OUTPATIENT TREATMENT CENTERS (OTC)
WORKGROUP MEETING NOTES
December 11, 2012

Regular text = paraphrased discussion
Italics=Department's response
Bold, italics and indented=rule change

R9-10-1001(2)
Is an acupuncturist included under ancillary services or physical health services?

An acupuncturist is included in ancillary services under physical health services. :

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.

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(8) and (23)
Which definition does CPS intervention come under? Stabilization services?

Observation/stabilization services are required to support individuals who are that high risk of endangering others or themselves. Observation/stabilization services provide up to 24 hours of observation and includes medical services as needed. CPS intervention would come under crisis services.

"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(15)
This definition seems too vague. Can language be added indicating that the incident is a direct result of a service provided by a facility's personnel member to the individual?

Whether an incident is a direct result of a service provided by a facility's personnel member to an individual should be identified (determined) during the incident investigation process and documented in the incident report as required by the facility's (internal) policies and procedures.

"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(24)
Personnel member is confusing. Why not "employee"?

The term personnel member is used in all Chapter 10 rules. The term "personnel member" includes everyone who provides direct care; this includes employees, volunteers, and contractors. The Department has already considered many other terms. An OTC is not required or obligated to use the same terms as used in rule for OTC's policies and procedures; an OTC may use the term "employee."

R9-10-1001(26)

What does "patient follow-up instructions" mean?

Patient follow-up instructions mean 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. In some case, the follow-up instruction may be as simple as stating that no follow-up is required or come back if you have any problems.

R9-10-1002(2)

Does an OTC have to provide behavioral health services?

No, an OTC is not required to provide all services. An OTC chooses the services that they will provide and may choose not to provide behavioral health services.

R9-10-1003(B)(3)

Why "approve"? This seems more onerous than hospitals. Hospitals with Boards do not review and approve each policy and procedure. Ultimately, the Board is not the reviewer, nor approver as accepted for use. Facilities are required to have a plan. The plan is reviewed and accepted by the Board and the meeting minutes document acceptance of the plan. Further, OTCs business entities vary in type, some L.L.C., others incorporated, etc.

A governing authority shall:

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

The Department believes that an outpatient treatment center's governing authority needs to acknowledge/ approve the outpatient treatment center's policies and procedures. The Department is not asking each policy and procedure be signed, rather that the governing authority acknowledges how policies and procedures are drafted and that they comply with requirement.

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

Thought CPR was taken out?

***The Department will look at this**. There are patients who are not medical, but behavioral health. There are also monographic centers that do have to have. Prefer that the rule requires an administrator to ensure that policies and procedures covering CPR, as applicable.*

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)(h)

Can the OTC policy and procedure say that the OTC does not ask for health care directives?

The Department believes that an outpatient treatment center should have policy that includes whether the OTC asks a patient to submit the patient's advance directive.

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

Are OTCs required to have a policy and procedure on how to take a patient's temperature?

The Department believes that an OTC may in a policy and procedure refer to standard medical practice guide and incorporation by reference.

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

Every OTC has to review their policies and procedures every 24 months, which is more often than hospitals. Believe this is too much to ask, please consider for accredited OTCs to be allowed 36 months.

Several doctor's offices are OTCs providing primary care and have primary delivery model policies and procedures. If an OTC is accredited, the accredited OTC is required to meet the higher regulatory standard, beyond accreditation required.

R9-10-1003(E)(1)

Can "immediate action to stop" include calling CPS?

The administrator needs to determine what immediate action is necessary to stop the abuse. There are many scenarios that could occur; calling CPS and 911 maybe acceptable, so long as the abuse is stopped and separation is an immediate action.

Comment: Safety is an issue for staff. Inpatient is different from OTC and we do require additional training for our staff. Still, OTCs do experience a greater risk.

There are different responses for different "individual" situations. The Department cannot draft rules to be less prescriptive while covering every possible situation. Do what you know is right and that which you believe is reasonable and appropriate, follow your policy and procedure, and amend your policy and procedure as appropriate based on your experiences.

R9-10-1009(B)

Does this rule require the prescriber to see a patient before renewing the patient's prescription?

The Department does not require that a prescriber see a patient before renewing the patient's prescription. However, an OTC may choose to have a policy and procedure that does require a patient to see the prescriber before the patient's prescription is renewed.

R9-10-1009(B)(1)(a)

A pharmacist provides this information to a patient when the patient receives their prescription, is this correct that an administrator shall ensure a patient receives the same information when providing medication administration or assistance in the self-administration of medication?

