

TITLE 9. HEALTH SERVICES
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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 definitions apply in this Article:

1. "Admission" means, after the completion of an individual's assessment or registration by an outpatient treatment center, the individual begins receiving medical services, nursing services, health-related services, or ancillary services and is accepted as a patient of the outpatient treatment center.
2. "Ancillary services" means services other than behavioral health services or physical health services provided to a patient by or at an outpatient treatment center.
3. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
 - a. A written signature;
 - b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
 - c. A rubber-stamp signature; or
 - d. An electronic signature code.
4. "Available" means:
 - a. For an individual, the ability to be contacted by any means possible such as by telephone or pager;
 - b. For equipment and supplies, retrievable at an outpatient treatment center; and
 - c. For a document, retrievable in writing or electronically at an outpatient treatment center.
5. "Behavioral health services" means medical services, nursing services, or health-related services provided to an individual to address the individual's behavioral health issue.
6. "Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from a human body for the purpose of providing information for the prevention, diagnosis, or treatment of a disease or impairment of the human being, including procedures to determine, measure, or describe the presence or absence of substances or organisms in the human body.
7. "Consultation" means evaluation and advice about a patient's treatment by an individual upon request of a personnel member.

8. "Crisis services" means immediate and unscheduled behavioral health services provided to an individual, who retains the capacity to make an informed decision regarding treatment, to address an acute behavioral health issue affecting the individual.
9. "Current" means up-to-date and extending to the present time.
10. "Diagnostic procedure" means a method or process performed to determine whether an individual has a medical condition.
11. "Disaster" means an unexpected event, such as a fire, flood, extreme weather, or bomb threat, that affects an outpatient treatment center's ability to provide physical health services or behavioral health services.
12. "Discharge" means a documented termination of medical services, nursing services, and health-related services to a patient by an outpatient treatment center.
13. "Disinfect" means to clean to destroy or prevent the growth of disease-causing microorganisms.
14. "Environmental services" means activities such as housekeeping, laundry, and facility and equipment maintenance.
15. "Incident" means an unexpected occurrence that results in patient death, or that harms or has the potential to harm a patient, while the patient is on the premises of an outpatient treatment center or receiving physical health services or behavioral health services from the outpatient treatment center.
16. "Informed consent" means advising a patient of a proposed treatment or diagnostic procedure, alternatives to the treatment or diagnostic procedure, associated risks, and possible complications, and obtaining permission from the patient or the patient's representative for the treatment or diagnostic procedure.
17. "In-service education" means organized instruction or information related to physical health services or behavioral health services provided to a personnel member.
18. "Isolation" means the separation of infected individuals from others, during the communicable period, to limit the transmission of an infectious disease.
19. "Medical emergency" means a potentially life-threatening occurrence that requires an immediate response or treatment.
20. "Medical history" means an account, based on the information provided by a patient, of the patient's past and present medical condition related to the reason the patient is receiving physical health services or behavioral health services.
21. "Medical practitioner" means a physician, registered nurse practitioner, or physician assistant.

22. "Monitor" means to check systematically on a specific condition or situation.
23. "Observation/stabilization services" means immediate and unscheduled behavioral health services provided, in an outpatient setting, to address an individual's acute behavioral health issue when the individual's capacity to make an informed decision regarding treatment is substantially impaired.
24. "Orientation" means the initial instruction and information provided to an individual before the individual provides services in or for an outpatient treatment center.
25. "Patient" means an individual admitted to receive physical health services or behavioral health services.
26. "Patient follow-up instructions" means information relevant to a patient's medical condition or behavioral health issue that is provided to the patient, the patient's representative, or a health care institution.
27. "Patient's representative" means a patient's legal guardian, an individual acting on behalf of a patient with the written consent of the patient, or a surrogate as defined in A.R.S. § 36-3201.
28. "Personnel member" means an employee or volunteer who provides physical health services or behavioral health services to a patient.
29. "Pharmaceutical services" means those activities pertaining to the compounding, distribution, and dispensing of drugs, devices, and chemicals.
30. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness, injury, or disease.
31. "Physical health services" means medical services, nursing services, or health-related services, other than behavioral health services, provided to an individual.
32. "Quality management program" means activities designed and implemented by an outpatient treatment center to improve the delivery of medical services, nursing services, or health-related services.
33. "Risk" means potential for an adverse outcome.
34. "Scope of services" means a list of specific medical services, nursing services, and health-related services the governing authority has designated as being available to a patient.
35. "Signature" means:
 - a. The first and last name of an individual written with his or her own hand as a form of identification or authorization, or
 - b. An electronic signature or code.

36. "Treatment" means a procedure or method to cure, improve, or palliate a medical condition or behavioral health issue.
37. "Verification" means:
- a. A documented telephone call including the date and the name of the documenting individual,
 - b. A documented observation including the date and the name of the documenting individual, or
 - c. A documented confirmation of a fact including the date and the name of the documenting individual.
38. "Volunteer" means an individual authorized by an outpatient treatment center to provide services on behalf of the outpatient treatment center without compensation.

