

TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING
ARTICLE 1. GENERAL

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ARTICLE 1. GENERAL

R9-10-101. Definitions

In addition to the definitions in A.R.S. § §§ 36-401(A) and 36-439, the following definitions apply in this Chapter unless otherwise specified:

1. “Abortion clinic” has the same meaning as in A.R.S. § 36-449.01.
2. “Abuse” means:
 - a. The same:
 - i. For an individual 18 years of age or older, as in A.R.S. § 46-451; and
 - ii. For an individual less than 18 years of age, as in A.R.S. § 8-201;
 - b. A pattern of ridiculing or demeaning a patient;
 - c. Making derogatory remarks or verbally harassing a patient; or
 - d. Threatening to inflict physical harm on a patient.
3. “Accredited” has the same meaning as in A.R.S. § 36-422.
4. “Active malignancy” means a cancer for which:
 - a. A patient is undergoing treatment, such as through:
 - i. One or more surgical procedures to remove the cancer;
 - ii. Chemotherapy, as defined in A.A.C. R9-4-401; or
 - iii. Radiation treatment, as defined in A.A.C. R9-4-401;
 - b. There is no treatment; or
 - c. A patient is refusing treatment.
5. “Activities of daily living” means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
6. “Acuity” means a patient’s need for medical services, nursing services, or behavioral health services based on the patient’s medical condition or behavioral health issue.
7. “Acuity plan” means a method for establishing nursing personnel requirements by unit based on a patient’s acuity.
8. “Adjacent” means not intersected by:
 - a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
 - b. A public thoroughfare.
9. “Administrative completeness review time-frame” has the same meaning as in A.R.S. § 41-1072.
10. “Administrative office” means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, behavioral health

services, or health-related services.

11. “Admission” or “admitted” means, after completion of an individual’s screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
12. “Adult” has the same meaning as in A.R.S. § 1-215.
13. “Adult behavioral health therapeutic home” means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual’s behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.
14. “Adult residential care institution” means a subclass of behavioral health residential facility that only admits residents 18 years of age and older and provides recidivism reduction services.
15. “Adverse reaction” means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
16. “Affiliated counseling facility” means a counseling facility that shares administrative support with one or more other counseling facilities that operate under the same governing authority.
17. “Affiliated outpatient treatment center” means an outpatient treatment center authorized by the Department to provide behavioral health services that provides administrative support to a counseling facility or counseling facilities that operate under the same governing authority as the outpatient treatment center.
18. “Alternate licensing fee due date” means the last calendar day in a month each year, other than the anniversary date of a facility’s health care institution license, by which a licensee is required to pay the applicable fees in R9-10-106.
19. “Ancillary services” means services other than medical services, nursing services, or health-related services provided to a patient.
20. “Anesthesiologist” means a physician granted clinical privileges to administer anesthesia.
21. “Applicant” means a governing authority requesting:
 - a. Approval of a health care institution’s architectural plans and specifications for

- construction or modification,
 - b. Approval of a modification,
 - c. Approval of an alternate licensing fee due date, or
 - d. A health care institution license.
22. “Application packet” means the information, documents, and fees required by the Department for the:
- a. Approval of a health care institution's modification or architectural plans and specifications for construction or modification,
 - b. Approval of a modification,
 - c. Approval of an alternate licensing fee due date, or
 - d. Licensing of a health care institution.
23. “Assessment” means an analysis of a patient’s need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.
24. “Assistance in the self-administration of medication” means restricting a patient’s access to the patient’s medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
25. “Attending physician” means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
26. “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.
27. “Authorized service” means specific medical services, nursing services, behavioral health services, or health-related services provided by a specific health care institution class or subclass for which the health care institution is required to obtain approval from the Department before providing the medical services, nursing services, or health-related services.
28. “Available” means:
- a. For an individual, the ability to be contacted and to provide an immediate response by any means possible;

- b. For equipment and supplies, physically retrievable at a health care institution;
and
 - c. For a document, retrievable by a health care institution or accessible according to the applicable time-frames in this Chapter.
29. “Behavioral care”:
- a. Means limited behavioral health services, provided to a patient whose primary admitting diagnosis is related to the patient’s need for physical health services, that include:
 - i. Assistance with the patient’s psychosocial interactions to manage the patient’s behavior that can be performed by an individual without a professional license or certificate including:
 - (1) Direction provided by a behavioral health professional, and
 - (2) Medication ordered by a medical practitioner or behavioral health professional; or
 - ii. Behavioral health services provided by a behavioral health professional on an intermittent basis to address the patient’s significant psychological or behavioral response to an identifiable stressor or stressors; and
 - b. Does not include court-ordered behavioral health services.
30. “Behavioral health facility” means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.
31. “Behavioral health inpatient facility” means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
- a. Have a limited or reduced ability to meet the individual’s basic physical needs;
 - b. Suffer harm that significantly impairs the individual’s judgment, reason, behavior, or capacity to recognize reality;
 - c. Be a danger to self;
 - d. Be a danger to others;
 - e. Be persistently or acutely disabled, as defined in A.R.S. § 36-501; or
 - f. Be gravely disabled.
32. “Behavioral health issue” means an individual’s condition related to a mental disorder, a

personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.

33. “Behavioral health observation/stabilization services” means 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 or a danger to self.
34. “Behavioral health paraprofessional” means an individual who is not a behavioral health professional who provides, under supervision by a behavioral health professional, the following services to a patient to address the patient’s behavioral health issue:
 - a. Services under supervision by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S, A.R.S. Title 32, Chapter 33; or
 - b. Health-related services.
35. “Behavioral health professional” means:
 - a. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
 - i. Independently engage in the practice of behavioral health, as defined in A.R.S. § 32-3251; or
 - ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health, as defined in A.R.S. § 32-3251, under direct supervision as defined in A.A.C. R4-6-101;
 - b. A psychiatrist as defined in A.R.S. § 36-501;
 - c. A psychologist as defined in A.R.S. § 32-2061;
 - d. A physician;
 - e. A behavior analyst as defined in A.R.S. § 32-2091; or
 - f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or
 - g. A registered nurse with:
 - i. A psychiatric-mental health nursing certification, or
 - ii. One year of experience providing behavioral health services.
36. “Behavioral health residential facility” means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:

- a. Limits the individual's ability to be independent, or
 - b. Causes the individual to require treatment to maintain or enhance independence.
37. "Behavioral health respite home" means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual's behavioral health issue and need for behavioral health services.
38. "Behavioral health specialized transitional facility" means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.
33. "Behavioral health staff" means a:
- a. Behavioral health paraprofessional,
 - b. Behavioral health technician, or
 - c. Personnel member in a nursing care institution or assisted living facility who provides behavioral care.
39. "Behavioral health technician" means an individual who is not a behavioral health professional who provides, with clinical oversight by a behavioral health professional, the following services to a patient to address the patient's behavioral health issue:
- a. Services with clinical oversight by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S., A.R.S. Title 32, Chapter 33; or
 - b. Health-related services.
40. "Benzodiazepine" means any one of a class of sedative-hypnotic medications, characterized by a chemical structure that includes a benzene ring linked to a seven-membered ring containing two nitrogen atoms, that are commonly used in the treatment of anxiety.
41. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.
42. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
43. "Case manager" means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services

provided to a patient at the health care institution.

44. “Certification” means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in R9-10-104.01.
45. “Certified health physicist” means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
46. “Change in ownership” means conveyance of the ability to appoint, elect, or otherwise designate a health care institution’s governing authority from an owner of the health care institution to another person.
47. “Chief administrative officer” or “administrator” means an individual designated by a governing authority to implement the governing authority’s direction in a health care institution.
48. “Clinical laboratory services” means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
49. “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, and, if applicable, a patient’s treatment plan;
 - 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.
50. “Clinical privileges” means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
51. “Collaborating health care institution” means a health care institution licensed to provide

outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:

- a. Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
 - b. Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's treatment plan.
52. "Common area" means licensed space in health care institution that is:
- a. Not a resident's bedroom or a residential unit,
 - b. Not restricted to use by employees or volunteers of the health care institution, and
 - c. Available for use by visitors and other individuals on the premises.
53. "Communicable disease" has the same meaning as in A.R.S. § 36-661.
54. "Conspicuously posted" means placed:
- a. At a location that is visible and accessible; and
 - b. Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.
55. "Consultation" means an evaluation of a patient requested by a medical staff member or personnel member.
56. "Contracted services" means medical services, nursing services, behavioral health services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
57. "Contractor" has the same meaning as in A.R.S. § 32-1101.
58. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
59. "Counseling" has the same meaning as "practice of professional counseling" in A.R.S. § 32-3251.
60. "Counseling facility" means a health care institution that only provides counseling, which may include:
- a. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
 - b. Misdemeanor domestic violence offender treatment according to the

requirements in 9 A.A.C. 20, Article 2.

61. “Court-ordered evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.
62. “Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.
63. “Crisis services” means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
64. “Current” means up-to-date, extending to the present time.
65. “Daily living skills” means activities necessary for an individual to live independently and include meal preparation, laundry, housecleaning, home maintenance, money management, and appropriate social interactions.
66. “Danger to others” has the same meaning as in A.R.S. § 36-501.
67. “Danger to self” has the same meaning as in A.R.S. § 36-501.
68. “Detoxification services” means behavioral health services and medical services provided to an individual to:
 - a. Treat the individual’s signs or symptoms of withdrawal from alcohol or other drugs, and
 - b. Reduce or eliminate the individual’s dependence on alcohol or other drugs, or
69. “Diagnostic procedure” means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.
70. “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.
71. “Dialysis services” means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
72. “Dialysis station” means a designated treatment area approved by the Department for use by a patient receiving dialysis or dialysis services.
73. “Dialyzer” means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient’s blood.
74. “Disaster” means an unexpected occurrence that adversely affects a health care institution’s ability to provide services.
75. “Discharge” means a documented termination of services to a patient by a health care institution.
76. “Discharge instructions” means documented information relevant to a patient’s medical condition or behavioral health issue provided by a health care institution to the patient or the patient’s representative at the time of the patient’s discharge.

77. “Discharge planning” means a process of establishing goals and objectives for a patient in preparation for the patient’s discharge.
78. “Discharge summary” means a documented brief review of services provided to a patient, current patient status, and reasons for the patient’s discharge.
79. “Disinfect” means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
80. “Documentation” or “documented” means information in written, photographic, electronic, or other permanent form.
81. “Drill” means a response to a planned, simulated event.
82. “Drug” has the same meaning as in A.R.S. § 32-1901.
83. “Electronic” has the same meaning as in A.R.S. § 44-7002.
84. “Electronic signature” has the same meaning as in A.R.S. § 44-7002.
85. “Emergency” means an immediate threat to the life or health of a patient.
86. “Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.
87. “Emergency services” means unscheduled medical services provided in a designated area to an outpatient in an emergency.
88. “End-of-life” means that a patient has a documented life expectancy of six months or less.
89. “Environmental services” means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
90. “Equipment” means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in R9-10-104.01.
91. “Exploitation” has the same meaning as in A.R.S. § 46-451.
92. “Factory-built building” has the same meaning as in A.R.S. § 41-4001.
93. “Family” or “family member” means an individual’s spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
94. “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.
95. “Food services” means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
96. “Full-time” means 40 hours or more every consecutive seven calendar days.
97. “Garbage” has the same meaning as in A.A.C. R18-13-302.
98. “General consent” means documentation of an agreement from an individual or the

individual's representative to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issues.

