:

- a. Garden tools, such as a rake, trowel, and shovel; and
  - b. Cleaning equipment and supplies, such as a mop and mop bucket.
- G. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that a personnel member:
1. Supervises each child at all times;
  2. Does not smoke or use tobacco:
    - a. In any area where respite services may be provided for a child, or
    - b. When transporting or transferring a child;
  3. Except for a child who can change the child's own clothing, changes a child's clothing when wet or soiled;
  4. Empties clothing soiled with feces into a toilet without rinsing;
  5. Places a child's soiled clothing in a plastic bag labeled with the child's name, stores the clothing in a container used for this purpose, and sends the clothing home with the child's parent;
  6. Prepares and posts in each indoor area, before the first child arrives to receive respite services that day, a current schedule of age-appropriate activities that meet the needs of the children receiving respite services that day, including the times the following are provided:
    - a. Meals and snacks,
    - b. Naps,
    - c. Indoor activities,
    - d. Outdoor or large muscle development activities,
    - e. Quiet and active activities,
    - f. Personnel member-directed activities,
    - g. Self-directed activities, and
    - h. Activities that develop small muscles;
  7. Provides activities and opportunities, consistent with a child's behavioral health assessment, for each child to:
    - a. Gain a positive self-concept;
    - b. Develop and practice social skills;
    - c. Acquire communication skills;
    - d. Participate in large muscle physical activity;
    - e. Develop habits that meet health, safety, and nutritional needs;
    - f. Express creativity;

- g. Learn to respect cultural diversity of children and staff;
      - h. Learn self-help skills; and
      - i. Develop a sense of responsibility and independence;
    - 8. Implements the schedule in subsection (G)(6);
    - 9. If an activity on the schedule in subsection (G)(6) is not implemented, writes on the schedule the activity that was not implemented and what activity was substituted;
    - 10. Ensures that each indoor area has a supply of age-appropriate toys, materials, and equipment, necessary to implement the schedule required in subsection (G)(6), in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center that day, including:
      - a. Art and crafts supplies;
      - b. Books;
      - c. Balls;
      - d. Puzzles, blocks, and toys to enhance manipulative skills;
      - e. Creative play toys;
      - f. Musical instruments; and
      - g. Indoor and outdoor equipment to enhance large muscle development;
    - 11. Does the following when a parent permits or asks a personnel member to apply personal products, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations on the parent's child:
      - a. Obtains the child's personal products and written approval for use of the personal products from the child's parent;
      - b. Labels the personal products with the child's name; and
      - c. Keeps the personal products inaccessible to children; and
    - 12. Monitors a child for overheating or overexposure to the sun.
- H. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises and includes in the outpatient treatment center's scope of services respite services for children wearing diapers shall ensure that there is a diaper changing space in the area designated for providing respite services for children that contains:
  - 1. A nonabsorbent, sanitizable diaper changing surface that is:
    - a. Seamless and smooth, and
    - b. Kept clear of items not required for diaper changing;

2. A hand-washing sink adjacent to the diaper changing surface, for a personnel member's use when changing diapers and for washing a child during or after diapering, that provides:
    - a. Running water,
    - b. Soap from a dispenser, and
    - c. Single-use paper hand towels from a dispenser;
  3. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled diapers; and
  4. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled clothing.
- I. In a diaper changing space, an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. A diaper changing procedure is established, documented, and implemented that states that a child's diaper is changed as soon as it is soiled and that a personnel member when diapering:
    - a. Washes and dries the child, using a separate wash cloth and towel only once for each child;
    - b. If applicable, applies the child's individual personal products labeled with the child's name;
    - c. Uses single-use non-porous gloves;
    - d. Washes the personnel member's own hands with soap and running water according to the requirements in R9-10-1028(5);
    - e. Washes each child's hands with soap and running water after each diaper change; and
    - f. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and
  2. A personnel member:
    - a. Removes disposable diapers and disposable training pants from a diaper changing space as needed or at least twice every 24 hours to a waste receptacle outside the building; and
    - b. Does not:
      - i. Permit a bottle, formula, food, eating utensil, or food preparation in a diaper changing space;