R9-10-1002. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. §§ 36-422 and 36-424 and 9 A.A.C. 10, Article 1, a governing authority applying for an initial license shall submit a supplemental application form provided by the Department that contains the:

1. Days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation;
2. A request to provide one or more of the following services:
 - a. Behavioral health services and, if applicable:
 - i. DUI education,
 - ii. DUI screening,
 - iii. DUI treatment, or
 - iv. Misdemeanor domestic violence offender treatment;
 - b. Crisis services;
 - c. Diagnostic imaging services;
 - d. Clinical laboratory services;
 - e. Dialysis services;
 - f. Observation/stabilization services;
 - g. Opioid treatment services;
 - h. Pain management services;
 - i. Physical health services;
 - j. Rehabilitation services;
 - k. Sleep disorder services; or
 - l. Urgent care services provided in a freestanding urgent care center setting.

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. Designate the scope of services provided by or at the outpatient treatment center;
 3. Adopt policies and procedures for the outpatient treatment;
 5. Approve contracted services or designate an individual to approve contracted services;
 6. Adopt a quality management program according to R9-10-1004;
 7. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;
 8. Appoint an administrator, in writing;
 9. Appoint an acting administrator, in writing, if the administrator is expected to be absent for more than 30 days; and
 10. Except as provided in subsection (B)(9), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator.
- C. An administrator:
1. Is directly accountable to the governing authority for all services provided by or at the outpatient treatment center;
 2. Has the authority and responsibility to manage the outpatient treatment center;
 3. Acts as a liaison between the governing authority and personnel members and employees; and
 4. Except as provided in subsection (B)(9), designates, in writing, an individual who is available and accountable for the operation of 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 that:
 - a. Include personnel job descriptions, duties, and qualifications, including verification of required skills and knowledge;
 - b. Cover orientation and in-service education for employees and volunteers;
 - c. Include how an employee or volunteer may submit a complaint relating to services provided to a patient;

- d. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - 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 employee or volunteer has received cardiopulmonary resuscitation training;
 - e. Cover first-aid training;
 - f. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
 - g. 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;
 - h. Cover health care directives according to A.R.S. § 36-3201;
 - i. Cover medical records, including electronic medical records; and
 - j. Cover quality management, including incident documentation;
2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented that:
- a. Cover patient screening, admission, assessment, transport, transfer, discharge plan, and discharge;
 - b. Include when general consent and informed consent are required;
 - c. Cover the provision of medical services, nursing services, health-related services, and ancillary services;
 - d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
 - e. Cover infection control;
 - f. Cover telemedicine, if applicable;
 - g. Cover environmental services that affect patient care;
 - h. Cover specific steps and deadlines for:
 - i. A patient to file a complaint,
 - ii. An outpatient treatment center to respond to a complaint, and

- iii. If applicable, an outpatient treatment center to obtain documentation of an employee's or volunteer's fingerprint clearance card required in A.R.S. § 36-425.03;
 - i. Cover smoking and the use of tobacco products on an outpatient treatment center's premises; and
 - j. 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 24 months and updated as needed, and
 - b. Available to personnel members and employees;
- 4. Unless otherwise stated, documentation required by this Article is provided to the Department within two hours after a Department request;
- 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. A schedule of rates according to A.R.S. § 36-436.01(C);
 - 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 record.
- E. If abuse, neglect, or exploitation of a patient while on an outpatient treatment center's premises or receiving services from the outpatient treatment center's personnel member, employee, or volunteer is alleged or suspected, an administrator shall:
 - 1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
 - 2. Immediately report the alleged or suspected abuse, neglect, or exploitation of the patient:
 - a. To the local law enforcement agency; and

- b. As follows:
 - i. For an individual 18 years of age or older, to Adult Protective Services in the Department of Economic Security according to A.R.S. § 46-454; or
 - ii. For an individual under 18 years of age, to Child Protective Services in the Department of Economic Security according to A.R.S. § 13-3620;
- 3. Document the action in subsection (E)(1) and the report in subsection (E)(2) and maintain the documentation for 12 months after the date of the report;
- 4. Investigate the suspected or alleged abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in subsection (E)(2) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - b. Description of any injury to the patient and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - d. Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
- 5. Submit a copy of the investigation report required in subsection (E)(4) to the Department within 48 hours after submitting the report in subsection (E)(2); and
- 6. Maintain a copy of the investigation report required in subsection (E)(4) for 12 months after the date of the report.

R9-10-1004. Quality Management Program

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for a quality management program for an outpatient treatment center 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 including contracted services;
 - c. A method to evaluate the data collected to identify a concern about the delivery of medical services, nursing services, or health-related services;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of medical services, nursing services, or health-related services;

- e. A method to determine whether actions taken improve the delivery of medical services, nursing services, or health-related services; and
 - f. The frequency of submitting the documented report required in subsection (2);
- 2. A documented report is submitted to the governing authority that includes:
 - a. Each identified concern in subsection (1)(c), and
 - b. Any change made or action taken in subsection (1)(d); and
- 3. The report in subsection (2) and the supporting documentation is maintained for 12 months after the date the report is submitted to the governing authority.

