

**OUTPATIENT TREATMENT CENTERS (OTC)  
WORKGROUP MEETING NOTES**  
November 13, 2012

Regular text = paraphrased discussion

*Italics=Department's response*

**Bold, italics and indented=rule change**

**R9-10-1001(1)**

Does this definition of “admission” apply to behavioral health services?

**A comment** was made that the OTC rules primarily refer to medical services, not behavioral health services.

Isn't an assessment performed on a “patient?” Should “patient” replace “individual?”

*The Department believes that changing the term “assessment” to “screening” and “individual” to “patient” will increase clarification of this definition. The Department plans to change the rule as follows:*

***“Admission” means, after the completion of an individual’s ~~assessment~~ screening or registration by an outpatient treatment center, the individual begins receiving ~~medical services, nursing services, health-related services,~~ physical health services or behavioral health services, ~~or ancillary services~~ and is accepted as a patient of the outpatient treatment center.***

**R9-10-1001(2)**

What does “ancillary services” mean? Could this be anything? Can you be more specific?

*Ancillary services are any services other than medical services, nursing services, or health-related services provided by an outpatient treatment center. The Department believes that a more specific definition may be less flexible.*

**A question was** raised regarding the difference between medical services and physical health services.

*Medical services is defined in A.R.S. § 36-401. Physical health services is defined in rule and includes medical services.*

*The Department plan to change the rule as follows:*

2. ***“Ancillary services” means services other than ~~behavioral health services or physical health services~~ medical services, nursing services, or health-related services provided to a patient by or at an outpatient treatment center.***
5. ***“Behavioral health services” means medical services, nursing services, ~~or~~ health-related services, or ancillary services provided to an individual to address the individual’s behavioral health issue.***
31. ***“Physical health services” means medical services, nursing services, ~~or~~ health-related services, or ancillary services, other than behavioral health services, provided to an individual.***

**R9-10-1001(3)**

Should the definition of “authenticate” be the same as “signature” in R9-10-1001(35)?

*No. These are two distinct definitions. Authenticate means to establish as valid. Using a signature is one method to authenticate.*

**R9-10-1001(4)(a) and (b)**

Can the definition of “available” include videoconferencing? Also, we bring in equipment, such as videoconferencing equipment. So, it’s not retrievable at the OTC.

*The Department will review where the term is used and if necessary expand this definition.*

**A question was** raised as to whether the rules could be more consistent with today’s technology. Meaning, could the use of e-mail, tablets, etc. be mentioned in the rules as communication methods rather than pager and phone?

*The Department plans to change the definition of “available” for an individual as follows:*

***“Available” means:***

- a. ***For an individual, the ability to be contacted and to provide immediate feedback by any means possible ~~such as by telephone or pager;~~***

**R9-10-1001(5)**

Can you define “issue” in the definition of behavioral health services?

*The definition of “behavioral health issue” will be provided in Article 1 of Chapter 10 rules.*

**R9-10-1001(8) and (23)**

It is difficult to distinguish between the definition of “crisis services” and the definition of “observation/stabilization services” R9-10-1001(23). Also, the use of “capacity” in this definition may prove difficult to understand. Does the definition of “crisis services” refer to just outpatient services? Should these definitions just describe services and not the person or setting? Perhaps the time of service should be defined?

*The Department will change the rules as follows:*

***“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.***

***“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~~ crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:***

***a. Requires nursing services,***

***b. May require medical services, and***

***c. May be a danger to others as defined in A.R.S. § 36-501 or a danger to self as defined in A.R.S. § 36-501.***

**R9-10-1001(10), R9-10-1001(31)**

Wouldn’t a diagnostic procedure be applicable to a patient, not an “individual?”

*The Department plans to review all uses of the term “individual” and where appropriate replace “individual” with “patient.”*

**R9-10-1001(10)**

Does the term “medical condition” refer to a behavioral health condition?

*The Department plans to change the rule as follows:*

***“Diagnostic procedure” means a method or process performed to determine whether an individual has a medical condition or a behavioral health issue.***

**R9-10-1001(13)**

Should “to destroy” be replaced with “in order to?”

*Yes. The Department plans to change the rule as follows:*

***“Disinfect” means to clean in order to destroy or prevent the growth of disease-causing microorganisms.***

**R9-10-1001(15)**

This definition of “incident” is very broad. Usually an incident occurs only when a patient is on the OTC premise.