- ii. Draw water for human consumption from the hand-washing sink adjacent to a diaper changing surface, required in subsection (H)(2); or
    - iii. If responsible for food preparation, change diapers until food preparation duties have been completed for the day.
- J. Except as provided in subsection (K)(3), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
  - 1. Serve the following meals or snacks to a child receiving respite services on the premises:
    - a. For the following periods of time:
      - i. Two to four hours, one or more snacks;
      - ii. Four to eight hours, one or more snacks and one or more meals; and
      - iii. More than eight hours, two snacks and one or more meals;
    - b. Make breakfast available to a child receiving respite services on the premises before 8:00 a.m.;
    - c. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m.; and
    - d. Serve dinner to a child who is receiving respite services on the premises from 5:00 p.m. through 7:00 p.m. and who will remain on the premises after 7:00 p.m.;
  - 2. Ensure that a meal or snack provided by the outpatient treatment center meets the meal pattern requirements in Table 10.1; and
  - 3. If the outpatient treatment center provides a meal or snack to a child:
    - a. Make a second serving of a food component of a provided snack or meal available to a child who requests a second serving, and
    - b. Substitute a food that is equivalent to a specific food component if a requested second serving of a specific food component is not available.
- K. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
  - 1. May serve food provided for a child by the child's parent;
  - 2. If a child's parent does not provide a sufficient number of meals or snacks to meet the requirements in subsection (J)(1), shall supplement, according to the requirements in Table 10.1, the meals or snacks provided by the child's parent; and
  - 3. If applicable, shall serve food to a child at the times and in quantities consistent with the information documented according to subsection (D)(9)(f) for the child and the child's behavioral health assessment, to meet the child's dietary and nutritional needs.



**Table 10.1 Meal Pattern Requirements for Children**

Food Components	Ages 1 through 2 years	Ages 3 through 5 years	Ages 6 and older
<b>Breakfast:</b> 1. Milk, fluid 2. Vegetable, fruit, or full-strength juice 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains	1/2 cup 1/4 cup 1/2 slice 1/2 serving 1/4 cup 1/4 cup	3/4 cup 1/2 cup 1/2 slice 1/2 serving 1/3 cup 1/4 cup	1 cup 1/2 cup 1 slice 1 serving 3/4 cup 1/2 cup
<b>Lunch or Supper:</b> 1. Milk, fluid 2. Vegetable and/or fruit (2 or more kinds) 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains 4. Meat or meat alternates: Lean meat, fish, or poultry (edible portion as served) or cheese or egg or cooked dry beans or peas* or peanut butter, soy nut butter, or other nut or seed butters or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates or yogurt	1/2 cup 1/4 cup total 1/2 slice 1/2 serving 1/4 cup 1/4 cup 1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp.** 1/2 oz.** 4 oz.	3/4 cup 1/2 cup total 1/2 slice 1/2 serving 1/3 cup 1/4 cup 1 1/2 oz. 1 1/2 oz. 3/4 egg 3/8 cup 3 tbsp.** 3/4 oz.** 6 oz.	1 cup 3/4 cup total 1 slice 1 serving 3/4 cup 1/2 cup 2 oz. 2 oz. 1 egg 1/2 cup 4 tbsp.** 1 oz.** 8 oz.

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

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

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

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

- L. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises that has a respite capacity of more than 10 shall obtain a food establishment license or permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment license or permit.
- M. If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises serves food to a child receiving respite services on the premises that is not prepared by the outpatient treatment center or provided by the child’s parent, the

administrator shall ensure that the food was prepared by a food establishment, as defined according to A.A.C. R9-8-101.

- N. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Children, except infants and children who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
  2. A personnel member:
    - a. Washes the hands of an infant or a child who cannot wash the child's own hands before and after the infant or child handles or eats food, using:
      - i. A washcloth,
      - ii. A single-use paper towel, or
      - iii. Soap and running water; and
    - b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;
  3. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
    - a. After each use:
      - i. Washed in an automatic dishwasher and air dried or heat dried; or
      - ii. Washed in hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
    - b. Stored in a clean area protected from contamination;
  4. Single-use utensils and equipment are disposed of after being used;
  5. Perishable foods are covered and stored in a refrigerator at a temperature of 41° F or less;
  6. A refrigerator at the outpatient treatment center maintains a temperature of 41° F or less, as shown by a thermometer kept in the refrigerator at all times;
  7. A freezer at the outpatient treatment center maintains a temperature of 0° F or less, as shown by a thermometer kept in the freezer at all times; and
  8. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
    - a. Cold held at a temperature of 45° F or less or hot held at a temperature of 130° F or more until served, or
    - b. Cold held at a temperature of 45° F or less and then reheated to a temperature of at least 165° F before being served.
- O. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:

1. May allow a personnel member to separate a child who is receiving respite services on the premises from other children for unacceptable behavior for no longer than three minutes after the child has regained self-control, but not more than 10 minutes without the personnel member interacting with the child, consistent with the child's behavioral health assessment;
2. Shall ensure that:
  - a. A personnel member, consistent with the child's behavioral health assessment:
    - i. Defines and maintains consistent and reasonable guidelines and limitations for a child's behavior;
    - ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and
    - iii. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity;
  - b. An emergency safety response is:
    - i. Only used:
      - (1) By a personnel member trained according to R9-10-716(F)(1) to use an emergency safety response,
      - (2) For the management of a child's violent or self-destructive behavior, and
      - (3) When less restrictive interventions have been determined to be ineffective; and
    - ii. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
  - c. If an emergency safety response was used for a child, a personnel member, when the child is discharged to the child's parent:
    - i. Notifies the child's parent of the use of the emergency safety response for the child and the behavior, event, or environmental factor that caused the need for the emergency safety response; and
    - ii. Documents in the child's medical record that the child's parent was notified of the use of the emergency safety response;
  - d. Within 24 hours after an emergency safety response is used for a child receiving respite services on the premises, the following information is entered into the child's medical record:

- i. The date and time the emergency safety response was used;
    - ii. The name of each personnel member who used an emergency safety response;
    - iii. The specific emergency safety response used;
    - iv. The behavior, event, or environmental factor that caused the need for the emergency safety response; and
    - v. Any injury that resulted from the use of the emergency safety response;
  - e. Within 10 working days after an emergency safety response is used for a child receiving respite services on the premises, a behavioral health professional reviews the information in subsection (O)(2)(d) and documents the review in the child's medical record;
  - f. After the review required in subsection (O)(2)(e), the following information is entered into the child's medical record:
    - i. Actions taken or planned to prevent the need for a subsequent use of an emergency safety response for the child,
    - ii. A determination of whether the child is appropriately placed at the outpatient treatment center providing respite services for children on the premises, and
    - iii. Whether the child's treatment plan was reviewed or needs to be reviewed and amended to ensure that the child's treatment plan is meeting the child's treatment needs;
  - g. Emergency safety response training is documented according to the requirements in R9-10-716(F)(2); and
  - h. Materials used for emergency safety response training are maintained according to the requirements in R9-10-716(F)(3); and
3. A personnel member does not use or permit:
  - a. A method of discipline that could cause harm to the health, safety, or welfare of a child;
  - b. Corporal punishment;
  - c. Abusive language;
  - d. Discipline associated with:
    - i. Eating, napping, sleeping, or toileting;
    - ii. Medication; or
    - iii. Mechanical restraint; or

- e. Discipline administered to any child by another child.
- P. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
- 1. Provide each child who naps or sleeps on the premises with a separate cot or mat and ensure that:
    - a. A cot or mat used by the child accommodates the child's height and weight;
    - b. A personnel member covers each cot or mat with a clean sheet that is laundered when soiled, or at least once every seven days and before use by a different child;
    - c. A clean blanket or sheet is available for each child;
    - d. A rug, carpet, blanket, or towel is not used as a mat; and
    - e. Each cot or mat is maintained in a clean and repaired condition;
  - 2. Not use bunk beds or waterbed mattresses for a child receiving respite services;
  - 3. Provide an unobstructed passageway at least 18 inches wide between each row of cots or mats to allow a personnel member access to each child;
  - 4. Ensure that if a child naps or sleeps while receiving respite services at the outpatient treatment center, the administrator:
    - a. Does not permit the child to lie in direct contact with the floor while napping or sleeping;
    - b. Prohibits the operation of a television in a room where the child is napping or sleeping; and
    - c. Requires that a personnel member remain awake while supervising the napping or sleeping child; and
  - 5. Ensure that storage space is provided on the premises for cots, mats, sheets, and blankets, that is:
    - a. Accessible to an area used for napping or sleeping; and
    - b. Separate from food service and preparation areas, toilet rooms, and laundry rooms.
- Q. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall, in the area of the premises where the respite services are provided:
- 1. Maintain the premises and furnishings:
    - a. Free of insects and vermin,
    - b. In a clean condition, and
    - c. Free from odor; and

