

TITLE 9. HEALTH SERVICES
CHAPTER 10. HEALTH CARE INSTITUTIONS: LICENSING
ARTICLE 10. OUTPATIENT TREATMENT CENTERS

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

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

R9-10-1002. Supplemental Application Requirements

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

1. Days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
2. A request to provide one or more of the following services:
 - a. Behavioral health services and, if applicable;
 - i. Behavioral health observation/stabilization services;
 - ii. Behavioral health services to individuals under 18 years of age;
 - iii. Court-ordered evaluation;
 - iv. Court-ordered treatment;
 - v. Crisis services;
 - vi. Opioid treatment services;
 - vii. Pre-petition screening;
 - viii. Respite services;
 - ix. DUI education;
 - x. DUI screening;
 - xi. DUI treatment, or
 - xii. Misdemeanor domestic violence offender treatment;
 - b. Diagnostic imaging services;
 - c. Clinical laboratory services;
 - d. Dialysis services;
 - e. Pain management services;
 - f. Physical health services;
 - g. Rehabilitation services;
 - h. Sleep disorder services; or
 - i. Urgent care services provided in a freestanding urgent care center setting.

R9-10-1003. Administration

- A. If an outpatient treatment center is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) or (G), the hospital's governing authority is the governing authority for the outpatient treatment center.
- B. A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;
 2. Establish, in writing:
 - a. An outpatient treatment center's scope of services, and
 - b. Qualifications for an administrator,
 3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
 4. Approve an outpatient treatment center's policies and procedures;
 5. Adopt a quality management program according to R9-10-1004;
 6. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;
 7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on an outpatient treatment center's premises for more than 30 calendar days; or
 - b. Is not present on an outpatient treatment center's premises for more than 30 calendar days; and
 8. Except as provided in subsection (B)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.
- C. An administrator:
1. Is directly accountable to the governing authority for the services provided by or at the outpatient treatment center;
 2. Has the authority and responsibility to manage the outpatient treatment center; and
 3. Except as provided in subsection (B)(7), designates, in writing, an individual who is available and accountable for the operation of the outpatient treatment center when the administrator is not available.
- D. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
 - a. Include job descriptions, duties, and qualifications, including required skills and knowledge for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;

- c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training including a process for an individual receiving the training to demonstrate hands-on cardiopulmonary resuscitation skills acquired as a result of the training,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that an employee has received cardiopulmonary resuscitation training,
 - e. Cover first aid training;
 - f. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
 - g. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - h. Cover health care directives;
 - i. Cover medical records, including electronic medical records; and
 - j. Cover quality management, including incident documentation;
2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented that:
- a. Cover patient screening, admission, assessment, transfer, discharge plan, and discharge;
 - b. Cover the provision of medical services, nursing services, health-related services, and ancillary services;
 - c. Include when general consent and informed consent are required;
 - d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
 - e. Cover infection control;
 - f. Cover telemedicine, if applicable;
 - g. Cover environmental services that affect patient care;

- h. Cover specific steps and deadlines for:
 - i. A patient to file a complaint;
 - ii. An outpatient treatment center to respond to a complaint; and
 - iii. If applicable, an outpatient treatment center to obtain documentation of an employee's or volunteer's fingerprint clearance card required in A.R.S. § 36-425.03;
- i. Cover smoking and the use of tobacco products on an outpatient treatment center's premises; and
- j. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
- 3. Outpatient treatment center policies and procedures are:
 - a. Reviewed at least once every 24 months and updated as needed, and
 - b. Available to personnel members and employees;
- 4. Unless otherwise stated,
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.
- 5. The following are conspicuously posted:
 - a. The current license for the outpatient treatment center issued by the Department;
 - b. The name, address, and telephone number of the Department;
 - c. A notice that a patient may file a complaint with the Department about the outpatient treatment center;
 - d. One of the following:
 - i. A schedule of rates according to A.R.S. § 36-436.01(C), or
 - ii. A notice that the schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;
 - e. A list of patient rights;
 - f. A map for evacuating the facility; and
 - g. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and
- 6. Patient follow-up instructions are:

- a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member's advice; and
 - b. Documented in the patient's record.
- E. If abuse, neglect, or exploitation of a patient while on an outpatient treatment center's premises or receiving services from the outpatient treatment center's personnel member, employee, or volunteer is alleged or suspected, an administrator shall:
 - 1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
 - 2. Immediately report the alleged or suspected abuse, neglect, or exploitation of the patient:
 - a. To the local law enforcement agency; or
 - b. As follows:
 - i. For an individual 18 years of age or older, to Adult Protective Services in the Department of Economic Security according to A.R.S. § 46-454; or
 - ii. For an individual under 18 years of age, to Child Protective Services in the Department of Economic Security according to A.R.S. § 13-3620;
 - 3. Document the action in subsection (E)(1) and the report in subsection (E)(2) and maintain the documentation for 12 months after the date of the report;
 - 4. Investigate the suspected or alleged abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in subsection (E)(2) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - b. Description of any injury to the patient and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
 - d. Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;
 - 5. Submit a copy of the investigation report required in subsection (E)(4) to the Department within 48 hours after submitting the report in subsection (E)(2); and
 - 6. Maintain a copy of the investigation report required in subsection (E)(4) for 12 months after the date of the report.

R9-10-1004. Quality Management

An administrator shall ensure that:

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

R9-10-1005. Contracted Services

An administrator shall ensure that:

1. Contract services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-1006. Transport; Transfer

- A. Except for transport of a patient due to an emergency, an administrator shall ensure that:
 1. Policies and procedures are established, documented, and implemented:
 - a. Specify the process by which personnel members coordinate the transport and the services provided to a patient to protect the health and safety of the patient;
 - b. Establish the criteria for determining what a patient evaluation includes based on the patient's psychological condition, medical condition, and the type of services expected to be provided or are provided to the patient at the receiving health care institution;

- c. Require an evaluation of the patient according to the criteria established in subsection (A)(1)(b) by a personnel member qualified according to policies and procedures before transporting the patient;
 - d. Specify the medical records that are required to accompany the patient, including the medical records related to the services that are expected to be provided or are provided to the patient at the receiving health care institution;
 - e. Specify how medical record information for the patient that is not provided at the time of transport but is requested by the receiving health care institution is communicated to the receiving health care institution; and
 - f. Specify how a personnel member qualified according to policies and procedures explains the risks and benefits of the transport to the patient or the patient's representative based on the:
 - i. Patient's condition, and
 - ii. Mode of transport; and
 - 2. Documentation in the patient's medical record includes:
 - a. Except for transport for court-ordered treatment provided according to A.R.S. Title 36, Chapter 5, Article 5, consent for transport by the patient or the patient's representative;
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transport;
 - d. The date and time of the patient's return to the outpatient treatment, if applicable;
 - e. The mode of transportation; and
 - f. The type of personnel member assisting in the transport if an order requires that a patient be assisted during transport.
- B. Except for transfer of a patient due to an emergency, an administrator shall ensure that:
- 1. Policies and procedures are established, documented and implemented that:
 - a. Specify the process by which an outpatient treatment center's personnel members coordinate the transfer and the services provided to a patient to protect the health and safety of the patient during the transfer;
 - b. Require an evaluation of the patient by a personnel member qualified according to policies and procedures before the patient is transferred;

- c. Specify how a patient's medical record information that an outpatient treatment center does not provide at the time of transport but is requested by the receiving health care institution is provided to the receiving health care institution; and
 - d. Specify how a personnel member explains the risks and benefits of the transfer to the patient or the patient's representative based on the:
 - i. Patient's condition, and
 - ii. Mode of transport;
- 2. One of the following accompanies the patient during the transfer:
 - a. A copy of the patient's medical record; or
 - b. All of the following:
 - i. Current medical practitioner orders,
 - ii. If a patient is receiving behavioral health services, the patient's current treatment plan,
 - iii. A record of medications administered to the patient or for which the patient was provided assistance in the self-administration of the medication for seven calendar days before the date of the transfer, and
 - iv. Any known allergy; and
- 3. Documentation in the patient's medical record includes:
 - a. Consent for transfer by the patient or the patient's representative;
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transfer to the receiving health care institution;
 - d. The mode of transportation; and
 - e. The type of personnel member assisting in the transfer if an order or recommendation for transport requires that a patient be assisted during transfer.