*The Department must consider OTC’s that provide services to patients off premises. The Department plans to change the rule as follows:*

***“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:***

***a. On the premises of an outpatient treatment center, or***

***b. Not on the premises of an outpatient treatment center but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the outpatient treatment center.***

**R9-10-1001(18)**

This definition of “isolation” is too specific, depending on how you use it.

*The term is used in the infection control section and requires an outpatient treatment center to have policies and procedures as part of the outpatient treatment center's infection control program and, if applicable, for the isolation of a patient.*

**R9-10-1001(24)**

Do you want to replace “individual” with “personnel member?”

*The Department plans to review all uses of the term “individual” and where appropriate replace “individual” with “personnel member” or the appropriate term or terms.*

**A comment** was made that the use of “patient” in the behavioral health community may be offensive.

*The Department recognizes that the use of “client” in the behavioral health community is preferable to “patient.” Although “patient” is used in the draft rules, the terminology used by behavioral health providers and in behavioral health practice may remain the same.*

**R9-10-1001(26)**

Rather than “patient follow-up instructions” do you mean discharge instructions?

*Because patients are not typically discharged from an OTC after receiving services from the OTC. The Department believes that the term “patient follow-up instructions” is the more appropriate term for the information the patient receives when leaving the outpatient treatment center.*

**R9-10-1001(27)**

Does “patient representative” mean the same as a power of attorney?

*An individual who has power of attorney may be a patient representative but other individuals may serve as a patient representative as identified in the definition.*

**R9-10-1001(32)**

**A comment** was made that the definition of “quality management program” was well-defined.

**R9-10-1001(33)**

**A comment** was made that the definition of “risk” is too broad.

*The Department reviewed the use of risk in the draft rules and believes the definition is appropriate.*

**R9-10-1002(2)**

Why isn't substance abuse treatment included in the listing of behavioral health services?

*Substance abuse treatment is not a separate service category.*

**R9-10-1002(2)**

Where do I fall (as a provider) if a patient presents a need for meds to address behavioral health issues?

*Behavioral health services includes medical services provided to an individual to address the individual's behavioral health issue so an outpatient treatment center licensed to provide behavioral health services can have medication prescribed by an appropriate medical practitioner to an individual to address the individual's behavioral health issue.*

**R9-10-1003(B)(3)**

Not all hospital policies are adopted by a hospital board. Also, even in a small non-profit OTC would a governing board be available to do this.

*The Department believes that an outpatient treatment center's governing authority needs to approve the outpatient treatment center's policies and procedures. The Department plans to change the rule as follows:*

**A governing authority shall:**

3. ~~Adopt~~ **Approve policies and procedures for the outpatient treatment center;**

**R9-10-1003(8) and (9)**

Is a provider limited to appointing only one administrator?

*No. The Department recognizes that each service area offered by a provider may require its own administrator.*

**R9-10-1003(D)(1)(b)**

“Cover” does not seem to be an appropriate term. Can you consider “outline,” “prescribe,” or “review,” or something similar?

*The Department believes “cover” is the most appropriate term for the rule.*

**R9-10-1003(D)(1)(b)**

Are there any time requirements for orientation or training?

*No. The Department is not prescriptive in this subsection and instead is encouraging providers to use their professional discretion when developing policies and procedures.*

**R9-10-1003(D)(1)(d)**

Can “as applicable” be added to this subsection? Not all OTC’s, such as a mammography center would necessarily need this training? Does the provider determine who should have CPR training?

*This rule requires an administrator to ensure that policies and procedures cover CPR. This rule does not require personnel to have CPR. Unless otherwise stated in rule, the OTC determines a personnel members job functions including whether the job function would require a personnel member to have CPR and which level or type of CPR would be necessary.*

**R9-10-1003(D)(1)(d)**

A comment was made that possibly any reference to CPR Training should be changed to Basic Life Skills Training, as this is more current terminology and is a more generic term.

*The Department believes that CPR is the more appropriate term. Basic life support (BLS) certification is a higher level that the Department, based on lack of negative outcomes with the current CPR requirements, does not believe is the minimum standard to protect health and safety. The Department plans to change the rule as follows:*

*Cover cardiopulmonary resuscitation training including:*

- i. The method and content of cardiopulmonary resuscitation training including a process for an individual receiving the training to demonstrate hands-on cardiopulmonary resuscitation skills acquired as a result of the training;*

**R9-10-1003(D)(1)(f)**

What is the intent of this rule?