2. Ensure that:
  - a. Floor coverings are:
    - i. Clean; and
    - ii. Free from:
      - (1) Dampness,
      - (2) Odors, and
      - (3) Hazards;
  - b. Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours;
  - c. Each toilet room used by children receiving respite services on the premises contains, within easy reach of children:
    - i. Mounted toilet tissue;
    - ii. A sink with running water;
    - iii. Soap contained in a dispenser; and
    - iv. Disposable, single-use paper towels, in a mounted dispenser, or a mechanical hand dryer;
  - d. Personnel members wash their hands with soap and running water after toileting;
  - e. A child's hands are washed with soap and running water after toileting;
  - f. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
  - g. Food waste and other refuse is removed from the area of the premises where respite services are provided for children at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
  - h. A personnel member or a child does not draw water for human consumption from a toilet room hand-washing sink;
  - i. Toys, materials, and equipment are maintained in a clean condition;
  - j. Plumbing fixtures are maintained in a clean and working condition; and
  - k. Chipped or cracked sinks and toilets are replaced or repaired.
- R. If laundry belonging to an outpatient treatment center providing respite services for children on the premises is done on the premises, an administrator shall:
  1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
  2. Locate the laundry equipment in an area that is separate from areas used by children and inaccessible to children;

3. Not permit a child to be in a laundry room or use a laundry area as a passageway for children; and
  4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.
- S. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that there is a first aid kit in the designated area of the outpatient treatment center where respite services are provided that:
1. Contains first aid supplies in a quantity sufficient to meet the needs of the children receiving respite services, including the following:
    - a. Sterile bandages including:
      - i. Self-adhering bandages of assorted sizes,
      - ii. Sterile gauze pads, and
      - iii. Sterile gauze rolls;
    - b. Antiseptic solution or sealed antiseptic wipes;
    - c. A pair of scissors;
    - d. Self-adhering tape;
    - e. Single-use, non-porous gloves; and
    - f. Reclosable plastic bags of at least one-gallon size; and
  2. Is accessible to personnel members but inaccessible to children receiving respite services on the premises.
- T. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
1. Prepare and date a written fire and emergency plan that contains:
    - a. The location of the first aid kit;
    - b. The names of personnel members who have first aid training;
    - c. The names of personnel members who have cardiopulmonary resuscitation training;
    - d. The directions for:
      - i. Initiating notification of a child's parent by telephone or other equally expeditious means within 60 minutes after a fire or emergency; and
      - ii. Providing written notification to the child's parent within 24 hours after a fire or emergency; and



- e. The outpatient treatment center's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
  2. Maintain the plan required in subsection (T)(1) in the area designated for providing respite services;
  3. Post the plan required in subsection (T)(1) in any indoor area where respite services are provided that does not have an operable telephone service or two-way voice communication system that connects the indoor area where respite services are provided with an individual who has direct access to an in-and-out operable telephone services; and
  4. Update the plan in subsection (T)(1) at least once every 12 months after the date of initial preparation of the plan or when any information changes.
- U. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall in the area designated for providing respite services:
1. Post, near a room's designated exit, a building evacuation plan that details the designated exits from the room and the facility where the outpatient treatment center is located; and
  2. Maintain and use a communication system that contains:
    - a. A direct-access, in-and-out, operating telephone service in the area where respite services are provided; or
    - b. A two-way voice communication system that connects the area where respite services are provided with an individual who has direct access to an in-and-out, operating telephone service.
- V. If, while receiving respite services at an outpatient treatment center authorized to provide respite services for children on the premises, a child has an accident, injury, or emergency that, based on an evaluation by a personnel member, requires medical treatment by a health care provider, an administrator shall ensure that a personnel member:
1. Notifies the child's parent immediately after the accident, injury, or emergency;
  2. Documents:
    - a. A description of the accident, injury, or emergency, including the date, time, and location of the accident, injury, or emergency;
    - b. The method used to notify the child's parent; and
    - c. The time the child's parent was notified; and

3. Maintains the documentation required in subsection (V)(2) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- W. If a parent of a child who received respite services at an outpatient treatment center authorized to provide respite services for children on the premises informs a personnel member that the child's parent obtained medical treatment for the child from a health care provider for an accident, injury, or emergency the child had while on the premises, an administrator shall ensure that a personnel member:
1. Documents any information about the child's accident, injury, or emergency received from the child's parent; and
  2. Maintains the documentation required in subsection (W)(1) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- X. If a child exhibits signs of illness or infestation at an outpatient treatment center authorized to provide respite services for children on the premises, an administrator shall ensure that a personnel member:
1. Immediately separates the child from other children,
  2. Immediately notifies the child's parent by telephone or other expeditious means to arrange for the child's discharge from the outpatient treatment center,
  3. Documents the notification required in subsection (X)(2), and
  4. Maintains documentation of the notification required in subsection (X)(3) for at least 12 months after the date of the notification.
- Y. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall comply with the following physical plant requirements:
1. Toilets and hand-washing sinks are available to children in the area designated for providing respite services or on the premises as follows:
    - a. At least one flush toilet and one hand-washing sink for 10 or fewer children;
    - b. At least two flush toilets and two hand-washing sinks for 11 to 25 children; and
    - c. At least one flush toilet and one hand-washing sink for each additional 20 children;
  2. A hand-washing sink provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
  3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the

- glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to a child; and
4. There is at least 30 square feet of unobstructed indoor space for each child who may be receiving respite services on the premises, which excludes floor space occupied by:
    - a. The interior walls;
    - b. A kitchen, a bathroom, a closet, a hallway, a stair, an entryway, an office, an area designated for isolating a child from other children, a storage room, or a room or floor space designated for the sole use of personnel members;
    - c. Room space occupied by desks, file cabinets, storage cabinets, or hand-washing sinks for a personnel member's use; or
    - d. Indoor area that is substituted for required outdoor area.
- Z. An administrator of an outpatient treatment center authorized to provide respite services for 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 a toilet and hand-washing sink that ensure the children's health and safety and include:
1. Supervision requirements for children using the toilet, based on a child's age, gender, and behavioral health issue; and
  2. If the outpatient treatment center does not have a toilet and hand-washing sink available for the exclusive use of children receiving respite services, a method to ensure that an individual, other than a child receiving respite services or a personnel member providing respite services, is not present in the toilet and hand-washing sink area when a child receiving respite services is present in the toilet and hand-washing sink area.
- AA. To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, an administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall:
1. Provide at least 75 square feet of outdoor area per child for at least 50% of the outpatient treatment center's respite capacity; or
  2. Comply with one of the following:
    - a. If no child receives respite services on the premises for more than four hours per day, provide at least 50 square feet of indoor area for each child, based on the outpatient treatment center's respite capacity;
    - b. If a child receives respite services on the premises for more than four hours but less than six hours per day, provide at least 75 square feet of indoor area per child

for at least 50% of the outpatient treatment center's respite capacity, in addition to the indoor area required in subsection (Y)(4); or

- c. Provide at least 37.5 square feet of outdoor area and 37.5 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the activity area required in subsection (Y)(4).

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

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

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

1. An outdoor area used by children receiving respite services:
  - a. Is enclosed by a fence:
    - i. A minimum of 4.0 feet high,
    - ii. Secured to the ground, and
    - iii. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
  - b. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
  - c. Has gates that are kept closed while a child is in the outdoor area;
2. The following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor area:
  - a. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
  - b. A minimum depth of 6.0 inches of a nonhazardous, resilient material such as fine loose sand or wood chips;
3. Hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for shock-absorbing unitary surfacing material;
4. A swing or climbing equipment is not located in the fall zone of another swing or climbing equipment; and

5. A shaded area for each child occupying an outdoor area at any time of the day is provided.
- DD. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in an outpatient treatment center's kitchen and any other location required for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412.
- EE. In addition to the requirements in R9-10-1029(F), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the premises;
  2. An unvented or open-flame space heater or portable heater is not used on the premises;
  3. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
  4. Heating and cooling equipment is inaccessible to a child;
  5. Fans are mounted and inaccessible to a child;
  6. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
  7. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting; and
  8. A toilet room door does not open into a kitchen or laundry.

**R9-10-1026. Sleep Disorder Services**

An administrator of an outpatient treatment center that is authorized to provide sleep disorder services shall ensure that:

1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;
2. At least one of the following is present on the premise of the outpatient treatment center:
  - a. A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT),
  - b. A polysomnographic technician accepted by the BRPT to sit for the BRPT

- certification examination, or
- c. A respiratory therapist;
- 3. There is at least one patient testing room having a minimum of 140 square feet and no dimension less than 10 feet;
- 4. There is a bathroom available for use by a patient that contains:
  - a. A working sink with running water,
  - b. A working toilet that flushes and has a seat,
  - c. Toilet tissue,
  - d. Soap for hand washing,
  - e. Paper towels or a mechanical air hand dryer,
  - f. Lighting, and
  - g. A means of ventilation;
- 5. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise; and
- 6. Equipment for the delivery of continuous positive airway pressure and bi-level positive airway pressure, including remote control of the airway pressure, is available on the premises of the outpatient treatment center.