99. "General hospital" means a subclass of hospital that provides surgical services and emergency services.
100. "Gravely disabled" has the same meaning as "grave disability" in A.R.S. § 36-501.
101. "Hazard" or "hazardous" means a condition or situation where a patient or other individual may suffer physical injury.
102. "Health care directive" has the same meaning as in A.R.S. § 36-3201.
103. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
104. "Home health agency" has the same meaning as in A.R.S. § 36-151.
105. "Home health aide" means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
106. "Home health aide services" means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
107. "Home health services" has the same meaning as in A.R.S. § 36-151.
108. "Hospice inpatient facility" means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice's premises for 24 hours or more.
109. "Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.
110. "Immediate" means without delay.
111. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
 - a. On the premises of a health care institution, or
 - b. Not on the premises of a health care institution 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 health care institution.
112. "Infection control" means to identify, prevent, monitor, and minimize infections.
113. "Infectious tuberculosis" has the same meaning as "infectious active tuberculosis" in A.A.C. R9-6-101.

114. “Informed consent” means:
- a. Advising a patient of a proposed treatment, surgical procedure, psychotropic drug medication, opioid, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic drug medication, opioid, or diagnostic procedure; and associated risks and possible complications; and
 - b. Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic drug medication, opioid, or diagnostic procedure from the patient or the patient’s representative.
115. “In-service education” means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
116. “Interdisciplinary team” means a group of individuals consisting of a resident’s attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident’s comprehensive assessment or, if applicable, placement evaluation.
117. “Intermediate care facility for individuals with intellectual disabilities” or “ICF/IID” has the same meaning as in A.R.S. § 36-551.
118. “Interval note” means documentation updating a patient’s:
- a. Medical condition after a medical history and physical examination is performed, or
 - b. Behavioral health issue after an assessment is performed.
119. “Isolation” means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
120. “Leased facility” means a facility occupied or used during a set time period in exchange for compensation.
121. “License” means:
- a. Written approval issued by the Department to a person to operate a class or subclass of health care institution at a specific location; or
 - b. Written approval issued to an individual to practice a profession in this state.
122. “Licensed occupancy” means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing behavioral health observation/stabilization services.
123. “Licensee” means an owner approved by the Department to operate a health care institution.

124. “Manage” means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
125. “Medical condition” means the state of a patient’s physical or mental health, including the patient’s illness, injury, or disease.
126. “Medical director” means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
127. “Medical history” means an account of a patient’s health, including past and present illnesses, diseases, or medical conditions.
128. “Medical practitioner” means a physician, physician assistant, or registered nurse practitioner.
129. “Medical record” has the same meaning as “medical records” in A.R.S. § 12-2291.
130. “Medical staff” means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
131. “Medical staff by-laws bylaws” means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
132. “Medical staff member” means an individual who is part of the medical staff of a health care institution.
133. “Medication” means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
 - a. Biologicals as defined in A.A.C. R18-13-1401,
 - b. Prescription medication as defined in A.R.S. § 32-1901, or
 - c. Nonprescription drug as defined in A.R.S. § 32-1901.
134. “Medication administration” means restricting a patient’s access to the patient’s medication and providing the medication to the patient or applying the medication to the patient’s body, as ordered by a medical practitioner.
135. “Medication error” means:
 - a. The failure to administer an ordered medication;
 - b. The administration of a medication not ordered; or
 - c. The administration of a medication:
 - i. In an incorrect dosage,
 - ii. More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
 - iii. By an incorrect route of administration.

136. “Mental disorder” means the same as in A.R.S. § 36-501.
137. “Mobile clinic” means a movable structure that:
- a. Is not physically attached to a health care institution’s facility;
 - b. Provides medical services, nursing services, behavioral health services, or health related service to an outpatient under the direction of the health care institution’s personnel; and
 - c. Is not intended to remain in one location indefinitely.
138. “Monitor” or “monitoring” means to check systematically on a specific condition or situation.
139. “Neglect” has the same meaning:
- a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and
 - b. For an individual 18 years of age or older, as in A.R.S. § 46-451.
140. “Nephrologist” means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
141. “Nurse” has the same meaning as “registered nurse” or “practical nurse” as defined in A.R.S. § 32-1601.
142. “Nursing personnel” means individuals authorized according to A.R.S. § Title 32, Chapter 15 to provide nursing services.
143. “Observation chair” means a physical piece of equipment that:
- a. Is located in a designated area where behavioral health observation/stabilization services are provided,
 - b. Allows an individual to fully recline, and
 - c. Is used by the individual while receiving crisis services.
144. “Occupational therapist” has the same meaning as in A.R.S. § 32-3401.
145. “Occupational therapist therapy assistant” has the same meaning as in A.R.S. § 32-3401.
146. “Ombudsman” means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
147. “On-call” means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.
148. “Opioid” means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of “opiate” in A.R.S. § 36-2501.
149. “Opioid agonist treatment medication” means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opioid -related substance use disorder.

150. “Opioid antagonist” means a prescription medication, as defined in A.R.S. § 32-1901, that:
- a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
 - b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
151. “Opioid treatment” means providing medical services, nursing services, behavioral health services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for opiate addiction opioid-related substance use disorder.
152. “Order” means instructions to provide:
- a. Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
 - b. Behavioral health services to a patient from a behavioral health professional.
153. “Orientation” means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.
154. “Outing” means a social or recreational activity that:
- a. Occurs away from the premises,
 - b. Is not part of a behavioral health inpatient facility’s or behavioral health residential facility’s daily routine, and
 - c. Lasts longer than four hours.
155. “Outpatient surgical center” means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient’s surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.
156. “Outpatient treatment center” means a class of health care institution without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients.
157. “Overall time-frame” means the same as in A.R.S. § 41-1072.
158. “Owner” means a person who appoints, elects, or designates a health care institution’s governing authority.
159. “Pain management clinic” has the same meaning as in A.R.S. § 36-448.01.
160. “Participant” means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.

161. “Participant’s representative” means the same as “patient’s representative” for a participant.
162. “Patient” means an individual receiving physical health services or behavioral health services from a health care institution.
163. “Patient’s representative” means:
 - a. A patient’s legal guardian;
 - b. If a patient is less than 18 years of age and not an emancipated minor, the patient’s parent;
 - c. If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient’s legal guardian; or
 - d. A surrogate as defined in A.R.S. § 36-3201.
164. “Person” means the same as in A.R.S. § 1-215 and includes a governmental agency.
165. “Personnel member” means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.
166. “Pest control program” means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient’s health and safety is not at risk.
167. “Pharmacist” has the same meaning as in A.R.S. § 32-1901.
168. “Physical examination” means to observe, test, or inspect an individual’s body to evaluate health or determine cause of illness, injury, or disease.
169. “Physical health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s medical condition.
170. “Physical therapist” has the same meaning as in A.R.S. § 32-2001.
171. “Physical therapist assistant” has the same meaning as in A.R.S. § 32-2001.
172. “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
173. “Placement evaluation” means the same as in A.R.S. § 36-551.
174. “Pre-petition screening” has the same meaning as “prepetition screening” in A.R.S. § 36-501.
175. “Premises” means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a patient.
176. “Prescribe” means to issue written or electronic instructions to a pharmacist to deliver to

- the ultimate user, or another individual on the ultimate user's behalf, a specific dose of a specific medication in a specific quantity and route of administration.
177. "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.
178. "Progress note" means documentation by a medical staff member, nurse, or 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 behavior of a patient related to the patient's medical condition or behavioral health issue.
179. "PRN" means *pro re nata* or given as needed.
180. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
181. "Provider" means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual's place of residence.
182. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
183. "Psychotropic medication" means a chemical substance that:
- a. Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
 - b. Is provided to a patient to address the patient's behavioral health issue.
184. "Quality management program" means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
185. "Recovery care center" has the same meaning as in A.R.S. § 36-448.51.
186. "Referral" means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.

187. “Registered dietitian” means an individual approved to work as a dietitian by the American Dietetic Association’s Commission on Dietetic Registration.
188. “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
189. “Registered nurse practitioner” has the same meaning as A.R.S. § 32-1601.
190. “Regular basis” means at recurring, fixed, or uniform intervals.
191. “Rehabilitation services” means medical services provided to a patient to restore or to optimize functional capability.
192. “Research” means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
193. “Resident” means an individual living in and receiving physical health services or behavioral health services, including rehabilitation services or habilitation services if applicable, from a nursing care institution, an intermediate care facility for individuals with intellectual disabilities, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.
194. “Resident’s representative” means the same as “patient’s representative” for a resident.
195. “Respiratory care services” has the same meaning as “practice of respiratory care” as defined in A.R.S. § 32-3501.
196. “Respiratory therapist” has the same meaning as in A.R.S. § 32-3501.
197. “Respite capacity” means the total number of children who do not stay overnight for whom an outpatient treatment center or a behavioral health residential facility is authorized by the Department to provide respite services on the premises of the outpatient treatment center or behavioral health residential facility.
198. “Respite services” means respite care services provided to an individual who is receiving behavioral health services.
199. “Restraint” means any physical or chemical method of restricting a patient’s freedom of movement, physical activity, or access to the patient’s own body.
200. “Risk” means potential for an adverse outcome.
201. “Room” means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
202. “Rural general hospital” means a subclass of hospital:
 - a. having 50 or fewer inpatient beds,
 - b. located more than 20 surface miles from a general hospital or another rural general hospital, and

- c. that requests to be and is being licensed as a rural general hospital rather than a general hospital.
- 203. “Satellite facility” has the same meaning as in A.R.S. § 36-422.
- 204. “Scope of services” means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
- 205. “Seclusion” means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.
- 206. “Sedative-hypnotic medication” means any one of several classes of drugs that have sleep-inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.
- 207. “Self-administration of medication” means a patient having access to and control of the patient’s medication and may include the patient receiving limited support while taking the medication.
- 208. “Sexual abuse” means the same as in A.R.S. § 13-1404(A).
- 209. “Sexual assault” means the same as in A.R.S. § 13-1406(A).
- 210. “Shift” means the beginning and ending time of a continuous work period established by a health care institution’s policies and procedures.
- 211. “Short-acting opioid antagonist” means an opioid antagonist that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.
- 212. “Signature” means:
 - a. A handwritten or stamped representation of an individual’s name or a symbol intended to represent an individual’s name, or
 - b. An electronic signature.
- 213. “Significant change” means an observable deterioration or improvement in a patient’s physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
- 214. “Single group license” means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).
- 215. “Speech-language pathologist” means an individual licensed according A.R.S. Title 35 36, Chapter 17, Article 4 to engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.
- 216. “Special hospital” means a subclass of hospital that:
 - a. Is licensed to provide hospital services within a specific branch of medicine; or