R9-10-1007. Personnel and Staffing

- A. An administrator shall ensure that:
 - 1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and

- ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
- 2. A personnel member's skills and knowledge are verified:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. At least once every 12 months; and
- 3. There are personnel members present on an outpatient treatment center's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the outpatient treatment center's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient.
- 4. A personnel member only provides physical health services or behavioral health services the personnel member is qualified to provide;
- 5. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
- 6. A personnel member completes orientation before providing medical services, nursing services or health-related services to a patient;
- 7. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;

7. A plan is developed, documented and implemented to provide in-service education specific to the duties of the personnel member;
8. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the in-service education, and
 - c. The subject or topics covered in the in-service education;
9. A record for a personnel member, employee, volunteer, or student is maintained that includes:
 - a. The individual's name, date of birth, home address, and contact telephone number;
 - b. The starting date of employment, volunteer service, or internship, and, if applicable, the ending date;
 - c. As applicable, documentation of:
 - i. The individual's qualifications including education, experience, skills, and knowledge applicable to the individual's duties;
 - ii. Verification or documentation of the employee's or volunteer's certification, licensure, or education;
 - iii. Skills and knowledge verification required in subsection (2);
 - iv. Orientation;
 - v. In-service education;
 - vi. Completion of cardiopulmonary resuscitation training; and
 - vii. Fingerprint clearance card required in A.R.S. § 36-425.03;
10. The record in subsection (9) is:
 - a. Maintained while an individual provides services for or at the outpatient treatment center and for at least 24 months after the last date the employee or volunteer provided services for or at the outpatient treatment center; and
 - b. Provided to the Department:
 - i. Not more than two hours after the time of the Department's request, if the employee or volunteer is a current employee or volunteer or the ending date of employment or volunteer service was within 12 months before the date of the Department's request; or
 - ii. Within 72 hours after the time of the Department's request, if the ending date of employment or volunteer service was 12 or more months before the date of the Department's request.

R9-10-1008. Patient Rights

- A. An administrator shall ensure:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 3. There are policies and procedures that include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that a patient:
1. Is not subjected to:
 - a. The intentional infliction of physical, mental or emotional pain unrelated to the patient's condition;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse according to A.R.S. § 13-1404;
 - g. Sexual abuse according to A.R.S. § 13-1406;
 - h. Seclusion or restraint if not necessary to prevent harm to self or others;
 - i. Retaliation for submitting a complaint to the Department or another entity; and
 - j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and
 2. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. The outpatient treatment center's policy on health care directives; and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before a patient is photographed; and

- f. Except as otherwise permitted by law, provides written consent to the release of the patient's:
 - i. Medical records, and
 - ii. Financial records.
- C. A patient has the following rights:
 - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
 - 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in treatment and care for personal needs;
 - 4. To review, upon written request, the patient's own medical record according to A.R.S. §§12-2293; 12-2294, and 12-2294.01;
 - 5. To receive a referral to another health care institution if the outpatient treatment center is unable to provide physical health services or behavioral health services for the patient;
 - 6. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
 - 7. To participate or refuse to participate in research or experimental treatment; and
 - 8. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-1009. Medical Records

- A. An administrator shall ensure that:
 - 1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 - 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 - 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and