R9-10-1005. Contracted Services

An administrator shall ensure that:

- 1. A contractor provides contracted services according to the requirements in this Article,
- 2. A contract includes the responsibilities of the contractor and is maintained, and
- 3. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-1006. Personnel and Staffing

An administrator shall ensure that:

- 1. Personnel members are available to provide the medical services, nursing services, and health-related services included in the outpatient treatment center's scope of services;
- 2. A personnel member's skills and knowledge to provide physical health services or behavioral health services are verified and documented upon employment or volunteer service and every 12 months after the starting date of employment or volunteer service;
- 3. A personnel member only provides physical health services or behavioral health services the personnel member is qualified to provide;
- 4. A plan is developed, documented, and implemented to provide orientation specific to the duties of employees and volunteers;
- 5. A personnel member completes orientation before providing medical services, nursing services, or health-related services to a patient;
- 6. An employee's or volunteer's orientation is documented, to include:
 - a. The employee's or volunteer's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
- 7. A plan is developed, documented and implemented to provide in-service education specific to the duties of the personnel member;
- 8. 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;
9. A record for an employee or volunteer is maintained that includes:
- a. The employee's or volunteer's name, date of birth, home address, and contact telephone number;
 - b. The name and telephone number of an individual to be notified in case of an emergency;
 - c. The starting date of employment, volunteer service, or internship, and, if applicable, the ending date;
 - d. As applicable, documentation of:
 - i. The employee's or volunteer's qualifications including education, experience, skills, and knowledge applicable to the employee's, volunteer's or intern's duties;
 - ii. The employee's or volunteer's work experience;
 - iii. Verification or documentation of the employee's or volunteer's certification, licensure, or education;
 - iv. Skills and knowledge verification required in subsection (2);
 - v. Completion of cardiopulmonary resuscitation training; and
 - vi. Fingerprint clearance card required in A.R.S. § 36-425.03;
10. The record in subsection (9) is:
- a. Maintained while the employee or volunteer 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. Provided to the Department:
 - i. Not more than two hours after the time of the Department's request, if the employee or volunteer is a current employee or volunteer or the ending date of employment or volunteer service was within 12 months before the date of the Department's request; or
 - ii. Within 72 hours after the time of the Department's request, if the ending date of employment or volunteer service was 12 or more months before the date of the Department's request.

R9-10-1007. Patient Rights

An administrator shall ensure that:

1. A patient is:
 - a. Provided privacy in treatment and personal care needs; and
 - b. Free from:
 - i. The intentional infliction of physical, mental, or emotional harm when not medically indicated;
 - ii. Exploitation;
 - iii. Restraint when not medically indicated unless necessary to prevent harm to self or others and the reason for restraint is documented in the patient's medical record;
 - iv. Sexual abuse according to A.R.S. § 13-1404; and
 - v. Sexual assault according to A.R.S. § 13-1406;
2. A patient or the patient's representative:
 - a. Consents to treatment or a diagnostic procedure before the treatment or diagnostic procedure is initiated, except in a medical emergency;
 - b. Is allowed to refuse an examination or withdraw consent for treatment or a diagnostic procedure before an examination, treatment, or diagnostic procedure is initiated; and
 - c. Except in a medical emergency, receives the following:
 - i. Information about the outpatient treatment center's policies and procedures for health care directives;
 - ii. Information about the outpatient treatment center's complaint policies and procedures, including the telephone number of an individual at the outpatient treatment center to contact about a complaint and the Department's telephone number; and
 - iii. Information about proposed treatments or diagnostic procedures, alternatives to treatments or diagnostic procedures, associated risks, and possible complications; and
3. A consent obtained from a patient or patient's representative and the information provided to the patient or patient's representative are documented in the patient's medical record.

R9-10-1008. Medical Records

A. An administrator shall ensure that:

1. A medical record for each patient is:

- a. Established and maintained according to A.R.S. § 12-2297, and
 - b. Protected from loss, damage, or unauthorized use;
2. An entry in a medical record:
 - a. Is recorded only by an individual authorized by the outpatient treatment center's policies and procedures to make the entry;
 - b. Is legible, dated, and authenticated; and
 - c. Remains legible when a correction to the original entry is made;
3. In addition to the entry requirements in subsection (A)(2), each order is:
 - a. Dated when the order is entered in the medical record and includes the time of the order, and
 - b. Authenticated by a medical practitioner according to policies and procedures;
4. If a rubber-stamp signature, electronic signature, or electronic code is used to authenticate an order, the medical practitioner to whom the rubber-stamp signature, electronic signature, or electronic code belongs is responsible for the use of the rubber stamp signature, electronic signature, or electronic code;
5. A medical record is available to a personnel member or medical practitioner authorized by policies and procedures to access the medical record;
6. Information in a medical record is only disclosed to a third party with the written authorization of the patient or the patient's representative or as permitted or required by law;
7. A patient's medical record is available for review by the patient or the patient's representative according to A.R.S. § 12-2293:
8. There are policies and procedures that include:
 - a. The length of time a medical record is maintained on the premises; and
 - b. The maximum time-frame to retrieve a medical record at the request of a medical practitioner or authorized individual; and
9. A patient's medical record is provided to the Department:
 - a. Not more than two hours after the Department's request if the patient is a current patient or was discharged within 12 months before the date of the Department's request; or
 - b. Within 72 hours after the Department's request if the patient was discharged 12 or more months before the date of the Department's request;
- B. If an outpatient treatment center maintains medical records electronically, an administrator shall ensure that:

1. There are safeguards to prevent unauthorized access, and
 2. An internal clock records the date and time of a medical record entry.
- C. An administrator shall ensure that a patient's medical record contains:
1. Documented informed consent by the patient or the patient's representative for treatment, a diagnostic procedure, or a psychotropic drug, except in a medical emergency;
 2. A diagnosis or reason for physical health services or behavioral health services;
 3. A medical history and, if applicable, physical examination of the patient related to the medical services, nursing services, or health-related services the patient receives;
 4. 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;
 - c. If applicable, the name of a designated patient representative; and
 - d. Any known allergy or sensitivity;
 5. Medication information that includes:
 - a. A medication ordered for the patient;
 - b. A medication administered to the patient including:
 - i. The date and time of administration;
 - ii. The name, strength, dosage, amount, vaccine lot number if applicable, and route of administration;
 - iii. The identification and authentication of the individual administering the medication; and
 - iv. Any adverse reaction a patient has related to or as a result of the medication; and
 - c. A prepackaged or sample medication provided to the patient for self-administration including the name, strength, dosage, amount, route of administration, and expiration date;
 6. The name of each individual providing treatment or a diagnostic procedure to the patient;
 7. Documentation of each order;
 8. If applicable, documentation of:
 - a. A clinical laboratory test result for the patient,
 - b. A diagnostic imaging report for the patient, and
 - c. A sleep disorder test result for the patient;
 9. Documentation of each medical service, nursing service, health-related service, or ancillary service provided to the patient;

10. Notes by a personnel member, including the patient's response to a treatment or diagnostic procedure;
12. Documentation of the patient follow-up instructions provided to the patient;
13. If applicable, documentation of the patient's discharge including the disposition of the patient upon discharge; and
14. If applicable, a consultation report.

R9-10-1009. Medication Services

- A. An administrator shall ensure that if pharmaceutical services that require a pharmacy license are provided on the premises:
 1. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 2. A copy of the pharmacy license is provided to the Department upon request.
- B. If an outpatient treatment center provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:
 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 a medication error, an adverse response to a medication, or 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 services 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. Include procedures to ensure that medication is administered to a patient only as prescribed and that a patient's refusal to take prescribed medication is documented in the patient's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 3. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented as required in R9-10-1008(C)(5); and
 4. If pain medication is administered to a patient, documentation in the patient's medical record includes:
 - a. An identification of the patient's pain before administering the medication, and
 - b. The effect of the pain medication administered.
- 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 dosage of the medication is the same as stated on the medication container label, and

- iii. The medication is being taken by the patient 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 a registered nurse;
 - 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse;
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
 - 5. A personnel member, other than a medical practitioner or a 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:
 - a. Is in compliance with an order, and
 - b. Is documented as required in R9-10-1008(C)(5).
- D. When medication is stored at an outpatient treatment center, an administrator shall ensure that:
- 1. There is a separate room or closet used for medication storage that includes a lockable door;
 - 2. A locked cabinet or container is used for medication storage;
 - 3. Medication is stored according to the manufacturer's recommendations; and
 - 4. 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;

- d. Storing, inventorying, and dispensing controlled substances; and
 - e. Documenting the maintenance of a medication requiring refrigeration.
- E. 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.

R9-10-1010. Infection Control

- A. An administrator shall ensure that:
 - 1. An infection control program is established, documented, and implemented with specific measures to prevent, detect, control, and investigate infectious and communicable diseases;
 - 2. Policies and procedures are established, documented, and implemented that cover:
 - a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
 - b. If applicable,
 - i. Handling and disposal of biohazardous medical waste according to 18 A.A.C. 13, Article 14;
 - 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; and
 - v. Cleaning soiled linens and clothing;
 - c. Cleaning an individual's hands when the individual's hands are visibly soiled;
 - d. Housekeeping procedures that ensure a clean environment;
 - e. Training of staff in infection control practices; and
 - f. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infestation;
 - 3. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination,
 - b. Bagged at the site of use, and
 - c. Maintained separate from clean linen and clothing;
 - 4. Clean linen and clothing are stored in a manner to prevent contamination;
 - 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;

6. An outpatient treatment center's infection control program includes:
 - a. A method to identify, document, and analyze infections occurring at the outpatient treatment center;
 - b. A method to evaluate the analysis of infections in subsection (A)(6)(a) to identify a concern about infection control at the outpatient treatment center;
 - c. A method to make changes or take action as a result of the identification of a concern about infection control at the outpatient treatment center; and
 - d. The frequency of submitting the documented report required in subsection (A)(7);
 7. A documented report is submitted to the governing authority that includes:
 - a. Each concern identified as required in subsection (A)(6)(b), and
 - b. Any change made or action taken as required in subsection (A)(6)(c); and
 8. Documentation of the infection control program including reports of communicable diseases is maintained for 12 months after the date of the documentation or report.
- B. An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.