Yes, accountability is with the administrator who is responsible from rules' perspective to have a policy and procedure for doing this. This is also required under practitioner's guidelines.

R9-10-1009(B)(1)(g)

What does this mean…assisting a patient in obtaining medication? What if a patient need does not exist?

The Department will add if applicable to clarify. Assisting a patient in obtaining medication may include instructions to go to a pharmacy.

R9-10-1009(A)(2)

Some OTCs have pharmacy and some do not, do all OTCs have to have copy of the pharmacy license?

No, only if the OTC is providing pharmacy services.

R9-10-1009(B)(1)(c)

During medication administration, what if a patient "cheeks" their medication?

You document that you administered the medication, not that they swallowed the medication. If you learn later that the patient did not swallow their medication, you should document that at the time that you learn the patient did not.

R9-10-1009(D)(1)(c)

Does "all" medications in the OTC have to be locked, not just narcotics?

Yes, this requirement is being followed as part of the good medical delivery practice.

R9-10-1009(D)(4)(c)

If a medication is recalled, how far back should one go?

Follow the OTC's policy and procedure governing medication services. Policy and procedure may include "as recommended by the manufacturer."

R9-10-1010(A)(2)(a)

Why use the word "infestations" instead of "infection"? Do we want to include blood-borne pathogens?

First, the Department will verify the use of "infestations" and if needed will add "infection." The Department believes that an OTC should look at their scope of delivery model and for an OTC who needs to be specific about dealing with blood-borne pathogens include in their infection control policy and procedure. It is what is best for your organization.

R9-10-1010(A)(2)(F)

Are there any other guidelines or recommendations regarding restrictions for personnel members with a communicable disease or infestation?

The Department will provide CDC guidelines and recommendations.

9 A.A.C. 6, Article 3. Control Measures for Communicable Diseases and Infestations

CDC Infectious Diseases A-Z

CDC Healthcare-associated infection (HAIs)

R9-10-1010(A)(3) and (4)

Why require policy and procedure for how to care for and clean linens and clothing?

The policy and procedure should be directed that both the patient and employee population, specifically, an employee giving care to a patient to ensure health and safety to both individuals.

R9-10-1010(A)(2)(c)

Please define "individual"? Is this person an employee, patient, or both?

No, this person is an employee. However, be cautious, a policy and procedure may include others depending on the service that is being provided.

R9-10-1011(1)(c)

Is this language, "ensure that premises are free from conditions or situations that may cause an individual to suffer physical injury," setting a facility up for a liability situation? This is impossible to ensure. Can this is language be changed, possible remove the word "ensure"?

The Department questioned how to define "reasonable" and asked the requestor to provided alternative. language.

R9-10-1010 (A)(7)

Why here and not at hospitals?

OTCs do not have an infection control committee as do hospitals. The Department believes that an OTC's governing authority should be aware of concerns and changes made or actions taken regarding infection control.

R9-10-1011(2)

Behavioral health centers are not required to have a bathroom specifically for collecting specimens. Is it possible that this can be written more globally to share a bathroom?

The new rules will allow for one bathroom, if an OTC holds one license and provides both services.

What if an OTC providing behavioral health holds a separate licensed? Can they still share a bathroom?

No, at this time, sharing a bathroom is not allowed at this time.

Can the rules be written to allow for two separately licensed OTCs to share a bathroom? I thought the Department was going to resolve "shared space." Is it possible to add to the rules language to allow separately licensed OTCs to have a formal agreement allowing one to share space, a bathroom, with another?

The concern is liability. Each licensed OTC has its own governing authority and premises. If two OTCs overlap (sharing space), who is responsible? If sharing a bathroom used for collecting specimens, how does a survey inspect half a bath? One OTC may contract with another OTC; this does not have to be in rule. This rule states

that if an OTC is collecting specimens, the OTC must have control of the space and the control of space is granted by the license issued to the OTC. ***The Department is discussion this issue.***

R9-10-1011(7)(d)
Not all equipment requires an annual inspection. Will the Department consider adding "according to OTC policy and procedure"?

The rule already states, if applicable, for equipment to be tested and calibrated every 12 months or as manufacturer recommends.

R9-10-1011(4)
What does "premises" include?

The building and all licensed space.

R9-10-1012(A)(1)
Is a first-aid kit no longer required? Does a list exist for what should be in a first-aid kit?