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

An administrator of an outpatient treatment center that is authorized to provide urgent care services in a freestanding urgent care setting shall ensure that:

- 1. In addition to the policies and procedures required in R9-10-1003(D)(1), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover basic life support training and pediatric basic life support training including:
  - a. Method and content of training,
  - b. Qualifications of individuals providing the training, and
  - c. Documentation that verifies a medical practitioner has received the training;
- 2. A medical practitioner is on the premises during hours of clinical operation to provide the medical services, nursing services, and health-related services included in the outpatient treatment center's scope of services;
- 3. If a physician is not on the premises during hours of operation, a notice stating this fact is conspicuously posted in the waiting room according to A.R.S. § 36-432;
- 4. If a patient's death occurs at the outpatient treatment center, a written report is submitted

- to the Department as required in A.R.S. § 36-445.04;
5. A medical practitioner completes basic life support training and pediatric basic life support training:
    - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
    - b. At least once every 24 months after the initial date of employment;
  6. Except as provided in subsection (5), a personnel member completes basic adult and pediatric cardiopulmonary resuscitation training:
    - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center; and
    - b. At least once every 24 months after the initial date of employment or volunteer service; and
  7. In addition to the requirements in R9-10-1006(11), a medical practitioner's record includes documentation of completion of basic life support training and pediatric basic life support training.

**R9-10-1028. Infection Control**

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to the outpatient treatment center's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the outpatient treatment center;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient treatment center;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient treatment center; and
  - d. Documentation of infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;

3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
  - a. If applicable:
    - i. Handling and disposal of biohazardous medical waste;
    - ii. Isolation of a patient;
    - iii. Sterilization and disinfection of medical equipment and supplies;
    - iv. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable; and
    - v. Collection, storage, and cleaning of soiled linens and clothing;
  - b. Cleaning an individual's hands when the individual's hands are visibly soiled;
  - c. Training of personnel members, employees, and volunteers in infection control practices; and
  - d. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
5. A personnel member, employee, or volunteer washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material.

**R9-10-1029. Emergency and Safety Standards**

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



outpatient treatment center according to the outpatient treatment center's policies and procedures.

C. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
  - a. Procedures for protecting the health and safety of patients and other individuals on the premises;
  - b. Assigned responsibilities for each personnel member, employee, or volunteer;
  - c. Instructions for the evacuation of patients and other individuals on the premises; and
  - d. Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;
2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
3. An evacuation drill is conducted on each shift at least once every 12 months;
4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:
  - a. The date and time of the evacuation drill or disaster plan review;
  - b. The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;
  - c. A critique of the evacuation drill or disaster plan review; and
  - d. If applicable, recommendations for improvement;
5. Documentation required in subsection (C)(4) is maintained for at least 12 months after the date of the evacuation drill or disaster plan review; and
6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient treatment center.

D. An administrator shall ensure that an outpatient treatment center has either:

1. Both of the following that are tested and serviced at least once every 12 months:
  - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and
  - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or
2. The following:
  - a. A smoke detector installed in each hallway of the outpatient treatment center that

- is:
  - i. Maintained in an operable condition;
  - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
  - iii. Tested monthly; and
- b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
  - i. Is available at the outpatient treatment center;
  - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
  - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
  - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.
- E. An administrator shall ensure that documentation of a test required in subsection (D) is maintained for at least 12 months after the date of the test.
- F. An administrator shall ensure that:
  - 1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
  - 2. Except as provided in subsection (G), a corridor in the outpatient treatment center is at least 44 inches wide;
  - 3. Corridors and exits are kept clear of any obstructions;
  - 4. A patient can exit through any exit during hours of operation;
  - 5. An extension cord is not used instead of permanent electrical wiring;
  - 6. Each electrical outlet and electrical switch has a cover plate that is in good repair;
  - 7. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
  - 8. Oxygen and medical gas containers:
    - a. Are maintained in a secured, upright position; and
    - b. Are stored in a room with a door:
      - i. In a building with sprinklers, at least five feet from any combustible materials; or

- ii. In a building without sprinklers, at least 20 feet from any combustible materials.
- G. If an outpatient treatment center licensed before October 1, 2013 has a corridor less than 44 inches wide, an administrator shall ensure that:
  - 1. The corridor is wide enough to allow for:
    - a. Unobstructed movement of patients within the outpatient treatment center, and
    - b. The safe evacuation of patients from the outpatient treatment center; and
  - 2. The corridor is used only as a passageway.
- H. An administrator shall:
  - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - 2. Make any repairs or corrections stated on the fire inspection report, and
  - 3. Maintain documentation of a current fire inspection.