R9-10-1011. Physical Plant, Environmental Services, and Equipment Standards

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 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, the outpatient treatment center has on the outpatient treatment center's premises for the exclusive use of the outpatient treatment center at least one bathroom 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,
 - f. Lighting, and
 - g. A means of ventilation;

3. There is a pest control program to control insects and rodents;
4. A tobacco smoke-free environment is maintained on the premises;
5. Biohazardous medical wastes are identified, stored, and disposed of according to 18 A.A.C. 13, Article 14;
6. A refrigerator used to store a medication is:
 - a. Maintained in working order, and
 - b. Only used to store medications;
7. Equipment at the outpatient treatment center:
 - a. Is sufficient to provide the outpatient treatment center's scope of service;
 - b. Is maintained in working condition;
 - c. Used according to the manufacturer's recommendations; and
 - d. If applicable, tested and calibrated at least once every 12 months or according to the manufacturer's recommendations; and
8. Documentation of an equipment test, calibration, or repair is maintained for 12 months after the date of testing, calibration, or repair.

R9-10-1012. Medical Emergency, Safety, and Disaster Standards

- A. An administrator shall ensure that policies and procedures for providing medical 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 medical emergency treatment provided by the outpatient treatment center;
 2. A system to ensure all 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 medical emergency treatment that contains all of 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 medical emergency treatment.
- B. An administrator shall ensure that:
 1. A disaster plan is developed, documented, and 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. A disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
- 3. A fire drill is conducted on each shift at least once every 12 months;
- 4. A disaster plan review required in subsection (B)(2) or a fire drill required in subsection (B)(3) is documented as follows:
 - a. The date and time of the drill or plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the drill or plan review;
 - c. A critique of the drill or plan review; and
 - d. If applicable, recommendations for improvement;
- 5. Documentation required in subsection (B)(4) is maintained for 12 months after the date of the drill or plan review;
- 6. A fire evacuation plan is posted and accessible to employees and volunteers that includes a floor plan of the outpatient treatment center on which lines have been drawn through corridors and exits showing the evacuation path;
- 7. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
- 8. A corridor in the outpatient treatment center is at least 44 inches wide;
- 9. Corridors and exits are kept clear of any obstructions;
- 10. A patient can exit through any exit during hours of operation;
- 11. A smoke detector is installed in each hallway of the outpatient treatment center;
- 12. Each smoke detector required under subsection (B)(11) is:
 - a. Maintained in an operable condition;
 - b. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
 - c. Tested monthly;
- 13. There is a portable, operable fire extinguisher, labeled as rated at least 2A-10-BC according to the rating standards established by the Underwriters Laboratories, available at the outpatient treatment center;
- 14. The fire extinguisher required in subsection (B)(13):
 - a. Is serviced at least once every 12 months;

- b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person; and
 - c. Is 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;
- 15. If a local fire jurisdiction requires a sprinkler system, a sprinkler system is:
 - a. Installed,
 - b. Operable,
 - c. Tested quarterly, and
 - d. Serviced at least once every 12 months;
- 16. An extension cord is not used instead of permanent electrical wiring;
- 17. Each electrical outlet and electrical switch has a cover plate that is in good repair;
- 18. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
- 19. Oxygen and medical gas containers are:
 - a. Maintained in a secured, upright position; and
 - b. Stored in a room with a door and:
 - 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.

R9-10-1013. Behavioral Health Services

- A. An administrator of an outpatient treatment center authorized to provide behavioral health services shall ensure that crisis services, observation stabilization services, and opioid services are not provided by the outpatient treatment center unless the outpatient treatment center is specifically authorized to provide crisis services, observation/stabilization services, or opioid services.
- B. An administrator of an outpatient treatment center that provides behavioral health services shall ensure that:
 - 1. A personnel member who provides behavioral health services is 21 years of age or older;
 - 2. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner, an employee, or a volunteer applies for or has a fingerprint clearance card as required in A.R.S. § 36-425.03; and

3. Outpatient treatment center policies and procedures are established, documented, and implemented that:
 - a. For a behavioral health paraprofessional:
 - i. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the outpatient treatment center;
 - ii. If a behavioral health paraprofessional provides services under the practice of marriage and family therapy, the practice of professional counseling, the practice of social work, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health paraprofessional is under the supervision of an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health paraprofessional; and
 - iii. Establish the qualifications for individuals providing supervision to a behavioral health paraprofessional; and
 - b. For a behavioral health technician:
 - i. Delineate the services a behavioral health technician is allowed to provide at or for the outpatient treatment center;
 - ii. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
 - iii. If the behavioral technician provides services under the practice of marriage and family therapy, the practice of professional counseling, the practice of social work, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health technician is under the clinical oversight of a behavioral health professional licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health technician;
 - iv. Delineate the methods used to provide clinical oversight including when clinical oversight is provided on an individual basis or in a group setting;
 - v. If clinical oversight is provided electronically, ensure that:
 - (1) The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,
 - (2) A secure connection is used, and