- b. Limits admission according to age, gender, type of disease, or medical condition.
217. “Student” means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
218. “Substance abuse” means an individual’s misuse of alcohol or other drug or chemical that:
- a. Alters the individual’s behavior or mental functioning;
 - b. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
 - c. Impairs, reduces, or destroys the individual’s social or economic functioning.
219. “Substance abuse transitional facility” means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
220. “Substance use disorder” means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.
221. “Substance use risk” means an individual’s unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.
222. “Substantial” when used in connection with a modification means:
- a. An addition or removal of an authorized service;
 - b. The addition or removal of a collocator;
 - c. A change in a health care institution’s licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
 - d. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
 - e. A change in the building where a health care institution is located that affects compliance with:
 - i. Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
 - ii. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
223. “Substantive review time-frame” means the same as in A.R.S. § 41-1072.
224. “Supportive services” has the same meaning as in A.R.S. § 36-151.
225. “Surgical procedure” means the excision of or incision of in a patient’s body for the:

- a. Correction of a deformity or defect;
 - b. Repair of an injury; or
 - c. Diagnosis, amelioration, or cure of disease.
226. “Swimming pool” has the same meaning as “semipublic swimming pool” in A.A.C. R18-5-201.
227. “System” means interrelated, interacting, or interdependent elements that form a whole.
228. “Tapering” means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.
229. “Tax ID number” means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.
230. “Telemedicine” has the same meaning as in A.R.S. § 36-3601.
231. “Therapeutic diet” means foods or the manner in which food is to be prepared that are ordered for a patient.
232. “Therapist” means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.
233. “Time-out” means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
234. “Transfer” means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
235. “Transport” means a licensed health care institution:
- a. Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or
 - b. Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.
236. “Treatment” means a procedure or method to cure, improve, or palliate an individual’s medical condition or behavioral health issue.
237. “Treatment plan” means a description of the specific physical health services or behavioral health services that a health care institution anticipates providing to a patient.
238. “Unclassified health care institution” means a health care institution not classified or subclassified in statute or in rule.

- 239. “Vascular access” means the point on a patient’s body where blood lines are connected for hemodialysis.
- 240. “Volunteer” means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.
- 241. “Working day” means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

R9-10-102. Health Care Institution Classes and Subclasses; Requirements

A. A person may apply for a license as one of the following classes or subclasses of health care institution:

- 1. General hospital,
- 2. Rural general hospital,
- 3. Special hospital,
- 4. Behavioral health inpatient facility,
- 5. Nursing care institution,
- 6. Intermediate care facility for individuals with intellectual disabilities,
- 7. Recovery care center,
- 8. Hospice inpatient facility,
- 9. Hospice service agency,
- 10. Behavioral health residential facility,
- 11. Adult residential care institution,
- 12. Assisted living center,
- 13. Assisted living home,
- 14. Adult foster care home,
- 15. Outpatient surgical center,
- 16. Outpatient treatment center,
- 17. Abortion clinic,
- 18. Adult day health care facility,
- 19. Home health agency,
- 20. Substance abuse transitional facility,
- 21. Behavioral health specialized transitional facility,
- 22. Counseling facility,
- 23. Adult behavioral health therapeutic home,

24. Behavioral health respite home,
 25. Unclassified health care institution, or
 26. Pain management clinic.
- B.** A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical health services or behavioral health services the proposed health care institution plans to provide.
- C.** The Department shall review a proposed health care institution's scope of services to determine whether the requested health care institution class or subclass is appropriate.
- D.** A health care institution shall comply with the requirements in Article 17 of this Chapter if:
1. There are no specific rules in another Article of this Chapter for the health care institution's class or subclass, or
 2. The Department determines that the health care institution is an unclassified health care institution.

R9-10-103. Licensing Exceptions

- A.** A health care institution license is required for each health care institution facility except:
1. A facility exempt from licensing under A.R.S. § 36-402, or
 2. A health care institution's administrative office.
- B.** The Department does not require a separate health care institution license for:
1. A satellite facility of a hospital under A.R.S. § 36-422(F);
 2. An accredited facility of an accredited hospital under A.R.S. § 36-422(G);
 3. A facility operated by a licensed health care institution that is:
 - a. Adjacent to and contiguous with the licensed health care institution premises; or
 - b. Not adjacent to or contiguous with the licensed health care institution but connected to the licensed health care institution facility by an all-weather enclosure and:
 - i. Owned by the health care institution, or
 - ii. Leased by the health care institution with exclusive rights of possession;
 4. A mobile clinic operated by a licensed health care institution; or
 5. A facility located on grounds that are not adjacent to or contiguous with the health care institution premises where only ancillary services are provided to a patient of the health care institution.

R9-10-104. Approval of Architectural Plans and Specifications

- A.** For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant

codes and standards incorporated by reference in R9-10-104.01, an applicant shall submit to the Department an application packet including:

1. An application in a Department-provided format provided by the Department that contains:
 - a. For construction of a new health care institution:
 - i. The health care institution's name, street address, city, state, zip code, telephone number, and e-mail address;
 - ii. The name and mailing address of the health care institution's governing authority;
 - iii. The requested health care institution class or subclass; and
 - iv. If applicable, the requested licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations for the health care institution;
 - b. For modification of a licensed health care institution that requires approval of architectural plans and specifications:
 - i. The health care institution's license number,
 - ii. The name and mailing address of the licensee,
 - iii. The health care institution's class or subclass, and
 - iv. The health care institution's existing licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations; and the requested licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations for the health care institution;
 - c. The health care institution's contact person's name, street mailing address, city, state, zip code, telephone number, and e-mail address;
 - d. The name, street mailing address, city, state, zip code, telephone number, and e-mail address of:
 - i. The project architect; or
 - ii. If the construction or modification of the health care institution does not require a project architect, the project engineer or other individual responsible for the completion of the construction or modification;
 - e. A narrative description of the project;
 - f. The estimated total project cost including the costs of:
 - i. Site acquisition,
 - ii. General construction,
 - iii. Architect fees,

- iv. Fixed equipment, and
 - v. Movable equipment;
 - g. If providing or planning to provide medical services, nursing services, or health-related services that require compliance with specific physical plant codes and standards incorporated by reference in R9-10-104.01, the number of rooms or inpatient beds designated for providing the medical services, nursing services, or health-related services;
 - h. If providing or planning to provide behavioral health observation/stabilization services, the number of behavioral health observation/stabilization observation chairs designated for providing the behavioral health observation/stabilization services;
 - i. For construction of a new health care institution and if modification of a health care institution requires a project architect, a statement signed and sealed by the project architect, according to the requirements in 4 A.A.C. 30, Article 3, that the:
 - i. Project architect has complied with A.A.C. R4-30-301; and
 - ii. Architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
 - j. If construction or modification of a health care institution requires a project engineer, a statement signed and sealed by the project engineer, according to the requirements in 4 A.A.C. 30, Article 3, that the project engineer has complied with A.A.C. R4-30-301; and
 - k. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
- 2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:
 - a. A building permit for the construction or modification issued by the local governmental agency; or
 - b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
 - i. The health care institution's name, street address, city, state, zip code, and county;
 - ii. The health care institution's class or subclass and each type of medical

- services, nursing services, or health-related services to be provided; and
 - iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
 - 3. The following information that is as necessary to demonstrate that the project described on the application complies with applicable codes and standards incorporated by reference in R9-10-104.01:
 - a. A table of contents containing:
 - i. The architectural plans and specifications submitted;
 - ii. The physical plant codes and standards incorporated by reference in R9-10-104.01 that apply to the project;
 - iii. The physical plant codes and standards that are required by a local governmental agency, if applicable;
 - iv. An index of the abbreviations and symbols used in the architectural plans and specifications; and
 - v. The facility's specific International Building Code construction type and International Building Code occupancy type;
 - b. If the facility is larger than 3,000 square feet and is or will be occupied by more than 20 individuals, the seal of an architect on the architectural plans and specifications according to the requirements in A.R.S. Title 32, Chapter 1 and 4 A.A.C. 30, Article 3;
 - c. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
 - d. For each facility, on architectural plans and specifications:
 - i. A floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
 - ii. A diagram of a section of the facility, drawn to scale, showing the vertical cross-section view from foundation to roof and specifying construction materials;
 - iii. Building elevations, drawn to scale, showing the outside appearance of each facility;
 - iv. The materials used for ceilings, walls, and floors;

- v. The location, size, and fire rating of each door and each window and the materials and hardware used, including safety features such as fire exit door hardware and fireproofing materials;
 - vi. A ceiling plan, drawn to scale, showing the layout of each light fixture, each fire protection device, and each element of the mechanical ventilation system;
 - vii. An electrical floor plan, drawn to scale, showing the wiring diagram and the layout of each lighting fixture, each outlet, each switch, each electrical panel, and electrical equipment;
 - viii. A mechanical floor plan, drawn to scale, showing the layout of heating, ventilation, and air conditioning systems;
 - ix. A plumbing floor plan, drawn to scale, showing the layout and materials used for water, sewer, and medical gas systems, including the water supply and plumbing fixtures;
 - x. A floor plan, drawn to scale, showing the communication system within the health care institution including the nurse call system, if applicable;
 - xi. A floor plan, drawn to scale, showing the automatic fire extinguishing, fire detection, and fire alarm systems; and
 - xii. Technical specifications or drawings describing installation of equipment or medical gas and the materials used for installation in the health care institution;
4. The estimated total project cost including the costs of:
- a. Site acquisition,
 - b. General construction,
 - c. Architect fees,
 - d. Fixed equipment, and
 - e. Movable equipment;
5. The following, as applicable:
- a. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
 - i. A copy of the certificate of occupancy for the facility,
 - ii. Documentation that the facility was approved for occupancy, or
 - iii. Documentation that a certificate of occupancy for the facility is not

available;

- b. A certification and a statement that the construction or modification of the facility is in substantial compliance with applicable licensing requirements in A.R.S. Title 36, Article 4 and this Chapter signed by the project architect, the contractor, and the owner;
- c. A written description of any work necessary to complete the construction or modification submitted by the project architect;
- d. If the construction or modification affects the health care institution's fire alarm system, a contractor certification and description of the fire alarm system in a Department-provided format provided by the Department;
- e. If the construction or modification affects the health care institution's automatic fire extinguishing system, a contractor certification of the automatic fire extinguishing system in a Department-provided format provided by the Department;
- f. If the construction or modification affects the health care institution's heating, ventilation, or air conditioning system, a copy of the heating, ventilation, air conditioning, and air balance tests and a contractor certification of the heating, ventilation, or air conditioning system;
- g. If draperies, cubicle curtains, or floor coverings are installed or replaced, a copy of the manufacturer's certification of flame spread for the draperies, cubicle curtains, or floor coverings;
- h. For a health care institution using inhalation anesthetics or nonflammable medical gas, a copy of the Compliance Certification for Inhalation Anesthetics or Nonflammable Medical Gas System required in the National Fire Codes incorporated by reference in R9-10-104.01;
- i. If a generator is installed, a copy of the installation acceptance required in the National Fire Codes incorporated by reference in R9-10-104.01;
- j. If equipment is installed, a certification from an engineer or from a technical representative of the equipment's manufacturer that the equipment has been installed according to the manufacturer's recommendations and, if applicable, calibrated;
- k. For a health care institution providing radiology, a written report from a certified health physicist of the location, type, and amount of radiation protection; and
- l. If a factory-built building is used by a health care institution:

- i. A copy of the installation permit and the copy of a certificate of occupancy for the factory-built building from the Office of Manufactured Housing; or
 - ii. A written report from an individual registered as an architect or a professional structural engineer under 4 A.A.C. 30, Article 2, stating that the factory-built building complies with applicable design standards;
 6. For construction of a new health care institution and for a modification of a health care institution that requires a project architect, a statement signed by the project architect that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution;
 7. For modification of a health care institution that does not require a project architect, a statement signed by the project engineer or other individual responsible for the completion of the modification that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution; and
 8. The applicable fee required by R9-10-106.
- B.** Before an applicant submits an application for approval of architectural plans and specifications for the construction or modification of a health care institution, an applicant may request an architectural evaluation by submitting providing the documents in subsection (A)(3) to the Department.
- C.** The Department may conduct on-site facility reviews during the construction or modification of a health care institution.
- D.** The Department shall approve or deny an application for approval of architectural plans and specifications of a health care institution in this Section according to R9-10-108.
- E.** In addition to obtaining an approval of a health care institution's architectural plans and specifications, a person shall obtain a health care institution license before operating the health care institution.