*The Department wants to ensure that a patient is correctly provided the services ordered. Therefore, an OTC must implement a procedure such as having the patient wear a wrist band with the patient name, having a patient state their date of birth to a personnel member before services are performed, etc. that identifies a patient to the personnel member.*

**R9-10-1003(D)(1)(h)**

Why is this necessary when law doesn’t require health care directives in OTC’s?

*The Department believes that an outpatient treatment center should have policies and procedures that may include whether the OTC asks a patient to submit the patient’s advance directive or comply with the patient’s advance directive and how the OTC provides notice concerning advance directives to patients.*

**R9-10-1003(D)(2)(c)**

A policy that covers all medical, nursing and ancillary services seems too broad. How can you cover all services?

*The Department believes that an OTC needs to have policies and procedures that cover how services are provided. Personnel members need direction in the provision of services.*

**R9-10-1003(D)(2)(j)**

Can “as applicable” be added to this subsection?

*The Department recognizes that some OTC’s may encounter populations with a propensity to display out-of-control behaviors more than others. However, because the Department wants general rule applicability to all OTC’s, this*

rule can be readily complied with through brief or detailed language in the outpatient treatment center's policies and procedures.

**R9-10-1003(D)(3)(a)**

Why is this 24 months? In hospitals it is 36 months.

*The 36 months in hospital rules was adopted consistent with the provision in A.R.S. § 36-425(A) that states that a license for an accredited hospital is effective for 3 years. There is not a similar statute for outpatient treatment centers. The Department believes that 24 months is appropriate for review of an outpatient treatment center's policies and procedures.*

**R9-10-1003(D)(4)**

Can this be four hours? That's how it is in hospitals.

*The Department has removed all requirements for maintenance of documentation on the premises but believes that 2 hours is a sufficient amount of time for an OTC to provide the Department with requested documentation.*

**R9-10-1003(D)(4)**

How can we ensure a two-hour turnaround particularly when records are off-site? Can we submit to the Department electronically?

*Yes, you may submit documents to the Department electronically.*

**R9-10-1003(D)(5)(d)**

Why should OTC's conspicuously post rates? That is only required in hospitals and nursing facilities.

*A.R.S. § 36-436.01(C) requires licensed health care institutions classified as outpatient treatment centers and home health agencies to file a copy of the schedule with the Director before implementing those rates or charges and shall post a copy in a conspicuous area.*

Can we post a notice that says, "A rate schedule is available upon request?"

*The Department plans to change the rule as follows:*

**5. The following are conspicuously posted:**

**d. One of the following:**

**i. A schedule of rates according to A.R.S. § 36-436.01(C), or**

**ii. A notice that a schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;**

**R9-10-1003(D)(6)**

Should this say "out-patient instructions" rather than "patient follow-up instructions?"

*The Department believes that "patient follow-up instructions" is the appropriate term.*

**R9-10-1003(E)**

Why are there so many requirements for abuse, neglect and exploitation when this is already covered in statute?

**A comment** was made that per statute, the abuse, neglect and exploitation of a vulnerable adult needs to be reported to authorities but the rules are expanding these reporting requirements to all individuals, and that every suspected, and alleged incident must be reported to DHS. Does DHS want everything reported? There are times when an incident occurs in a hospital and the matter is appropriately handled internally.

*The Department believes that as the agency responsible for ensuring minimum standards to protect the health and safety of a patient receiving services from an outpatient treatment center, the Department needs to be notified if there is alleged or suspected abuse, neglect, or exploitation of the patient.*

Can you please define "receiving services from?"

*The Department plans to change the rule as follows:*

***If abuse, neglect, or exploitation of a patient is alleged or suspected, while the patient is on an outpatient treatment center's premises or is not on an outpatient treatment center's premises but directly receiving services from a personnel member of the outpatient treatment center, an administrator shall:***

**R9-10-1003(E)(1)**

What does “immediate action to stop” mean?

*The administrator needs to determine what immediate action is necessary to stop any abuse, neglect, or exploitation. There are far too many scenarios that could occur than it would be possible to address in rule.*

**R9-10-1004(1)(e)**

How do you measure improvement in behavioral health?