- c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
 5. A patient's medical record is available to personnel members, medical practitioners, and behavioral health professionals authorized by policies and procedures;
 6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (5) only with the written consent of a patient or the patient's representative or as permitted by law;
 7. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
 8. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If an outpatient treatment center maintains patient's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
 - a. Except as specified in A.A.C. R9-6-1005, the patient's name and address;
 - b. The patient's date of birth;
 - c. The name and contact information of the patient's representative, if applicable; and
 - f. Any known allergies including medication or biological allergies;
 2. A-diagnosis or reason for outpatient treatment center services;
 3. Documentation of general consent, and if applicable informed consent, for treatment by the patient or the patient's representative except in an emergency;
 4. Documentation of medical history and, if applicable, results of a physical examination;
 5. Orders;
 6. Assessment;
 7. Treatment plans;
 8. Interval note;

9. Progress notes;
10. Documentation of outpatient treatment center services provided to the patient;
11. Name of each individual providing treatment or a diagnostic procedure;
12. Disposition of the patient upon discharge;
13. Documentation of the patient's follow-up instructions provided to the patient ;
14. A discharge summary; and
15. If applicable:
 - a. Laboratory reports,
 - b. Radiologic report
 - c. Sleep disorder report,
 - d. Diagnostic reports,
 - e. Documentation of restraint or seclusion, and
 - f. Consultation reports.
16. Documentation of a medication or a biological administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication or biological;
 - f. Any adverse reaction a patient has to the medication or biological; and
 - g. Prepacked or sample medication provided to the patient for self-administration including the name, strength, dosage, amount, route of administration, and expiration date.

R9-10-1010. Medication Services

- A. If an outpatient treatment center provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:

1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
 - d. Procedures for documenting medication services and assistance in the self-administration of medication;
 - e. Procedures for assisting a patient in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B. If an outpatient treatment center provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed;
 - d. A patient's refusal to take prescribed medication is documented in the patient's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;

3. A medication administered to a patient is:
 - a. Administered in compliance with an order, and
 - b. Documented in the patient's medical record and
 4. If pain medication is administered to a patient, documentation in the patient's medical record includes:
 - a. An identification of the patient's pain before administering the medication, and
 - b. The effect of the pain medication administered.
- C. If an outpatient treatment center provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A patient's medication is stored by the outpatient treatment center;
 2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the patient at the time stated on the medication container label; or
 - e. Observing the patient while the patient takes the medication;
 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or a registered nurse;
 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,

- ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication;
- 6. Assistance with the self-administration of medication provided to a patient is
 - a. In compliance with an order, and
 - b. Documented in the patient's medical record.
- D. An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. A current toxicology reference guide is available for use by personnel members;
 - 3. If pharmaceutical services are provided:
 - a. The pharmaceutical services are provided under the direction of a pharmacist;
 - b. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - c. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at an outpatient treatment center, an administrator shall ensure that:
 - 1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
 - 2. If medication is stored in a room or closet, there is a locked cabinet or container that is used for medication storage;
 - 3. Medication is stored according to the manufacturer's recommendations; and
 - 4. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.

- F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient treatment center's clinical director.

R9-10-1011. Behavioral Health Services

- A. An administrator of an outpatient treatment center that provides behavioral health services shall ensure that:
1. The outpatient treatment center does not provide a behavioral health service the outpatient treatment center is not authorized to provide;
 2. A behavioral health professional provides direction for the behavioral health services provided by or at the outpatient treatment center;
 3. A personnel member who provides behavioral health service is:
 - a. At least 21 years of age; or
 - b. At least 18 years of age and is licensed as a:
 - i. Nurse according to A.R.S. Title 32, Chapter 15,
 - ii. Physician assistant according to A.R.S. Title 32, Chapter 25; or
 - iii. Behavioral health professional;
 4. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner, an employee, or a volunteer applies for or has a fingerprint clearance card as required in A.R.S. § 36-425.03; and
 5. Policies and procedures are established, documented, and implemented that:
 - a. For a behavioral health paraprofessional:
 - i. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the outpatient treatment center;
 - ii. If a behavioral health paraprofessional provides services under the practice of marriage and family therapy, the practice of professional counseling, the practice of social work, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health paraprofessional is under the supervision of an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health paraprofessional; and
 - iii. Establish the qualifications for individuals providing supervision to a behavioral health paraprofessional; and
 - b. For a behavioral health technician:

- i. Delineate the services a behavioral health technician is allowed to provide at or for the outpatient treatment center;
- ii. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
- iii. If the behavioral technician provides services under the practice of marriage and family therapy, the practice of professional counseling, the practice of social work, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health technician is under the clinical oversight of a behavioral health professional pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health technician;
- iv. Delineate the methods used to provide clinical oversight including when clinical oversight is provided on an individual basis or in a group setting;
- v. If clinical oversight is provided electronically, ensure that:
 - (1) The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,
 - (2) A secure connection is used, and
 - (3) The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided;
- vi. For each week that a behavioral health technician provides services related to patient care at the outpatient treatment center, ensure that the behavioral health technician receives clinical oversight at least once during that week;
- vii. Establish the duration of clinical oversight provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
 - (1) The scope and extent of the services provided,
 - (2) The acuity of the patients receiving services, and
 - (3) The number of patients receiving services; and
- viii. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral

health professional who is responsible for the clinical oversight of the behavioral health technician.

- B. An administrator of an outpatient treatment center that provides behavioral health services shall ensure that:
1. Except as provided in subsection (B)(2), an assessment for a patient is completed before treatment for the patient is initiated;
 2. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the outpatient treatment center or the outpatient treatment center has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission:
 - a. The patient's assessment information is reviewed and updated if additional information that affects the patient's assessment is identified, and
 - b. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed;
 3. If an assessment is conducted by a:
 - a. Behavioral health technician, within 72 hours a behavioral health professional reviews and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the patient;
 4. An assessment:
 - a. Documents a patient's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - vi. Criminal justice record;
 - vii. Family history;

- viii. Behavioral health treatment history; and
 - ix. Symptoms reported by the patient and referrals needed by the patient, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the patient's needs;
 - ii. The behavioral health services, physical health services, or ancillary services that will be provided to the patient; and
 - iii. The signature and date signed of the personnel member conducting the assessment; and
 - c. Is documented in patient's medical record;
- 5. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
- 6. A request for participation in a patient's assessment is made to the patient or the patient's representative;
- 7. An opportunity for participation in the patient's assessment is provided to the patient or the patient's representative;
- 8. Documentation of the request in subsection (B)(5) and the opportunity in subsection (B)(6) is in the patient's medical record;
- 9. A patient's assessment information is documented in the medical record within 48 hours after completing the assessment;
- 10. A patient's assessment information is reviewed and updated when additional information that affects the patient's assessment is identified;
- 11. A review and update of a patient's assessment information is documented in the medical record within 48 hours after the review is completed;
- 12. Counseling is:
 - a. Offered as described in the outpatient treatment center's scope of services,
 - b. Provided according to the frequency and number of hours identified in the patient's assessment, and
 - c. Provided by a behavioral health professional or a behavioral health technician;
- 13. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue;

14. Each counseling session is documented in the patient's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed; and
 15. Respite services are not provided in a personnel member's home;
 16. Respite services are provided:
 - a. In a patient's residence; or
 - b. Up to 8 continuous hours in a 24 hour time period, in the community.
- C. An administrator of an outpatient treatment center authorized to provide behavioral health services that:
1. Requests approval to provide any of the following to individuals required to attend by a referring court shall comply with the requirements for the specific service in 9 A.A.C. 20:
 - a. DUI screening,
 - b. DUI education,
 - c. DUI treatment, or
 - d. Misdemeanor domestic violence offender treatment; and
 2. Is approved to provide any of the services in subsection (C)(1) may have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

R9-10-1012. Court-ordered Evaluation

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

R9-10-1013. Court-ordered Treatment

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

R9-10-1014. Clinical Laboratory Services

An administrator shall ensure that:

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

the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. 263a, as amended by Public Law 100-578, October 31, 1988; and

2. A clinical laboratory test result is documented in a patient's medical record including:
 - a. The name of the clinical laboratory test;
 - b. The patient's name;
 - c. The date of the clinical laboratory test;
 - d. The results of the clinical laboratory test; and
 - e. If applicable, any adverse reaction related to or as a result of the clinical laboratory test.