R9-10-104.01. Codes and Standards

- A.** For a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in this Section, an applicant shall follow the requirements in subsection (B), except as follows:
1. Physical plant standards specified in applicable Articles of this Chapter shall govern over the codes and standards incorporated by reference in subsection (B); and
 2. If a conflict occurs among the codes and standards incorporated by reference in

subsection (B), the more restrictive codes and standards shall govern over the less restrictive.

- B.** The following physical plant health and safety codes and standards are incorporated by reference as modified, are on file with the Department, and include no future editions or amendments:
1. Guidelines for Design and Construction of Health Care Facilities (2018 ed.), published by the American Society for Healthcare Engineering and available from The Facility Guidelines Institute at www.fgiguideines.org;
 2. The following National Fire Codes (2012), published by and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269, and at www.nfpa.org/catalog:
 - a. NFPA70 National Electrical Code,
 - b. NFPA101 Life Safety Code, and
 - c. 2012 Supplements;
 3. ICC/A117.1-2017, American National Standard: Accessible and Usable Buildings and Facilities (2017), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org;
 4. International Building Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
 - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”;
 - b. Section 101.2 is modified by deleting the “Exception”;
 - c. Section 101.4.7 is deleted;
 - d. Sections 103.1 through 103.3 are deleted;
 - e. Sections 104.1 through 104.11.2 are deleted;
 - f. Sections 105.1 through 105.7 are deleted;
 - g. Sections 106.1 through 106.3 are deleted;
 - h. Sections 107.1 through 107.5 are deleted;
 - i. Sections 108.1 through 108.4 are deleted;
 - j. Sections 109.1 through 109.6 are deleted;
 - k. Sections 110.1 through 110.6 are deleted;
 - l. Sections 111.1 through 111.4 are deleted;
 - m. Sections 112.1 through 112.3 are deleted;
 - n. Sections 113.1 through 113.3 are deleted;

- o. Sections 114.1 through 114.4 are deleted;
 - p. Sections 115.1 through 115.3 are deleted;
 - q. Sections 116.1 through 116.5 are deleted; and
 - r. Appendices A, B, C, D, K, L, and M are deleted;
5. International Mechanical Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
 - b. Sections 103.1 through 103.4.1 are deleted,
 - c. Sections 104.1 through 104.7 are deleted,
 - d. Sections 105.1 through 105.5 are deleted,
 - e. Sections 106.1 through 106.5.3 are deleted,
 - f. Sections 107.1 through 107.6 are deleted,
 - g. Sections 108.1 through 108.7.3 are deleted,
 - h. Sections 109.1 through 109.7 are deleted,
 - i. Sections 110.1 through 110.4 are deleted, and
 - j. Appendix B is deleted;
6. International Plumbing Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
 - b. Sections 103.1 through 103.4.1 are deleted,
 - c. Sections 104.1 through 104.7 are deleted,
 - d. Sections 105.1 through 105.4.1 are deleted,
 - e. Sections 106.1 through 106.6.3 are deleted,
 - f. Sections 107.1 through 107.7 are deleted,
 - g. Sections 108.1 through 108.7.3 are deleted,
 - h. Sections 109.1 through 109.7 are deleted,
 - i. Sections 110.1 through 110.4 are deleted, and
 - j. Appendix A is deleted;
7. International Fire Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,

- b. Sections 102.3 and 102.5 are deleted,
 - c. Sections 103.1 through 103.4.1 are deleted,
 - d. Sections 104.1 through 104.11.3 are deleted,
 - e. Sections 105.1 through 105.7.25 are deleted,
 - f. Sections 106.1 through 106.5 are deleted,
 - g. Sections 107.1 through 107.4 are deleted,
 - h. Sections 109.1 through 109.3 are deleted,
 - i. Sections 110.1 through 110.4.1 are deleted,
 - j. Sections 111.1 through 111.4 are deleted,
 - k. Section 112.1 through 112.4 is deleted,
 - l. Section 113.1 is deleted, and
 - m. Appendix A is deleted;
8. International Fuel Gas Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
 - b. Section 101.2 is modified by deleting the “Exception”,
 - c. Sections 103.1 through 103.4.1 are deleted,
 - d. Sections 104.1 through 104.7 are deleted,
 - e. Sections 105.1 through 105.5 are deleted,
 - f. Sections 106.1 through 106.6.3 are deleted,
 - g. Sections 107.1 through 107.6 are deleted,
 - h. Sections 108.1 through 108.7.3 are deleted,
 - i. Sections 109.1 through 109.7 are deleted, and
 - j. Sections 110.1 through 110.4 are deleted;
9. International Private Sewage Disposal Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
 - b. Sections 103.1 through 103.4.1 are deleted,
 - c. Sections 104.1 through 104.7 are deleted,
 - d. Sections 105.1 through 105.5 are deleted,
 - e. Sections 106.1 through 106.4.3 are deleted,
 - f. Sections 107.1 through 107.9 are deleted,

- g. Sections 108.1 through 108.7.2 are deleted,
 - h. Sections 109.1 through 109.7 are deleted, and
 - i. Sections 110.1 through 110.4 are deleted.
- C. The Department shall not assess any penalty or fee specified in the physical plant health and safety codes and standards that are incorporated by reference in this Section.

R9-10-105. Initial License Application

- A. A person applying for an initial a health care institution license shall submit to the Department an application packet that contains:
- 1. An application in a Department-provided format provided by the Department including:
 - a. The health care institution's:
 - i. Name;
 - ii. Street address, city, state, zip code;
 - iii. Mailing address;
 - iv. Telephone number, and;
 - v. E-mail address;
 - vi. Tax ID number; and
 - vii. Class or subclass listed in R9-10-102 for which licensing is requested;
 - b. Except for a home health agency, or hospice service agency, or behavioral health facility, whether the health care institution is located within 1/4 mile of agricultural land;
 - c. Whether the health care institution is located in a leased facility;
 - d. Whether the health care institution is ready for a licensing inspection by the Department;
 - e. If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;
 - f. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-10-108;
 - g. Owner information including:
 - i. The owner's name, mailing address, telephone number, and e-mail address;
 - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;

- iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
 - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
 - v. If the owner is a corporation, the name and title of each corporate officer;
 - vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;
 - vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
 - viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
 - ix. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
 - h. The name and mailing address of the governing authority;
 - i. The chief administrative officer's:
 - i. Name,
 - ii. Title,
 - iii. Highest educational degree, and
 - iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
 - j. Signature required in A.R.S. § 36-422(B);
2. If the health care institution is located in a leased facility, a copy of the lease showing the

rights and responsibilities of the parties and exclusive rights of possession of the leased facility;

3. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents;
4. If applicable, the name and mailing address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);
5. Except for a home health agency or a hospice service agency, one of the following:
 - a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01:
 - i. An application packet for approval of architectural plans and specifications in R9-10-104(A), or
 - ii. Documentation of the Department's approval of the health care institution's architectural plans and specifications approval in R9-10-104 R9-10-104(D); or
 - b. If a no part of the health care institution or a part of the health care institution is not required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01:
 - i. One of the following:
 - (1) Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances; or
 - (2) If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass;
 - ii. The licensed capacity requested by the applicant for the health care institution;
 - iii. If applicable, the licensed occupancy requested by the applicant for the health care institution;
 - iv. If applicable, the respite capacity requested by the applicant for the

- health care institution;
 - v. A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises; and
 - vi. A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device;
- 6. The health care institution's proposed scope of services; and
 - 7. The applicable application fee required by R9-10-106.
- B.** In addition to the initial license application requirements in this Section, an applicant shall comply with the supplemental application requirements in specific rules in this Chapter for the health care institution class or subclass for which licensing is requested.
- C.** The Department shall approve or deny a license application in this Section according to R9-10-108.
- D.** A health care institution license is valid:
- 1. Unless, as specified in A.R.S. §36-425(C):
 - a. The Department revokes or suspends the license according to R9-10-112, or
 - b. The license is considered void because the licensee did not pay the applicable fees in R9-10-106 according to R9-10-107; or
 - 2. Until a licensee voluntarily surrenders the license to the Department when terminating the operation of the health care institution, according to R9-10-109(B).

R9-10-106. Fees

- A.** An applicant who submits to the Department architectural plans and specifications for the construction or modification of a health care institution shall also submit an architectural plans and specifications review fee as follows:
- 1. Fifty dollars for a project with a cost of \$100,000 or less;
 - 2. One hundred dollars for a project with a cost of more than \$100,000 but less than \$500,000; or
 - 3. One hundred fifty dollars for a project with a cost of \$500,000 or more.
- B.** An applicant submitting an application for a health care institution license shall submit to the Department an application fee of \$50.