*The provider decides.*

**R9-10-1004(2)(a)**

“Each identified concern” seems to be very broad.

*The rule requires a plan that has a method to identify, document, and evaluate incidents to identify a concern about the delivery of services. The concern is based on an evaluation of the incidents and is related to the delivery of services. The Department believes if there is a concern about the delivery of services that is based on an evaluation of incidents, the governing authority needs to be informed of the concern.*

**R9-10-1004(3)**

Who is the governing authority?

*The governing authority is the individual or individuals who are responsible for the organization, operation and administration of the OTC. The governing authority is the licensee.*

**R9-10-1006(2)**

Does that replace a review?

*Yes.*

**R9-10-1006(5)**

There are tiers to our orientation whereby we orient new employees, have them provide some services, and then complete their orientation. Can we do this?

*Orientation, by definition, is the information needed by and provided to an individual before the individual provides services. So, you can provide information to an individual after the individual provides services. The process an outpatient treatment center uses is required to be delineated in the outpatient treatment center’s policies and procedures.*

**R9-10-1006(9)(d)(iii)**

What documentation is required? Even for paraprofessionals?

*It all depends upon the job description and qualifications established by the outpatient treatment center.*

**R9-10-1006(9)(d)(v)**

Why was the language “as applicable” used in this rule? It’s not consistent with the CPR subsection, R9-10-1003(D)(1)(d).

*The Department believes it is consistent.*

**R9-10-1006(9)(d)(v)**

What does “and” mean?

*When developing regulatory rules, the use of “and” at the end of a list means and/or as it pertains to the items in the list.*

**R9-10-1006(10)(a)**

Must these records remain at the OTC?

*No.*

**A question was raised** as to whether fingerprints are required for everyone who works at the OTC.

*The Department encourages providers to review A.R.S. 36-425.03. Basically, anyone who works in a children’s behavioral health agency must be fingerprinted.*

**R9-10-1007(2)(c)(i)**

Health care directives are mentioned in this subsection. Same comment as R9-10-1003(D)(1)(h). Also, should you include patent's rights mentioned in Title 36, Arizona Administrative Code Title 9, Chapter 21 or even the rights for individuals with HIV?

*The Department understands that special populations are afforded legal protections mentioned in state and federal statutes and other administrative regulations. The provider is responsible for compliance with these mandates. The Department does not repeat these requirements in licensure rules because licensure rules must have general applicability.*

**R9-10-1008(A)(3)(a)**

Not all OTC's would enter the time of an order. Can this be removed?

*The Department plans to change the rule by deleting the phrase "and includes the time of order."*

**R9-10-1008(A)(4)**

Should there be safeguards (i.e. use and access) for rubber-stamped or electronic signature devices?

*The Department believes the medical practitioner carries that responsibility.*

**R9-10-1008(A)(8)(a) and (9)**

Everyone is moving to Electronic Medical Record (EMR's). Should this be taken out?

*The Department plans to change the rule by deleting subsection (a) "The length of time a medical record is maintained on the premises." The Department believes the remainder of the requirements are necessary.*

**A comment** was made regarding electronic medical records – Because of EMR's the requirements in R9-10-1008(2)(c) cannot be met.

*For compliance with this rule, the Department will allow for an original entry and corrected entry in a medical record to be in two separate areas of the electronic database.*

**R9-10-1008(C)(1)**

Why does this rule require a psychotropic medication to have informed consent documented? Why not just all medications?

*The Department believes the use of psychotropic medications involve substantial risk from other types of medications. The Department will consider adding a definition of a psychotropic medication.*

**R9-10-1008(C)(1)**

Should this be general consent rather than informed consent?

Can the provider obtain verbal consent and document in the medical record?