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

- A. An administrator shall ensure that:
  - 1. An outpatient treatment center's premises are:
    - a. Sufficient to provide the outpatient treatment center's scope of services;
    - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
    - c. Free from a condition or situation that may cause an individual to suffer physical injury;
  - 2. If an outpatient treatment center collects urine or stool specimens from a patient, except as provided in subsection (B), or is authorized to provide respite services for children on the premises, the outpatient treatment center has at least one bathroom on the premises that:
    - a. Contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue,
      - iv. Soap for hand washing,
      - v. Paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A means of ventilation; and

- b. Is for the exclusive use of the outpatient treatment center;
  3. A pest control program is implemented and documented;
  4. A tobacco smoke-free environment is maintained on the premises;
  5. A refrigerator used to store a medication is:
    - a. Maintained in working order, and
    - b. Only used to store medications;
  6. Equipment at the outpatient treatment center is:
    - a. Sufficient to provide the outpatient treatment center's scope of services;
    - b. Maintained in working condition;
    - c. Used according to the manufacturer's recommendations; and
    - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair.
- B. An outpatient treatment center may have a bathroom used for the collection of a patient's urine or stool that is not for the exclusive use of the outpatient treatment center if:
  1. The bathroom is located in the same contiguous building as the outpatient treatment center's premises,
  2. The bathroom is of a sufficient size to support the outpatient treatment center's scope of services, and
  3. There is a documented agreement between the licensee and the owner of the building stating that the bathroom complies with the requirements in this Section and allowing the Department access to the bathroom to verify compliance.
- C. If an outpatient treatment center has a bathroom that is not for the exclusive use of the outpatient treatment center as allowed in subsection (B), an administrator shall ensure that:
  1. Policies and procedures are established, documented, and implemented to:
    - a. Protect the health and safety of an individual using the bathroom; and
    - b. Ensure that the bathroom is cleaned and sanitized to prevent, minimize, and control illness and infection;
  2. Documented instructions are provided to a patient that cover:
    - a. Infection control measures when a patient uses the bathroom, and
    - b. The safe return of a urine or stool specimen to the outpatient treatment center;
  3. The bathroom complies with the requirements in subsection (A)(2)(a); and

4. The bathroom is free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury.

**R9-10-1031. Colocation Requirements**

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

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

- B. Only one outpatient treatment center in a facility may be designated as a collaborating outpatient treatment center for the facility.
- C. The following health care institutions are not permitted to be a collaborating outpatient treatment center or a colocator in a collaborating outpatient treatment center:
  1. An affiliated counseling facility, as defined in R9-10-1901;
  2. An outpatient treatment center authorized by the Department to provide dialysis services according to R9-10-1018;
  3. An outpatient treatment center authorized by the Department to provide emergency room services according to R9-10-1019; or
  4. An outpatient treatment center operating under a single group license according to A.R.S. § 36-422 (F) or (G).
- D. In addition to the requirements for an initial license application in R9-10-105, renewal license application in R9-10-107, or, if part of a license change or modification, the supplemental application requirements in R9-10-1002, a governing authority of an outpatient treatment center requesting authorization to operate or continue to operate as a collaborating outpatient treatment center shall submit, in a Department-provided format:
  1. The following information for each proposed colocator that may share a common area and nontreatment personnel at the collaborating outpatient treatment center:
    - a. For each proposed associated licensed provider:
      - i. Name,
      - ii. The associated licensed provider's license number or the date the associated licensed provider submitted to the Department an initial license application for an outpatient treatment center or a counseling facility license,

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

provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;

- i. A statement that, if any of the colocators include children's behavioral health services in the collocator's scope of services, the associated licensed provider will ensure that all employees and personnel members of the associated licensed provider comply the fingerprint clearance card requirements in A.R.S. § 36-425.03;
- j. A statement that the associated licensed provider will:
  - i. Document the following each time another collocator provides emergency health care services in the associated licensed provider's treatment area:
    - (1) The name of collocator;
    - (2) If different from the name of the collocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
    - (3) A description of the emergency health care services provided; and
    - (4) The date and time the emergency health care services were provided;
  - ii. Maintain the documentation in subsection (E)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
  - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
- k. A statement that the associated licensed provider will:
  - i. Document the following each time the associated licensed provider provides emergency health care services in another collocator's treatment area:
    - (1) If different from the name of the associated licensed provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
    - (2) The name of collocator;
    - (3) A description of the emergency health care services provided;