- C. Except as provided in subsection (D) or (E), an applicant submitting an application for a health care institution license or a licensee submitting annual health care institution licensing fees shall submit to the Department the following licensing fee:
1. For an adult day health care facility, assisted living home, or assisted living center:
 - a. For a facility with no licensed capacity, \$280;
 - b. For a facility with a licensed capacity of one to 59 beds, \$280, plus the licensed capacity times \$70;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$560, plus the licensed capacity times \$70;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$840, plus the licensed capacity times \$70; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,400, plus the licensed capacity times \$70;
 2. For a behavioral health facility:
 - a. For a facility with no licensed capacity, \$375;
 - b. For a facility with a licensed capacity of one to 59 beds, \$375, plus the licensed capacity times \$94;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$750, plus the licensed capacity times \$94;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,125, plus the licensed capacity times \$94; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,875, plus the licensed capacity times \$94;
 3. For a behavioral health facility providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(2), the licensed occupancy times \$94;
 4. For a nursing care institution or an intermediate care facility for individuals with intellectual disabilities:
 - a. For a facility with a licensed capacity of one to 59 beds, \$290, plus the licensed capacity times \$73;
 - b. For a facility with a licensed capacity of 60 to 99 beds, \$580, plus the licensed capacity times \$73;
 - c. For a facility with a licensed capacity of 100 to 149 beds, \$870, plus the licensed capacity times \$73; or

- d. For a facility with a licensed capacity of 150 beds or more, \$1,450, plus the licensed capacity times \$73;
 5. For a hospital, a home health agency, a hospice service agency, a hospice inpatient facility, an abortion clinic, a recovery care center, an outpatient surgical center, an outpatient treatment center that is not a behavioral health facility, a pain management clinic, or an unclassified health care institution:
 - a. For a facility with no licensed capacity, \$365;
 - b. For a facility with a licensed capacity of one to 59 beds, \$365, plus the licensed capacity times \$91;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$730, plus the licensed capacity times \$91;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,095, plus the licensed capacity times \$91; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,825, plus the licensed capacity times \$91;
 6. For a hospital providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91; and
 7. For an outpatient treatment center that is not a behavioral health facility and provides:
 - a. Dialysis services, in addition to the applicable fee in subsection (C)(5), the number of dialysis stations times \$91; and
 - b. Behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91.
- D.** In addition to the applicable fees in subsections (C)(5) and (C)(6), an applicant submitting an application for a single group hospital license or a licensee with a single group license submitting annual health care institution licensing fees shall submit to the Department an additional fee of \$365 for each of the hospital's satellite facilities and, if applicable, the fees required in subsection (C)(7).
- E.** Subsections (C) and (D) do not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home.
- F.** In addition to the applicable fees in subsections (C) and (D), a licensee shall submit a late payment fee of \$250 if submitting annual licensing fees according to R9-10-107(E)(1) or (2)(d).
- G.** All fees are nonrefundable except as provided in A.R.S. § 41-1077.
- R9-10-107. Submission of Health Care Institution Licensing Fees**
- A.** An applicant for a health care institution license shall submit the applicable licensing fees in R9-

10-106 to the Department:

1. Within 60 calendar days after the date of the written notice of approval in R9-10-108(C)(3); or
 2. Within 90 calendar days after the date of the written notice of approval in R9-10-108(C)(3), with the payment of an additional late payment fee of \$250.
- B.** The Department shall notify a licensee of the due date of the facility's health care institution licensing fees no later than 90 calendar days before the date the facility's health care institution licensing fee is due to the Department.
- C.** Except as specified in subsection (E), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:
1. The following information in a Department-provided format:
 - a. The licensee's name, and
 - b. The facility's name and license number;
 2. Verification of the information in the Department's current records for the health care institution;
 3. If applicable, information or documentation required in another Article of this Chapter, specific to the health care institution, to be submitted with the relevant fees required in R9-10-106; and
 4. The applicable annual licensing fees in R9-10-106.
- D.** If any information in the Department's current records for a health care institution is incorrect, before a licensee submits annual licensing fees according to subsection (C), the licensee shall comply with the applicable requirements in R9-10-109 or R9-10-110 to update the Department's records for the health care institution.
- E.** A licensee may submit to the Department the information in subsection (C)(1), verification in subsection (C)(2), applicable information or documentation in subsection (C)(3), and applicable annual licensing fees in R9-10-106:
1. Within 30 calendar days after the anniversary date of the facility's health care institution license, with the payment of the additional late payment fee in R9-10-106(F); or
 2. If an alternate licensing fee due date has been established for the licensee according to subsections (F) and (G):
 - a. By the anniversary date of the facility's health care institution license, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the alternate licensing fee due date;
 - b. By the alternate licensing fee due date;

This document contains an unofficial version of the new rules in 9 A.A.C. 10, Article 1, effective November 5, 2019.

- c. If a new alternate licensing fee due date has been established, by the current alternate licensing fee due date, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the new alternate licensing fee due date; or
 - d. Within 30 calendar days after the alternate licensing fee due date, with the payment of the additional late payment fee in R9-10-106(F).
- F.** Except as specified in subsection (H), a licensee may request a licensing fee due date for a facility that is different from the anniversary date of a facility's health care institution license by submitting an application for an alternate licensing fee due date to the Department, at least 30 calendar days before the anniversary date of the facility's health care institution license, that includes the following information in a Department-provided format:
 - 1. The licensee's name and e-mail address,
 - 2. The facility's name and license number,
 - 3. The current licensing fee due date,
 - 4. The proposed alternate licensing fee due date,
 - 5. The reason the licensee is requesting an alternate licensing fee due date, and
 - 6. The name of the health care institution's administrator's or individual representing the health care institution as designated in A.R.S. § 36-422 and the dated signature of the administrator or individual.
- G.** The Department shall review a request made according to subsection (F) according to R9-10-108.
- H.** A licensee may not request an alternate licensing fee due date according to subsection (F):
 - 1. More frequently than once in each three-year period, or
 - 2. For a facility for which the payment of licensing fees is not up-to-date.

R9-10-108. Time-frames

- A.** The overall time-frame for each type of approval granted by the Department is listed in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
- B.** The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table 1.1. The administrative completeness review time-frame begins on the date the Department receives an application packet or a written request for an alternate licensing fee due date.

This document contains an unofficial version of the new rules in 9 A.A.C. 10, Article 1, effective November 5, 2019.

1. The application packet for a health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.
 2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
 3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
 4. For an application packet for review of architectural plans and specifications, a health care institution license application packet, an application packet for a modification not requiring review of architectural plans and specifications, or a written request for an alternate licensing fee due date, the Department shall consider the application or written request withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within 60 calendar days after the date of the notice described in subsection (B)(2).
 5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame is listed in Table 1.1 and begins on the date of the notice of administrative completeness.
1. The Department may conduct an onsite inspection of the facility:
 - a. As part of the substantive review for approval of architectural plans and specifications;
 - b. As part of the substantive review for issuing a health care institution license; or
 - c. As part of the substantive review for approving a modification of a health care institution's license.
 2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional

information or documentation until the Department receives the additional information or documentation.

3. The Department shall send a written notice of approval to an applicant that is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter.
4. After an applicant for a health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable health care institution license fee in R9-10-106 according to R9-10-107(A).
5. After receiving the applicable health care institution licensing fee from an applicant according to subsection (C)(4) and R9-10-107(A), the Department shall send a health care institution license to the applicant.
6. The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
 - a. For a health care institution license application or a request for approval of a modification of a health care institution requiring architectural plans and specifications, submit the information or documentation in subsection (C)(2) within 120 calendar days after the Department’s written request to the applicant;
 - b. For a request for approval of a modification of a health care institution not requiring architectural plans and specifications or a written request for an alternate licensing fee due date, submit the information or documentation in subsection (C)(2) within 30 calendar days after the Department’s written request to the applicant;
 - c. Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
 - d. If applicable, submit a fee required in R9-10-106 or R9-10-107.
7. An applicant may file a written notice of appeal with the Department within 30 calendar days after receiving the notice described in subsection (C)(6). The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
8. If a time-frame’s last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next working day to be the time-frame’s last day.

Table 1.1.

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness	Substantive Review
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			Time-frame	Time-frame
Approval of architectural plans and specifications R9-10-104	A.R.S. §§ 36-405, 36-406(1)(b), and 36-421	105 calendar days	45 calendar days	60 calendar days
Health care institution license R9-10-105	A.R.S. §§ 36-405, 36-407, 36-421, 36-422, 36-424, and 36-425	120 calendar days	30 calendar days	90 calendar days
Approval of an alternate licensing fee due date R9-10-107	A.R.S. § 36-405	30 calendar days	10 calendar days	20 calendar days
Approval of a modification of a health care institution R9-10-110	A.R.S. §§ 36-405, 36-407, and 36-422	75 calendar days	15 calendar days	60 calendar days

R9-10-109. Changes Affecting a License

A. A licensee shall ensure that:

1. The Department is notified in writing at least 30 calendar days before the effective date of:
 - a. Except as provided in subsection (I), a change in the name of:
 - i. A health care institution, or
 - ii. The licensee;
 - b. A change in the hours of operation:
 - i. Of an administrative office, or
 - ii. For providing physical health services or behavioral health services to patients of the health care institution;
 - c. A change in the address of a health care institution that does not provide medical services, nursing services, behavioral health services, or health-related services on the premises; or
 - d. A change in the geographic region to be served by the hospice service agency or home health agency; and
2. Documentation supporting the change is provided to the Department with the notification

required in subsection (A)(1).

- B.** If a licensee intends to terminate the operation of a health care institution, the licensee shall ensure that the Department is notified in writing of:
 - 1. The termination of the health care institution's operations, as required in A.R.S. § 36-422(D), at least 30 calendar days before the termination, and
 - 2. The address and contact information for the location where the health care institution's medical records will be retained as required in A.R.S. § 12-2297.
- C.** A licensee shall ensure that the Department is notified in writing, according to A.R.S. § 36-425(I), of a change in the chief administrative officer of the health care institution.
- D.** If a health care institution is accredited by a nationally recognized accrediting organization, a licensee may submit to the Department the health care institution's current accreditation report.
- E.** If a licensee submits to the Department a health care institution's current accreditation report from a nationally recognized accrediting organization, the Department shall not conduct an onsite compliance inspection of the health care institution during the time the accreditation report is valid.
- F.** If a licensee is an adult behavioral health therapeutic home or a behavioral health respite home, the licensee shall ensure that:
 - 1. The Department is notified in writing if the licensee does not have a written agreement with a collaborating health care institution, as required in R9-10-1603(A)(3) or R9-10-1803(A)(3) as applicable; and
 - 2. The adult behavioral health therapeutic home or behavioral health respite home does not accept an individual as a resident or recipient, as applicable, or provide services to a resident or recipient, as applicable, until:
 - a. The adult behavioral health therapeutic home or behavioral health respite home has a written agreement with a collaborating health care institution;
 - b. The collaborating health care institution has approved the adult behavioral health therapeutic home's or behavioral health respite home's:
 - i. Scope of services, and
 - ii. Policies and procedures; and
 - c. The collaborating health care institution has verified the provider's skills and knowledge.
- G.** If a licensee is an affiliated outpatient treatment center, the licensee shall ensure that if the affiliated outpatient treatment center:
 - 1. Plans to begin providing administrative support to a counseling facility at a time other

than during the affiliated outpatient treatment center's license application process, the following information for each counseling facility is submitted to the Department before the affiliated outpatient treatment center begins providing administrative support:

- a. The counseling facility's name,
 - b. The license number assigned to the counseling facility by the Department, and
 - c. The date the affiliated outpatient treatment center will begin providing administrative support to the counseling facility; or
2. No longer provides administrative support to a counseling facility previously identified by the affiliated outpatient treatment center as receiving administrative support from the affiliated outpatient treatment center, the following information for each counseling facility is submitted to the Department within 30 calendar days after the affiliated outpatient treatment center no longer provides administrative support:
 - a. The counseling facility's name,
 - b. The license number assigned to the counseling facility by the Department, and
 - c. The date the affiliated outpatient treatment center stopped providing administrative support to the counseling facility.