- (3) The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided;
 - vi. For each week that a behavioral health technician provides services related to patient care at the outpatient treatment center, ensure that the behavioral health technician receives clinical oversight at least once during that week;
 - vii. Establish the duration of clinical oversight provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
 - (1) The scope and extent of the services provided,
 - (2) The acuity of the patients receiving services, and
 - (3) The number of patients receiving services; and
 - viii. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician.
- C. An administrator of an outpatient treatment center that provides behavioral health services shall ensure that:
 - 1. An assessment for a patient is completed before treatment for the patient is initiated;
 - 2. If an assessment is conducted by a:
 - a. Behavioral health technician, within 24 hours a behavioral health professional reviews and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the patient;
 - 3. An 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 assessment; and
 - c. Is documented in patient's medical record;
- 4. 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;
 - 5. A request for participation in a patient's assessment is made to the patient or the patient's representative;
 - 6. An opportunity for participation in the patient's assessment is provided to the patient or the patient's representative;
 - 7. Documentation of the request in subsection (C)(5) and the opportunity in subsection (C)(6) is in the patient's medical record;
 - 8. A patient's assessment information is documented in the medical record within 48 hours after completing the assessment;
 - 9. A patient's assessment information is reviewed and updated when additional information that affects the patient's assessment is identified;
 - 10. A review and update of a patient's assessment information is documented in the medical record within 48 hours after the review is completed;
 - 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 treatment plan, 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;
 - 13. A personnel member's skills and knowledge are verified and documented in the personnel member's personnel record; and
 - 14. 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.
- D. An administrator of an outpatient treatment center authorized to provide behavioral health services:
 - 1. May request approval to provide any of the following to individuals required to attend by a court of competent jurisdiction:
 - a. DUI screening,
 - b. DUI education,
 - c. DUI treatment, or
 - d. Misdemeanor domestic violence offender treatment;
 - 2. If providing any of the services in subsection (D)(1)(a) through (d), shall comply with the requirements for the specific service in 9 A.A.C. 20; and
 - 3. Is approved to have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide any of the services in subsection (D)(1).

R9-10-1014. Clinical Laboratory Services

An administrator shall ensure that:

- 1. If clinical laboratory services are provided on the premises or by contracted services at another location, the clinical laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance 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.

R9-10-1015. Crisis Services

- A. An administrator of an outpatient treatment center authorized to provide crisis services shall comply with the requirements for behavioral health services in R9-10-1013.
- B. An administrator of an outpatient treatment center that provides crisis services shall ensure that:
 1. Crisis services are available at all times during clinical hours of operation;
 2. The following individuals qualified to provide crisis services according to the outpatient treatment center's policies and procedures are present in the outpatient treatment center at all times during clinical hours of operation:
 - a. A behavioral health technician, and
 - b. A registered nurse; and
 3. The following individuals qualified to provide crisis services according to the outpatient treatment center's policies and procedures are available at all times during clinical hours of operation:
 - a. A behavioral health professional, and
 - b. A medical practitioner.

R9-10-1016. Diagnostic Imaging Services

An administrator of an outpatient treatment center that provides 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; or
 - b. 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 provided to the Department for review upon the Department's request;
- 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.

R9-10-1017. Dialysis Services

A. 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. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane.
- 4. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
- 5. "Dialyzer" means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
- 6. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
- 7. "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.
- 8. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
- 9. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.

10. "Nephrology" means the subspecialty of medicine that deals with conditions and diseases that affect the kidneys.
 11. "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.
 12. "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.
 13. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
 14. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
 15. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
 16. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
 17. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
 18. "Stable" means 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.
 19. "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.
 20. "Vascular access" means the point on a patient's body where blood lines are connected for hemodialysis.
- B. A governing authority of an outpatient treatment center providing dialysis services shall:
1. Ensure that the administrator appointed as required in R9-10-1003(B)(8) 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 providing dialysis services shall ensure that:
 1. In addition to the policies and procedures required in R9-10-1003(D)(2), policies and procedures are established, documented, and implemented that cover:
 - a. Long-term care plans and patient care plans,
 - b. Personnel members' response to a patient adverse reaction during dialysis, and
 - c. Personnel members' response to an equipment malfunction during dialysis;
 2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-112 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:
 - i. Before providing dialysis services, and
 - ii. At least once every 24 months after the initial date of employment or volunteer services;
 4. A personnel member wears a name badge that displays the individual's first name, job title, and professional license or certification; and
 5. A minimum of one registered nurse or medical practitioner is on the premises at all times while a patient receiving dialysis services is on the premises.
- D. An administrator of an outpatient treatment center providing 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 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 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 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 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 from 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 person 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 unstable, 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)(a);
 - 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 at all times 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)(b);
 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)(c); 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 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 (M);
 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 or a biological:

- 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 or biological; and
 - ii. Hazard to a child having access to the medication or biological and, if applicable, a syringe used to inject the medication or biological; 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 or biological, including injecting the medication or biological;
 - ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication or biological;
 - iii. Provided with instructions for the administration of the medication or biological 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 medication or biological label;
 - v. Taught and able to self-monitor the patient's blood pressure; and
 - vi. Informed how to store the medication or biological according to the manufacturer's instructions.
- G. An administrator of an outpatient treatment center providing dialysis services shall ensure that a social worker is employed by or contracted with 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 days of 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 providing dialysis services shall ensure that a registered dietitian is employed by or contracted with 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 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 providing 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 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 providing 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 treatments to be provided 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 every six months for a patient whose medical condition is stable, and
 - b. At least every 30 days for a patient whose medical condition is not stable.
- K. In addition to the requirements in R9-10-1008(C), an administrator 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 subsection (E)(9), and
 - b. Self-dialysis required in subsection (F)(2); and
 5. If applicable, documentation of the patient's discharge.
- L. 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.
- M. 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.
- N. For a patient who received dialysis services, an administrator shall ensure that, after the 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 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.

R9-10-1018. Observation/stabilization Services

- A. An administrator of an outpatient treatment center that provides observation/stabilization services shall:
1. Comply with the requirement for behavioral health services in R9-10-1013, and
 2. Ensure that observation/stabilization services are available at all times.

- B. An administrator of an outpatient treatment center that provides observation/stabilization services shall ensure that:
1. Observation/stabilization services are provided in a designated area that:
 - a. Is used exclusively for observation/stabilization services;
 - b. Contains a separate reception area for intake; and
 - c. For every 15 observation chairs or less, has 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,
 - vi. Lighting, and
 - vii. A means of ventilation;
 2. If the outpatient treatment center is authorized to provide observation/stabilization services to individuals under 18 years of age:
 - a. There is a separate designated area for providing observation/stabilization services to individuals under 18 years of age that:
 - i. Meets the requirements in subsection (B)(1), 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 at all times 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;
 3. A medical practitioner is present in the outpatient treatment center and available to the designated area at all times;
 4. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;
 5. A registered nurse is present and provides direction for observation/stabilization services in the designated area at all times;
 6. A nurse monitors each individual at the intervals determined according to subsection (B)(16) and documents the monitoring in the individual's medical record;

7. An individual who arrives at the designated area for 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;
8. If a screening indicates that an individual needs immediate physical health services, the individual is examined by a medical practitioner within 30 minutes after being screened and is admitted or transferred to a health care institution capable of meeting the individual's immediate physical health needs;
9. An individual admitted for observation/stabilization services is provided an observation chair;
10. If an observation chair is not available for an individual's use, the individual is not admitted for observation/stabilization services;
11. If an individual is not admitted for 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. Establishing a method to notify the individual when there is an observation chair available;
 - b. Referring or providing transportation to the individual to another health care institution;
 - c. Assisting the individual to contact the individual's support system; and
 - d. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;
12. 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;
13. The log required in subsection (B)(12) is maintained for one year after the date of documentation;
14. Each observation chair:
 - a. 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; and
 - b. Is visible to a personnel member at all times;

15. Within 24 hours after a patient was admitted for observation/stabilization services, a medical practitioner determines whether the patient will be:
 - a. Transferred to another health care institution capable of meeting the individual's needs, or
 - b. Provided a referral to another entity capable of meeting the individual's needs;
16. When an individual is admitted to a designated area for observation/stabilization services, an assessment of the individual includes the interval for monitoring the individual based on the individual's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the individual;
17. If an individual is not being admitted as an inpatient to another health care institution, before discharging the individual from a designated area for observation/stabilization services, a personnel member:
 - a. Identifies the specific needs of the individual after discharge necessary to assist the individual 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 individual; and
 - c. Documents the information in subsection (B)(17)(a) and the resources in subsection (B)(17)(b) in the individual's medical record;
18. When an individual is discharged from a designated area for observation/stabilization services a personnel member:
 - a. Provides the individual with discharge information that includes:
 - i. The identified specific needs of the individual after discharge, and
 - ii. Resources that may be available for the individual; and
 - b. Contacts any resources identified as required in subsection (B)(17)(b);
19. Except as provided in subsection (B)(20), an individual is not re-admitted to the outpatient treatment center for observation/stabilization services within two hours after the individual's discharge from the designated area in the outpatient treatment center that provides observation/stabilization services; and
20. An individual may be re-admitted to the outpatient treatment center for observation/stabilization services within two hours after the individual's discharge if:
 - a. It is at least one hour since the time of the individual's discharge;
 - b. A law enforcement officer accompanies the individual to the outpatient treatment center;

- c. Based on a screening of the individual, it is determined that re-admission for observation/stabilization is necessary for the individual; and
 - d. The name of the law enforcement officer and the reasons for the determination in subsection (B)(20)(c) are documented in the individual's medical record.
- C. An administrator of an outpatient treatment center that provides observation/stabilization services shall comply with the requirements for restraint and seclusion in R9-10-316.