Yes, the first-aid kit requirement was taken out, so the rule is less prescriptive. However, an OTC policy and procedure should still require and specify want is included in the first-aid kit based on OTC patient needs. OTCs are always required to provide for a patient's health and safety.

R9-10-1012(B)(8)
Will existing OTCs who are not in compliance with the "44 inch wide" requirement going to be exempt – grandfathered in?

The Department is looking at this.

R9-10-1012(B)(10)
Does this allow patients to exit using any door, including private/staff doors?

This applies only during an emergency, and is a part of the OTC's evacuation plan's path .

R9-10-1012(B)(15)(c)
Why does a sprinkler system have to be tested quarterly?

The Department will change this; annually is acceptable.

R9-10-1013(B)(1)
Why must a personnel member who provides behavioral health services be 21 years of age or older? What if the personnel member is a licensed nurse and under the age of 21?

These personnel members need a particular social sophistication. ***The Department will add language allowing personnel members, who hold a professional license and under the age of 21, to provide behavioral health services.***

R9-10-1012(B)(18)
Our OTC uses mobile oxygen tanks. Do we have to hang a sign?

Yes. You still need to hang a sign. The sign should be hung wherever necessary to alert people coming and going that oxygen is present. Sign may be hung in the front office.

R9-10-1013(B)(3)(b)(v)(2)
What is the definition of "secure connection"?

The Department defines "secure connection" to mean a system through which information can be exchanged without unauthorized third party interception or corruption of the signals.

R9-10-1013(B)(3)(b)(ii)
"Clinical oversight" is not clear? Request that the Department change "clinical oversight to include "direct supervision."

Clinical oversight is defined in Article 1 and is not the same as "supervision" as defined in A.R.S. § 36-401.

"Clinical oversight" means:

- *a. Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures,*
- *b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services,*
- *c. Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services, and*
- *d. Recommending training for a behavior health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.*

R9-10-1013(B)(3)(a)

What are the qualifications of a BHPP?

The qualifications of a BHPP are determined by the OTC and included in the OTC's policy and procedure.

R9-10-1013(B)(3)(a) and (b)

Why two levels…BHT and BHPP?

The believes that two levels of service are needed independently from one another allowing for career growth and as experience is gained.

R9-10-1013(C)(1) and (2)

Is "within 24 hours" a change from current rules? This requirement does not support rural areas. Can you allow rural areas to have more time? Maybe state, "except as provided in…"

Yes, this is different from current rules. The rule has to have general applicability.

R9-10-1013(C)(2)(a) and (b)

Can business hours be changed or maybe loosen to allow training time?

The Department will look at requirement.

R9-10-1013(C)(3)(a)

There need to be more rules regarding telemedicine assessments. Some should be in the room.

The Department will look at telemedicine.

R9-10-1013(C)(3)(a)

Where did co-occurring disorder come from and should assessment reference crisis?

The Department will look at these.

R9-10-1013(C)(10)

What is involved in reviewing and updating patient's assessment information?

Number 10 is related to number 9, when additional information…is identified.

R9-10-1013(C)

What if you are unable to assess due to patient's condition?

The attempt to obtain the assessment information needs to be documented.

Can OTC accept an assessment from another when updating patient's assessment?

Yes, the Department will add.

R9-10-1013(C)(3)(b)

The signer's credentials should be required, as well as their signature. Please add.

The Department will not change the rule to include. An OTC may add this requirement to their policy and procedure.

R9-10-1013(C)(13)
Suggest moving (13) to R9-13-006, Personnel and Staffing.
Yes, the Department will move.

R9-10-1013(C)(11)(c)
BHPP were intentionally not included here?
Yes, a BHPP cannot counsel.

R9-10-1013(D)
Can this be completed in the scope of services?
Yes, you would indicate on a supplemental application a request to provide DUI and DV services.

R9-10-1014(1)
Not all tests require a lab to hold a certificate of accreditation or compliance. Suggest looking at CLIA.
The Department will verify with Clinical Laboratory Improvement Amendments (CLIA).

R9-10-1015(B)(2)
Can BHPP be there?
Yes, a BHPP can be present as can others. However, BHPP cannot be there alone or provide services without supervision of a BHP.

R9-10-1016(1)(a)
Please provide clarification regarding "at least 12 months of experience."
The "12 months of experience" is a requirement in order to provide direction of service, not just provide service.

R9-10-1016(1)(b)
Shouldn't a physician be included here?
Yes, the Department will add "physician."

R9-10-1016(2)(c)
Are diagnostic services always documented and reason for necessary?
Yes. These are standard requirements.