H. If a licensee is a counseling facility, the licensee shall ensure that if the counseling facility:

1. Plans to begin receiving administrative support from an affiliated outpatient treatment center at a time other than during the counseling facility's license application process, the following information for the affiliated outpatient treatment center is submitted to the Department before the counseling facility begins receiving administrative support:
 - a. The affiliated outpatient treatment center's name,
 - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
 - c. The date the counseling facility will begin receiving administrative support;
2. No longer receives administrative support from an affiliated outpatient treatment center previously identified by the counseling facility as providing administrative support to the counseling facility, the following information for the affiliated outpatient treatment center is submitted to the Department within 30 calendar days after the counseling facility no longer receives administrative support from the affiliated outpatient treatment center:
 - a. The affiliated outpatient treatment center's name,
 - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
 - c. The date the counseling facility stopped receiving administrative support from

- the affiliated outpatient treatment center;
3. Plans to begin sharing administrative support with an affiliated counseling facility at a time other than during the counseling facility's license application process, the following information for each affiliated counseling facility sharing administrative support with the counseling facility is submitted to the Department before the counseling facility and affiliated counseling facility begin sharing administrative support:
 - a. The affiliated counseling facility's name,
 - b. The license number assigned to the affiliated counseling facility by the Department, and
 - c. The date the counseling facility and the affiliated counseling facility will begin sharing administrative support; or
 4. No longer shares administrative support with an affiliated counseling facility previously identified by the counseling facility as sharing administrative support with the counseling facility, the following information is submitted for each affiliated counseling facility within 30 calendar days after the counseling facility and affiliated counseling facility no longer share administrative support:
 - a. The affiliated counseling facility's name,
 - b. The license number assigned to the affiliated counseling facility by the Department, and
 - c. The date the counseling facility and affiliated counseling facility will no longer be sharing administrative support.
- I.** A governing authority shall submit a license application required in R9-10-105 for:
1. A change in ownership of a health care institution;
 2. A change in the address or location of a health care institution that provides medical services, nursing services, health-related services, or behavioral health services on the premises; or
 3. A change in a health care institution's class or subclass.
- J.** A governing authority is not required to submit the documentation required in R9-10-105(A)(5) for a license application if:
1. The health care institution has not ceased operations for more than 30 calendar days,
 2. A modification has not been made to the health care institution,
 3. The services the health care institution is authorized by the Department to provide are not changed, and
 4. The location of the health care institution's premises is not changed.

R9-10-110. Modification of a Health Care Institution

- A.** A licensee shall submit a request for approval of a modification of a health care institution when planning to make:
1. An addition or removal of an authorized service;
 2. An addition or removal of a collocator;
 3. A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
 4. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
 5. A change in the building where a health care institution is located that affects compliance with:
 - a. Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
 - b. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
- B.** A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01 shall submit an application packet, according to R9-10-104(A), for approval of architectural plans and specifications for a modification of the health care institution described in subsection (A)(3) through (5).
- C.** A licensee of a health care institution shall submit a written request an application packet for a modification of the health care institution in a Department-provided format that contains:
1. The following information in a Department-provided format:
 - a. The health care institution's name, mailing address, e-mail address, and license number;
 - b. A narrative description of the modification, including as applicable:
 - i. The services the licensee is requesting be added or removed as an authorized service;
 - ii. The name and license number of an associated licensed provider being added or removed as a collocator;
 - iii. The name and professional license number of an exempt health care provider being added or removed as a collocator;
 - iv. If an associated licensed provider or exempt health care provider is being added as a collocator, the proposed scope of services;

- v. The current and proposed licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations;
 - vi. The change being made in the physical plant; and
 - vii. The change being made that affects compliance with applicable physical plant codes and standards incorporated by reference in R9-10-104.01; and
 - c. The name and e-mail address of the health care institution's administrator's or individual representing the health care institution as designated in according to A.R.S. § 36-422 and the dated signature of the administrator or individual; and
- 2. One of the following:
 - a. For a health care institution that is required to comply with the physical plant codes and standards incorporated by reference in R9-10-104.01 for the building, documentation of the health care institution's architectural plans and specifications approval in R9-10-104; or
 - b. For a health care institution that is not required to comply with the physical plant codes and standards, documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter.
- 3. Documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter, including as applicable:
 - a. A floor plan showing the location of each colocator's proposed treatment area and the areas of the collaborating outpatient treatment center's premises shared with a colocator;
 - b. For a change in the licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations or a modification of the physical plant:
 - i. A floor plan showing, for each story of the facility affected by the modification, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; or
 - ii. For a health care institution or part of the health care institution that is required to comply with the physical plant codes and standards incorporated by reference in R9-10-104.01 or the building, documentation of the Department's approval of the health care institution's architectural plans and specifications in R9-10-104(D); and
 - c. Any other documentation to support the requested modification; and

4. If applicable, a copy of the written agreement the associated licensed provider or exempt health care provider has with the collaborating outpatient treatment center.
- D.** The Department shall approve or deny a request for a modification described in subsection (B) (C) according to R9-10-108.
- E.** A licensee shall not implement a modification described in subsection (B) (C) until an approval or amended license is issued by the Department.

R9-10-111. Enforcement Actions

- A.** If the Department determines that an applicant or licensee is violating applicable statutes and rules and the violation poses a direct risk to the life, health, or safety of a patient, the Department may:
1. Issue a provisional license to the applicant or licensee under A.R.S. § 36-425,
 2. Assess a civil penalty under A.R.S. § 36-431.01,
 3. Impose an intermediate sanction under A.R.S. § 36-427,
 4. Remove a licensee and appoint another person to continue operation of the health care institution pending further action under A.R.S. § 36-429,
 5. Suspend or revoke a license under A.R.S. § 36-427 and R9-10-112,
 6. Deny a license under A.R.S. § 36-425 and R9-10-112, or
 7. Issue an injunction under A.R.S. § 36-430.
- B.** In determining which action in subsection (A) is appropriate, the Department shall consider the direct risk to the life, health, or safety of a patient in the health care institution based on:
1. Repeated violations of statutes or rules,
 2. Pattern of violations,
 3. Types of violation,
 4. Severity of violation, and
 5. Number of violations.

R9-10-112. Denial, Revocation, or Suspension of License

- A.** The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a controlling person of the health care institution:
1. Provides false or misleading information to the Department;
 2. Has had in any state or jurisdiction any of the following:
 - a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process or to pay a required licensing fee within a required time-frame; or
 - b. A health care professional license or certificate denied, revoked, or suspended;

3. Does not comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
4. Has operated a health care institution, within the preceding ten years, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, that posed a direct risk to the life, health, or safety of a patient.

B. The Department shall suspend or revoke a hospital's license if the Department receives, pursuant to A.R.S. § 36-2901.08(H), notice from the Arizona Health Care Cost Containment System that the hospital's provider agreement registration with the Arizona Health Care Cost Containment System has been suspended or revoked.

R9-10-113. Tuberculosis Screening

A. A health care institution's chief administrative officer shall ensure that the health care institution complies with one of the following if tuberculosis screening is required by this Chapter at the health care institution:

1. Screens for infectious tuberculosis according to subsection (B); or
2. Establishes, documents, and implements a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings, 2005, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333 and available at <http://www.cdc.gov/mmwr/PDF/RR/rr5417.pdf>, incorporated by reference, on file with the Department, and including no future editions or amendments and includes:
 - a. Conducting tuberculosis risk assessments, conducting tuberculosis screening testing, screening for signs or symptoms of tuberculosis, and providing training and education related to recognizing the signs and symptoms of tuberculosis; and
 - b. Maintaining documentation of any:
 - i. Tuberculosis risk assessment;
 - ii. Tuberculosis screening test of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution; and
 - iii. Screening for signs or symptoms of tuberculosis of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution.

B. For each individual required to be screened for infectious tuberculosis, a health care institution's chief administrative officer shall obtain from the individual:

1. On or before the date specified in the applicable Section of this Chapter, one of the

following as evidence of freedom from infectious tuberculosis:

- a. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention (CDC) administered within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution that includes the date and the type of tuberculosis screening test; or
 - b. If the individual had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and
2. Every 12 months after the date of the individual's most recent tuberculosis screening test or written statement, one of the following as evidence of freedom from infectious tuberculosis:
- a. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the CDC administered to the individual within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement that includes the date and the type of tuberculosis screening test; or
 - b. If the individual has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement.

R9-10-114. Clinical Practice Restrictions for Hemodialysis Technician Trainees

- A.** The following definitions apply in this Section:
1. "Assess" means collecting data about a patient by:
 - a. Obtaining a history of the patient,
 - b. Listening to the patient's heart and lungs, and
 - c. Checking the patient for edema.
 2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.

3. “Blood lines” means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.
4. “Central line catheter” means a type of vascular access created by surgically implanting a tube into a large vein.
5. “Clinical practice restriction” means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.
6. “Conductivity test” means a determination of the electrolytes in a dialysate.
7. “Dialysate” means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient’s body.
8. “Dialysate-flow rate” means the quantity of dialysate pumped per minute of hemodialysis.
9. “Directly observing” or “direct observation” means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
10. “Direct supervision” has the same meaning as “supervision” in A.R.S. § 36-401.
11. “Electrolytes” means chemical compounds that break apart into electrically charged particles, such as sodium, potassium, or calcium, when dissolved in water.
12. “Experienced hemodialysis technician trainee” means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual’s knowledge and ability to perform hemodialysis.
13. “Fistula” means a type of vascular access created by a surgical connection between an artery and vein.
14. “Fluid-removal rate” means the quantity of wastes and excess fluid eliminated from a patient’s blood per minute of hemodialysis to achieve the patient’s prescribed weight, determined by:
 - a. Dialyzer size,
 - b. Blood-flow rate,
 - c. Dialysate-flow rate, and
 - d. Hemodialysis duration.
15. “Germicide-negative test” means a determination that a chemical used to kill microorganisms is not present.
16. “Germicide-positive test” means a determination that a chemical used to kill microorganisms is present.