R9-10-1019. Opioid Treatment Services

- A. In addition to the definitions in R9-10-101 and R9-10-1001, the following definitions apply in this Section unless otherwise specified:
 - 1. "Opioid treatment services" means medical services, nursing services, health-related services, and ancillary services provided to a patient receiving an opioid agonist treatment medication for opiate addiction.
 - 2. "Opioid agonist treatment medication" means a prescription medication, such as methadone or levo-alpha-acetyl-methadol, that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opioid addiction.
- B. A governing authority of an outpatient treatment center providing 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)(8) 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.
- C. An administrator of an outpatient treatment center authorized to provide opioid treatment services shall comply with the requirement for behavioral health services in R9-10-1013.
- D. An administrator of an outpatient treatment center providing opioid treatment services shall ensure that:
 - 1. In addition to the policies and procedures required in R9-10-1003(D)(2), policies and procedures are established, documented, and implemented 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 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 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 the development and implementation of patient care plans;
- j. Include procedures for the response of personnel members to a patient adverse reaction during opioid treatment; and
- k. 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 authorized dispensing,
 - ii. Restrictions on dispensing, and

- ii. 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. A patient is not admitted for opioid treatment services without a written order from a medical practitioner;
- 4. 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
- 5. In addition to the requirements in R9-10-1008, a medical record for each patient contains:
 - a. Monthly notes related to the patient's progress toward reaching treatment goals documented in the patient's care plan by the patient's medical practitioner or behavioral health professional;
 - b. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and
 - c. If applicable, documentation of the patient's discharge from receiving opioid treatment services.
- E. An administrator 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:
 - a. Performs a medical history and physical examination on the patient within 30 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. Complaint procedures;
- 4. Documentation of the provision of the information specified in subsection (E)(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 (D)(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 (D)(1)(j);
 - 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 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.

- F. An administrator of an outpatient treatment center providing opioid treatment services shall ensure that a treatment plan for each patient receiving opioid treatment services:
1. Is developed by a team that includes at least:
 - a. The patient's medical practitioner;
 - b. A registered nurse responsible for nursing services provided to the patient;
 - c. A social worker; and
 - d. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the treatment plan;
 2. Includes:
 - 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;
 3. Identifies the treatment to be provided to the patient and treatment goals;
 4. 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;
 5. Is signed and dated by each personnel member participating in the development of the treatment plan;
 6. 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 treatment plan;
 7. Is signed and dated by the patient or the patient's representative;
 8. Is implemented;
 9. Is evaluated by a medical practitioner;
 10. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
 11. Is reviewed and updated according to the needs of the patient.

R9-10-1020. Pain Management Services

An administrator of an outpatient treatment center that provides 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 premises;
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 of 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 anesthesia is used to provide pain management services:
 - a. Before the anesthesia is initially used on a patient, a pre-anesthesia evaluation of the patient is performed by an anesthesiologist or a nurse anesthetist;
 - b. Anesthesia is administered by a physician or a nurse anesthetist;
 - c. The following information is included in a patient's medical record:
 - i. A pre-anesthesia evaluation of the patient required in subsection (4)(a),
 - ii. A record of the anesthesia administration, and
 - iii. Any resuscitation measures taken.

R9-10-1021. Physical Health Services

An administrator of an outpatient treatment center that provides 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 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 premises.

R9-10-1022. Rehabilitation Services

An administrator shall ensure that if an outpatient treatment center provides:

1. Occupational therapy services, an individual licensed under A.R.S. Title 32, Chapter 34 provides direction for the occupational therapy services provided at or by the outpatient treatment center;

2. Physical therapy services, an individual licensed under A.R.S. Title 32, Chapter 19 provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, an individual licensed under A.R.S. Title 36, Chapter 17, Article 4 provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

R9-10-1023. Sleep Disorder Services

An administrator of an outpatient treatment center that provides sleep disorder services shall ensure that:

1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;
2. A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT) or accepted by the BRPT to sit for the BRPT certification examination is present on the premise of the outpatient treatment center;
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,
 - f. Lighting, and
 - g. A means of ventilation;
5. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premises; and
6. Equipment for the delivery of continuous positive airway pressure and bilevel positive airway pressure, including remote control of the airway pressure, is available on the premises of the outpatient treatment center.

R9-10-1024. Urgent Care Services Provided in a Freestanding Urgent Care Center Setting

An administrator of an outpatient treatment center providing 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(B)(8), policies and procedures are established, documented, and implemented that cover advanced cardiac life support training and pediatric advanced 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 all hours of clinical operation to provide the medical services, nursing services, and health-related services included in the scope of services required in R9-10-1003(B)(2);
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 advanced cardiac life support training and pediatric advanced 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 cardiopulmonary resuscitation training 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(9), a medical practitioner's record includes documentation of completion of advanced cardiac life support training and pediatric advanced life support training.