and

- (4) The date and time the emergency health care services were provided;
  - ii. Maintain the documentation in subsection (E)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
  - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
  - l. An attestation that the associated licensed provider will comply with the written agreement;
  - m. The signature of the associated licensed provider's governing authority according to A.R.S. § 36-422(B) and the date signed; and
  - n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
  2. A copy of the associated licensed provider's scope of services, including whether the associated licensed provider plans to provide behavioral health services for children.
- F. An administrator of a collaborating outpatient treatment center shall have a written agreement with each exempt health care provider that includes:
1. In a Department-provided format:
    - a. The exempt health care provider's name;
    - b. The exempt health care provider license type and license number;
    - c. Whether the exempt health care provider plans to share medical records with the collaborating outpatient treatment center;
    - d. If the exempt health care provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
      - i. General consent or informed consent, as applicable;
      - ii. Consent to allow a colocator access to the patient's medical record; and
      - iii. Advance directives;
    - e. How the exempt health care provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
    - f. How the exempt health care provider will ensure controlled substances stored in the exempt health care provider's designated premises are not diverted;
    - g. How the exempt health care provider will ensure environmental services in the



- exempt health care provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
- h. How the exempt health care provider and any staff of the exempt health care provider will respond to a patient's sudden, intense, or out-of-control behavior, in the exempt health care provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
  - i. A statement that, if any of the colocators include children's behavioral health services in the collocator's statement of services, the exempt health care provider will ensure that all employees and staff of the exempt health care provider comply with the fingerprint clearance card requirements A.R.S. § 36-425.03;
  - j. A statement that the exempt health care provider will:
    - i. Document the following each time another collocator provides emergency health care services in the exempt health care provider's treatment area:
      - (1) The name of collocator;
      - (2) If different from the name of the collocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      - (3) A description of the emergency health care services provided; and
      - (4) The date and time the emergency health care services were provided;
    - ii. Maintain the documentation in subsection (F)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
    - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
  - k. A statement that the exempt health care provider will:
    - i. Document the following each time the exempt health care provider provides emergency health care services in another collocator's treatment area:
      - (1) If different from the name of the exempt health care provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the

- emergency health care services;
      - (2) The name of collocator;
      - (3) A description of the emergency health care services provided;  
and
      - (4) The date and time the emergency health care services were provided;
    - ii. Maintain the documentation in subsection (F)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
    - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
  - l. An attestation that the exempt health care provider will comply with the written agreement;
  - m. The signature of the exempt health care provider and the date signed; and
  - n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
  - 2. A copy of the exempt health care provider's scope of services, including whether the exempt health care provider plans to provide behavioral health services for children.
- G. As part of the policies and procedures required in this Article, an administrator of a collaborating outpatient treatment center shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient based on the scopes of services of all collocators that:
- 1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for nontreatment personnel who may provide services in the common areas of the collaborating outpatient treatment center;
  - 2. Cover orientation and in-service education for nontreatment personnel who may provide services in the common areas of the collaborating outpatient treatment center;
  - 3. Cover cardiopulmonary resuscitation training, including:
    - a. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
    - b. The qualifications for an individual to provide cardiopulmonary resuscitation training;
    - c. The time-frame for renewal of cardiopulmonary resuscitation training; and

- d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
  4. Cover first aid training;
  5. Cover patient screening, including a method to ensure that, if a patient identifies a specific collocator, the patient is directed to the identified collocator;
  6. Cover the provision of emergency treatment to protect the health and safety of a patient or individual present in a common area according to the requirements for emergency treatment policies and procedures in R9-10-1029(A);
  7. If medication is stored in the collaborating outpatient treatment center's common areas, cover obtaining, storing, accessing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
  8. Cover biohazardous wastes, if applicable;
  9. Cover environmental services in the common area that affect patient care; and
  10. Cover how personnel members and nontreatment personnel will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual in the collaborating outpatient treatment center's common areas.
- H. An administrator of a collaborating outpatient treatment center shall ensure that:
1. An outpatient treatment center's common areas are:
    - a. Sufficient to accommodate the outpatient treatment center's and any collocators' scopes of services;
    - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
    - c. Free from a condition or situation that may cause an individual to suffer physical injury;
  2. A written log is maintained that documents the date, time, and circumstances each time a collocator provides emergency health care services in another collocator's designated treatment area; and
  3. The documentation in the written log required in subsection (H)(2) is maintained for at least 12 months after the date the collocator provides emergency health care services in another collocator's designated treatment area.
- I. If any collocator at a collaborating outpatient treatment center includes children's behavioral health services as part of the collocator's scope of services, an administrator of the collaborating outpatient treatment center shall ensure that the governing authority, employees, personnel members, nontreatment personnel, and volunteers of the collaborating outpatient treatment center comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.