17. “Graft” means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
18. “Hemodialysis machine” means a mechanical pump that controls:
 - a. The blood-flow rate,
 - b. The mixing and temperature of dialysate,
 - c. The dialysate-flow rate,
 - d. The addition of anticoagulant, and
 - e. The fluid-removal rate.
19. “Hemodialysis technician” has the same meaning as in A.R.S. § 36-423(A).
20. “Hemodialysis technician trainee” means an individual who is working in a health care institution to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
21. “Inexperienced hemodialysis technician trainee” means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual’s knowledge and ability to perform hemodialysis.
22. “Medical person” means:
 - a. A physician who is experienced in dialysis;
 - b. A registered nurse practitioner who is experienced in dialysis;
 - c. A nurse who is experienced in dialysis;
 - d. A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
 - e. An experienced hemodialysis technician trainee approved by the governing authority.
23. “Not established” means not approved by a patient’s nephrologist for use in hemodialysis.
24. “Patient” means an individual who receives hemodialysis.
25. “pH test” means a determination of the acidity of a dialysate.
26. “Preceptor course” means a health care institution’s instruction and evaluation provided to a nurse, hemodialysis technician, or hemodialysis technician trainee that enables the nurse, hemodialysis technician, or hemodialysis technician trainee to provide direct observation and education to hemodialysis technician trainees.
27. “Respond” means to mute, shut off, reset, or troubleshoot an alarm.

28. “Safety check” means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient’s hemodialysis.
 29. “Water-contaminant test” means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.
- B.** An experienced hemodialysis technician trainee may:
1. Perform hemodialysis under direct supervision, and
 2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution’s preceptor course approved by the governing authority.
- C.** An experienced hemodialysis technician trainee shall not access a patient’s:
1. Fistula that is not established, or
 2. Graft that is not established.
- D.** An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:
1. Access a patient’s central line catheter;
 2. Respond to a hemodialysis-machine alarm;
 3. Draw blood for laboratory tests;
 4. Perform a water-contaminant test on a water system used for hemodialysis;
 5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
 6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
 7. Prime a dialyzer;
 8. Test a hemodialysis machine for germicide presence;
 9. Perform a hemodialysis machine safety check;
 10. Prepare a dialysate;
 11. Perform a conductivity test and a pH test on a dialysate;
 12. Assess a patient;
 13. Check and record a patient’s vital signs, weight, and temperature;
 14. Determine the amount and rate of fluid removal from a patient;
 15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;
 16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;
 17. Initiate or discontinue a patient’s hemodialysis;
 18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or

19. Prepare a blood, water, or dialysate culture to determine microorganism presence.
- E.** An inexperienced hemodialysis technician trainee shall not:
1. Access a patient's:
 - a. Fistula that is not established, or
 - b. Graft that is not established; or
 2. Provide direct observation.
- F.** When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:
1. The name of the hemodialysis technician trainee;
 2. The date, time, and hemodialysis task performed;
 3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and
 4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.
- G.** If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to R9-10-111.

R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians

If a health care institution is a behavioral health facility or is authorized by the Department to provide behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;
 - b. Cover supervision of a behavioral health paraprofessional, including documentation of supervision;
 - c. Establish the qualifications for a behavioral health professional providing supervision to a behavioral health paraprofessional;
 - d. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;
 - e. Cover clinical oversight for a behavioral health technician, including documentation of clinical oversight;
 - f. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
 - g. Delineate the methods used to provide clinical oversight, including when clinical oversight is provided on an individual basis or in a group setting; and

- c. The address where the nutrition and feeding assistant training program records are maintained;
 - d. A description of the training course being offered by the nutrition and feeding assistant training program including for each topic in subsection (I):
 - i. The information presented for each topic,
 - ii. The amount of time allotted to each topic,
 - iii. The skills an individual is expected to acquire for each topic, and
 - iv. The testing method used to verify an individual has acquired the stated skills for each topic;
 - e. Whether the agency agrees to allow the Department to submit supplemental requests for information as specified in subsection (F)(2); and
 - f. The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the date signed; and
 - 2. A copy of the materials used for providing the nutrition and feeding assistant training program.
 - C.** For an application for an approval of a nutrition and feeding assistant training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.
 - D.** Within 30 calendar days after the receipt of an application in subsection (B), the Department shall:
 - 1. Issue an approval of the agency's nutrition and feeding assistant training program;
 - 2. Provide a notice of administrative completeness to the agency that submitted the application; or
 - 3. Provide a notice of deficiencies to the agency that submitted the application, including a list of the information or documents needed to complete the application.
 - E.** If the Department provides a notice of deficiencies to an agency:
 - 1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the agency;
 - 2. If the agency does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
 - 3. If the agency submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.

- F.** Within the substantive review time-frame, the Department:
1. Shall issue or deny an approval of a nutrition and feeding assistant training program; and
 2. May make one written comprehensive request for more information, unless the Department and the agency agree in writing to allow the Department to submit supplemental requests for information.
- G.** If the Department issues a written comprehensive request or a supplemental request for information:
1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
 2. The agency shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- H.** The Department shall issue:
1. An approval for an agency to operate a nutrition and feeding assistant training program if the Department determines that the agency and the application comply with A.R.S. § 36-413 and this Section; or
 2. A denial for an agency that includes the reason for the denial and the process for appeal of the Department's decision if:
 - a. The Department determines that the agency does not comply with A.R.S. § 36-413 and this Section; or
 - b. The agency does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- I.** An individual in charge of a nutrition and feeding assistant training program shall ensure that:
1. The materials and coursework for the nutrition and feeding assistant training program demonstrate the inclusion of the following topics:
 - a. Feeding techniques;
 - b. Assistance with feeding and hydration;
 - c. Communication and interpersonal skills;
 - d. Appropriate responses to resident behavior;
 - e. Safety and emergency procedures, including the Heimlich maneuver;

- f. Infection control;
 - g. Resident rights;
 - h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior; and
 - i. Reporting a change in subsection (I)(1)(h) to a nurse at a nursing care institution;
 2. An individual providing the training course is:
 - a. A physician,
 - b. A physician assistant,
 - c. A registered nurse practitioner,
 - d. A registered nurse,
 - e. A registered dietitian,
 - f. A licensed practical nurse,
 - g. A speech-language pathologist, or
 - h. An occupational therapist; and
 3. An individual taking the training course completes:
 - a. At least eight hours of classroom time, and
 - b. Demonstrates that the individual has acquired the skills the individual was expected to acquire.
- J.** An individual in charge of a nutrition and feeding assistant training program shall issue a certificate of completion to an individual who completes the training course and demonstrates the skills the individual was expected to acquire as a result of completing the training course that contains:
 1. The name of the agency approved to operate the nutrition and feeding assistant training program;
 2. The name of the individual completing the training course;
 3. The date of completion;
 4. The name, signature, and professional license of the individual providing the training course; and
 5. The name and signature of the individual in charge of the nutrition and feeding assistant training program.
- K.** The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding assistant training program if an agency operating or applying to operate a nutrition and feeding assistance training program:
 1. Provides false or misleading information to the Department;

2. Does not comply with the applicable statutes and rules;
 3. Issues a training completion certificate to an individual who did not:
 - a. Complete the nutrition and feeding assistant training program, or
 - b. Demonstrate the skills the individual was expected to acquire; or
 4. Does not implement the nutrition and feeding assistant training program as described in or use the materials submitted with the agency's application.
- L.** In determining which action in subsection (K) is appropriate, the Department shall consider the following:
1. Repeated violations of statutes or rules,
 2. Pattern of non-compliance,
 3. Types of violations,
 4. Severity of violations, and
 5. Number of violations.
- R9-10-118. Collaborating Health Care Institution**
- A.** An administrator of a collaborating health care institution shall ensure that:
1. A list is maintained of adult behavioral health therapeutic homes and behavioral health respite homes for which the collaborating health care institution serves as a collaborating health care institution;
 2. For each adult behavioral health therapeutic home or behavioral health respite home in subsection (A)(1), the collaborating health care institution maintains the following information:
 - a. A copy of the documented agreement that establishes the responsibilities of the adult behavioral health therapeutic home or behavioral health respite home and the collaborating health care institution consistent with the requirements in this Chapter;
 - b. For the adult behavioral health therapeutic home or behavioral health respite home, the following information:
 - i. Provider's name;
 - ii. Street address;
 - iii. License number;
 - iv. Whether the residence is an adult behavioral health therapeutic home or a behavioral health respite home;
 - v. If the residence is a behavioral health respite home, whether the behavioral health respite home provides respite care services to:

- (1) Individuals 18 years of age or older, or
 - (2) Individuals less than 18 years of age;
 - vi. The beginning and ending dates of the documented agreement in subsection (A)(2)(a); and
 - vii. The name and contact information for the individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home or behavioral health respite home;
 - c. For the adult behavioral health therapeutic home or behavioral health respite home, a copy of the following that have been approved by the collaborating health care institution:
 - i. Scope of services,
 - ii. Policies and procedures, and
 - iii. Documentation of the review and update of policies and procedures;
 - d. A description of the required skills and knowledge for a provider, based on the scope of services of the adult behavioral health therapeutic home or behavioral health respite home, as established by the collaborating health care institution; and
 - e. For a provider in the adult behavioral health therapeutic home or behavioral health respite home, documentation of:
 - i. The provider's skills and knowledge;
 - ii. If applicable, the provider's completion of training in assistance in the self-administration of medication;
 - iii. Verification of the provider's skills and knowledge; and
 - iv. If the provider is required to have clinical oversight according to R9-10-1805(C), the provider's receiving clinical oversight;
3. A provider's skills and knowledge are verified by a personnel member according to policies and procedures;
 4. A provider who provides behavioral health services receives clinical oversight, required in R9-10-1805(C), from a behavioral health professional; and
 5. A provider, other than a provider who is a medical practitioner or nurse, receives training in assistance in the self-administration of medication:
 - a. From a medical practitioner or registered nurse or from a personnel member of the collaborating health care institution trained by a medical practitioner or registered nurse;

- b. That includes:
 - i. A demonstration of the provider'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; and
 - c. That is documented.
- B.** For a patient referred to an adult behavioral health therapeutic home or a behavioral health respite home, an administrator shall ensure that:
1. A resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home does not present a threat to the referred patient, based on the resident's or recipient's developmental levels, social skills, verbal skills, and personal history;
 2. The referred patient does not present a threat to a resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home based the referred patient's developmental levels, social skills, verbal skills, and personal history;
 3. The referred patient requires services within the adult behavioral health therapeutic home's or behavioral health respite home's scope of services;
 4. A provider of the adult behavioral health therapeutic home or behavioral health respite home has the verified skills and knowledge to provide behavioral health services to the referred patient;
 5. A treatment plan for the referred patient, which includes information necessary for a provider to meet the referred patient's needs for behavioral health services, is completed and forwarded to the provider before the referred patient is accepted as a resident or recipient;
 6. A patient's treatment plan is reviewed and updated at least once every twelve months, and a copy of the patient's updated treatment plan is forwarded to the patient's provider;
 7. If documentation of a significant change in a patient's behavioral, physical, cognitive, or functional condition and the action taken by a provider to address patient's changing needs is received by the collaborating health care institution, a behavioral health professional or behavioral health technician reviews the documentation and:
 - a. Documents the review; and

- b. If applicable:
 - i. Updates the patient's treatment plan, and
 - ii. Forwards the updated treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;
- 8. If the review and updated treatment plan required in subsection (B)(7) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated treatment plan to ensure the patient is receiving the appropriate behavioral health services; and
- 9. In addition to the requirements for a medical record for a patient in this Chapter, a referred patient's medical record contains:
 - a. The provider's name and the street address and license number of the adult behavioral health therapeutic home or behavioral health respite home to which the patient is referred,
 - b. A copy of the treatment plan provided to the adult behavioral health therapeutic home or behavioral health respite home,
 - c. Documentation received according to and required by subsection (B)(7),
 - d. Any information about the patient received from the adult behavioral health therapeutic home or behavioral health respite home, and
 - e. Any follow-up actions taken by the collaborating health care institution related to the patient.
- C. For a patient referred to an adult behavioral health therapeutic home, an administrator shall ensure that the collaborating health care institution has documentation in the patient's medical record of evidence of freedom from infectious tuberculosis that meets the requirements in R9-10-113.