*R9-10-1003(D)(2)(b) requires an administrator to establish, document, and implement policies and procedures that include when general consent and informed consent are required.*

*The Department plans to change the rule as follows:*

*Add definitions of "general consent" and "informed consent":*

**"General consent" means documentation of an agreement from an individual to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issue.**

**"Informed consent" means advising a patient of a proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic drug, or diagnostic procedure; associated risks and possible complications; and obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure from the patient or the patient's representative.**

*The definition of "informed consent" is inclusive to allow the outpatient treatment center to determine which services other than surgical procedures and psychotropic drugs, for which the outpatient treatment center will obtain informed consent. The outpatient treatment center is required to obtain informed consent for surgical procedures and psychotropic drugs and general consent for other physical health services and behavioral health services. How the outpatient treatment center documents and whether the outpatient treatment center obtains signatures is established in the outpatient treatment center's policies and procedures.*

Change the rules:

**R9-10-1007(2)(c)(iii)**

*A patient or patient's representative:*

- a. *Consents to physical health services and behavioral health services before the physical health services or behavioral health services are provided, except in a medical emergency;*
- c. *Except in a medical emergency, receives the following:*
- iii. *Information about a proposed ~~treatments or diagnostic procedures~~ surgical procedure or psychotropic drug, alternatives to ~~treatments or diagnostic procedures~~, the surgical procedure or psychotropic drug, associated risks, and possible complications; and*

**R9-10-1008(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 a surgical procedure ~~treatment, a diagnostic procedure~~, or a psychotropic drug, except in a medical emergency;*
2. *Documented general consent and informed consent according to the outpatient treatment center's policies and procedures;*

**R9-10-1008(C)(4)(d)**

What does "sensitivity" mean?

*The Department plans to change the rule by deleting "or sensitivity."*

**R9-10-1008(C)(5)**

Can "as applicable" be added to this subsection?

*No.*

**R9-10-1008(C)(8)**

If there is one diagnosis for the patient, must there be a clinical test to support the diagnosis?

*The medical practitioner or behavioral health professional is responsible for determining whether a clinical test is necessary to support a diagnosis.*

**R9-10-1008(C)(10)**

Can "as applicable" be added to this subsection? Patient response to a treatment cannot always be documented.

*The Department plans to change the rule as follows:*

*Add the following definition of "progress note":*

***"Progress note" means documentation by a personnel member of:***

- a. *An observed patient response to a physical health service or behavioral health service provided to the patient,*
- b. *A patient's significant change in condition, or*
- c. *Observed patient behavior related to the patient's medical condition or behavioral health issue.*

*Change (C)(10) to:*

10. *~~Notes by a personnel member, including the patient's response to a treatment or diagnostic procedure~~ Progress notes;*

Changes to other rules:

**R9-10-1001. Definitions**

34. *"Scope of services" means a list of specific medical services, nursing services, health-related services, and ancillary services the governing authority has designated as being available to a patient.*

- \*\*.** *"Psychotropic medication" means a chemical substance that crosses the blood-brain barrier and acts primarily upon the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior provided to a patient to address the patient's behavioral health issue.*



**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. *Behavioral health services to individuals under 18 years of age,*
    - ii. *DUI education,*
    - iii. *DUI screening,*
    - iv. *DUI treatment, or*
    - v. *Misdemeanor domestic violence offender treatment;*
  - b. *Court-ordered evaluation;*
  - c. *Court-ordered treatment;*
  - d. *Crisis services;*
  - e. *Diagnostic imaging services;*
  - f. *Clinical laboratory services;*
  - g. *Dialysis services;*
  - h. *Observation/stabilization services;*
  - i. *Opioid treatment services;*
  - j. *Pain management services;*
  - k. *Physical health services;*
  - l. *Pre-petition screening;*
  - m. *Rehabilitation services;*
  - n. *Sleep disorder services; or*
  - o. *Urgent care services provided in a freestanding urgent care center setting.*

**R9-10-\*\*\*\*. Behavioral health services to individuals under 18 years of age**

*An administrator of an outpatient treatment center that provides behavioral health services to individuals under 18 years of age shall ensure that employees and volunteers comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.*

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

*An administrator of an outpatient treatment center that provides court-ordered evaluation shall comply with the requirements for:*

1. *Court-ordered evaluation in A.R.S. Title 36, Chapter 5, Article 4; and*
2. *Behavioral health services in R9-10-1013.*

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

*An administrator of an outpatient treatment center that provides court-ordered treatment shall comply with the requirements for:*

1. *Court-ordered treatment in A.R.S. Title 36, Chapter 5, Article 5; and*
2. *Behavioral health services in R9-10-1013.*

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

*An administrator of an outpatient treatment center that provides pre-petition screening shall comply with the requirements for:*

1. *Pre-petition screening in A.R.S. Title 36, Chapter 5, Article 4; and*
2. *Behavioral health services in R9-10-1013.*