R9-10-119. Abortion Reporting

- A. A licensed health care institution where abortions are performed shall submit to the Department, in a Department-provided format and according to A.R.S. § 36-2161(B) and (C), a report that contains the information required in A.R.S. § 36-2161(A) and the following:
 - 1. The final disposition of the fetal tissue from the abortion; and
 - 2. Except as provided in subsection (B), if custody of the fetal tissue is transferred to another person or persons:
 - a. The name and address of the person or persons accepting custody of the fetal tissue,
 - b. The amount of any compensation received by the licensed health care institution

for the transferred fetal tissue, and

- c. Whether a patient provided informed consent for the transfer of custody of the fetal tissue.

B. A licensed health care institution where abortions are performed is not required to include the information specified in subsections (A)(2)(a) through (c) in the report required in subsection (A) if the licensed health care institution where abortions are performed:

- 1. Transfers custody of the fetal tissue:
 - a. To a funeral establishment, as defined in A.R.S. § 32-1301;
 - b. To a crematory, as defined in A.R.S. § 32-1301; or
 - c. According to requirements in A.A.C. R18-13-1406, A.A.C. R18-13-1407, and A.A.C. R18-13-1408; or
- 2. Complies with requirements in A.A.C. R18-13-1405.

C. For purposes of this Section, the following definition applies: “Fetal tissue” means cells, or groups of cells with a specific function, obtained from an aborted human embryo or fetus.

R9-10-120. Opioid Prescribing and Treatment

A. This Section does not apply to a health care institution licensed under Article 20 of this Chapter.

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

- 1. “Episode of care” means medical services, nursing services, or health-related services provided by a health care institution to a patient for a specific period of time, ending in discharge or the completion of the patient’s treatment plan, whichever is later.
- 2. “Order” means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.

C. An administrator of a health care institution where opioids are prescribed or ordered as part of treatment shall:

- 1. Establish, document, and implement policies and procedures for prescribing or ordering an opioid as part of treatment, to protect the health and safety of a patient, that:
 - a. Cover which personnel members may prescribe or order an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
 - b. As applicable and except when contrary to medical judgment for a patient, are consistent with the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:

- i. Centers for Disease Control and Prevention, or
 - ii. U.S. Department of Veterans Affairs and the U.S. Department of Defense;
- c. Include how, when, and by whom:
- i. A patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
 - ii. An assessment is conducted of a patient's substance use risk;
 - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient's representative;
 - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient's representative;
 - v. Informed consent is obtained from a patient or the patient's representative and, if applicable, in what situations, described in subsection (G) or (H), informed consent would not be obtained before an opioid is prescribed or ordered for a patient;
 - vi. A patient receiving an opioid is monitored; and
 - vii. The actions taken according to subsections (C)(1)(c)(i) through (vi) are documented;
- d. Address conditions that may impose a higher risk to a patient when prescribing or ordering an opioid as part of treatment, including:
- i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
 - ii. History of substance use disorder,
 - iii. Co-occurring behavioral health issue, or
 - iv. Pregnancy;
- e. Cover the criteria for co-prescribing a short-acting opioid antagonist for a patient;
- f. Include that, if continuing control of a patient's pain after discharge is medically indicated due to the patient's medical condition, a method for continuing pain control will be addressed as part of discharge planning;
- g. Include the frequency of the following for a patient being prescribed or ordered an opioid for longer than a 30-calendar-day period:
- i. Face-to-face interactions with the patient,
 - ii. Conducting an assessment of a patient's substance use risk,

- iii. Renewal of a prescription or order for an opioid without a face-to-face interaction with the patient, and
 - iv. Monitoring the effectiveness of the treatment;
 - h. If applicable according to A.R.S. § 36-2608, include documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - i. Cover the criteria and procedures for tapering opioid prescription or ordering as part of treatment; and
 - j. Cover the criteria and procedures for offering or referring a patient for treatment for substance use disorder;
2. Include in the plan for the health care institution's quality management program a process for:
 - a. Review of known incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
 - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (C)(1);
3. Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid prescribed or ordered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the health care institution learns of the patient's death; and
4. Ensure that informed consent required from a patient or the patient's representative includes:
 - a. The patient's:
 - i. Name,
 - ii. Date of birth or other patient identifier, and
 - iii. Condition for which opioids are being prescribed;
 - b. That an opioid is being prescribed or ordered;
 - c. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
 - d. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
 - e. Alternatives to a prescribed or ordered opioid;

- f. The name and signature of the individual explaining the use of an opioid to the patient; and
 - g. The signature of the patient or the patient's representative and the date signed.
- D.** Except as provided in subsection (H), an administrator of a health care institution where opioids are prescribed as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to prescribe an opioid in treating a patient:
- 1. Before prescribing an opioid for a patient of the health care institution:
 - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted during the patient's same episode of care;
 - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted during the same episode of care by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
 - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
 - e. Explains alternatives to a prescribed opioid; and
 - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in subsection (C)(4), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
 - i. Is also prescribed or ordered a sedative-hypnotic medication, or
 - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
 - 2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:

- a. The patient's diagnosis;
 - b. The patient's medical history, including co-occurring disorders;
 - c. The opioid to be prescribed;
 - d. Other medications or herbal supplements being taken by the patient;
 - e. If applicable:
 - i. The effectiveness of the patient's current treatment,
 - ii. The duration of the current treatment, and
 - iii. Alternative treatments tried by or planned for the patient;
 - f. The expected benefit of the treatment and, if applicable, the benefit of the new treatment compared with continuing the current treatment; and
 - g. Other factors relevant to the patient's being prescribed an opioid; and
3. If applicable, specifies in the patient's discharge plan how medically indicated pain control will occur after discharge to meet the patient's needs.
- E.** Except as provided in subsection (G) or (H), an administrator of a health care institution where opioids are ordered for administration to a patient in the health care institution as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to order an opioid in treating a patient:
1. Before ordering an opioid for a patient of the health care institution:
 - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted:
 - i. During the patient's same episode of care; or
 - ii. Within the previous 30 calendar days, at a health care institution transferring the patient to the health care institution or by the medical practitioner who referred the patient for admission to the health care institution;
 - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted within the previous 30 calendar days by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
 - d. Explains to the patient or the patient's representative the risks and benefits

- associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
- e. If applicable, explains alternatives to an ordered opioid; and
 - f. Obtains informed consent from the patient or the patient's representative, according to subsection (D)(1)(f); and
2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
- a. The patient's diagnosis;
 - b. The patient's medical history, including co-occurring disorders;
 - c. The opioid being ordered and the reason for the order;
 - d. Other medications or herbal supplements being taken by the patient; and
 - e. If applicable:
 - i. The effectiveness of the patient's current treatment,
 - ii. The duration of the current treatment,
 - iii. Alternative treatments tried by or planned for the patient,
 - iv. The expected benefit of a new treatment compared with continuing the current treatment, and
 - v. Other factors relevant to the patient's being ordered an opioid.
- F.** For a health care institution where opioids are administered as part of treatment or where a patient is provided assistance in the self-administration of medication for a prescribed opioid, including a health care institution in which an opioid may be prescribed or ordered as part of treatment, an administrator, a manager as defined in R9-10-801, or a provider, as applicable to the health care institution, shall:
- 1. Establish, document, and implement policies and procedures for administering an opioid as part of treatment or providing assistance in the self-administration of medication for a prescribed opioid, to protect the health and safety of a patient, that:
 - a. Cover which personnel members may administer an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
 - b. Cover which personnel members may provide assistance in the self-administration of medication for a prescribed opioid and the required knowledge

- and qualifications of these personnel members;
 - c. Include how, when, and by whom a patient's need for opioid administration is assessed;
 - d. Include how, when, and by whom a patient receiving an opioid is monitored; and
 - e. Cover how, when, and by whom the actions taken according to subsections (F)(1)(c) and (d) are documented;
2. Include in the plan for the health care institution's quality management program a process for:
 - a. Review of incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
 - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (F)(1);
 3. Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid administered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the patient's death; and
 4. Except as provided in subsection (H), ensure that an individual authorized by policies and procedures to administer an opioid in treating a patient or to provide assistance in the self-administration of medication for a prescribed opioid:
 - a. Before administering an opioid or providing assistance in the self-administration of medication for a prescribed opioid in compliance with an order as part of the treatment for a patient, identifies the patient's need for the opioid;
 - b. Monitors the patient's response to the opioid; and
 - c. Documents in the patient's medical record:
 - i. An identification of the patient's need for the opioid before the opioid was administered or assistance in the self-administration of medication for a prescribed opioid was provided, and
 - ii. The effect of the opioid administered or for which assistance in the self-administration of medication for a prescribed opioid was provided.
- G.** A medical practitioner authorized by a health care institution's policies and procedures to order an opioid in treating a patient is exempt from the requirements in subsection (E), if:
1. The health care institution's policies and procedures, required in subsection (C)(1) or the applicable Article in 9 A.A.C. 10, contain procedures for:

- a. Providing treatment without obtaining the consent of a patient or the patient's representative,
 - b. Ordering and administering opioids in an emergency situation, and
 - c. Complying with the requirements in subsection (E) after the emergency is resolved;
 2. The order for the administration of an opioid is:
 - a. Part of the treatment for a patient in an emergency, and
 - b. Issued in accordance with policies and procedures; and
 3. The emergency situation is documented in the patient's medical record.
- H.** The requirements in subsections (D), (E), and (F)(4), as applicable, do not apply to a health care institution's:
1. Prescribing, ordering, or administration of an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy;
 2. Prescribing an opioid as part of treatment for a patient when changing the type or dosage of an opioid, which had previously been prescribed by a medical practitioner of the health care institution for the patient according to the requirements in subsection (D):
 - a. Before a pharmacist dispenses the opioid for the patient; or
 - b. If changing the opioid because of an adverse reaction to the opioid experienced by the patient, within 72 hours after the opioid was dispensed for the patient by a pharmacist;
 3. Ordering an opioid as part of treatment for no longer than three calendar days for a patient remaining in the health care institution and receiving continuous medical services or nursing services from the health care institution; or
 4. Ordering an opioid as part of treatment:
 - a. For a patient receiving a surgical procedure or other invasive procedure; or
 - b. When changing the type, dosage, or route of administration of an opioid, which had previously been ordered by a medical practitioner of the health care institution for a patient according to the requirements in subsection (E), to meet the patient's needs.