R9-10-1015. Crisis Services

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

R9-10-1016. Diagnostic Imaging Services

An administrator of an outpatient treatment center that provides diagnostic imaging services shall:

1. Designate an individual to provide direction for diagnostic imaging services who is a:
 - a. Radiologic technologist certified under A.R.S. Title 32, Chapter 28, Article 2 who has at least 12 months experience in an outpatient treatment center;
 - b. Physician; or
 - c. Radiologist; and
2. Ensure that:
 - a. Diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 12 A.A.C. 1;

- b. A copy of a certificate documenting compliance with subsection (2)(a) is provided to the Department for review upon the Department's request;
- c. Diagnostic imaging services are provided to a patient according to an order that includes:
 - i. The patient's name,
 - ii. The name of the ordering individual,
 - iii. The diagnostic imaging procedure ordered, and
 - iv. The reason for the diagnostic imaging procedure;
- d. A physician or radiologist interprets the diagnostic image; and
- e. A diagnostic imaging patient report is completed that includes:
 - i. The patient's name,
 - ii. The date of the procedure, and
 - iii. A physician's or radiologist's interpretation of the diagnostic image.

R9-10-1017. Dialysis Services

A. The following definitions apply in this Section:

- 1. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.
- 2. "Chief clinical officer" means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.
- 3. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane.
- 4. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
- 5. "Dialyzer" means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
- 6. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
- 7. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.
- 8. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
- 9. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.

10. "Nephrology" means the subspecialty of medicine that deals with conditions and diseases that affect the kidneys.
 11. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.
 12. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.
 13. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
 14. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
 15. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
 16. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
 17. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
 18. "Stable" means a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.
 19. "Transplant surgeon" means a physician who:
 - a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and
 - b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.
 20. "Vascular access" means the point on a patient's body where blood lines are connected for hemodialysis.
- B. A governing authority of an outpatient treatment center providing dialysis services shall:
1. Ensure that the administrator appointed as required in R9-10-1004(C)(1) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and

2. Appoint a chief clinical officer to direct the dialysis services provided by or at the outpatient treatment center who is a physician who:
 - a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
 - b. Has at least 12 months of experience or training in providing dialysis services.
- C. An administrator of an outpatient treatment center providing dialysis services shall ensure that:
 1. In addition to the policies and procedures required in R9-10-1004(D)(6)(f), policies and procedures are established, documented, and implemented that cover:
 - a. Long-term care plans and patient care plans,
 - b. Personnel members' response to a patient adverse reaction during dialysis, and
 - c. Personnel members' response to an equipment malfunction during dialysis;
 2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-113 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
 3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
 - i. Before providing dialysis services, and
 - ii. At least once every 24 months after the initial date of employment or volunteer services;
 4. A personnel member wears a name badge that displays the individual's first name, job title, and professional license or certification; and
 5. A minimum of one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.
- D. An administrator of an outpatient treatment center providing dialysis services shall ensure that:
 1. The premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center's scope of services;
 2. Before a modification of the premises of an outpatient treatment center where dialysis services are provided is made, an application for approval of the architectural plans and specifications of the outpatient treatment center required in R9-10-104(A):
 - a. Is submitted to the Department; and

- b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412 in effect on the date:
 - i. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
 - ii. The application for approval of the architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and
 - 3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412 in effect on the date:
 - a. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
 - b. The application for approval of the architectural plans and specifications required in R9-10-104(A) is submitted to the Department.

E. An administrator shall ensure that for a patient receiving dialysis services:

 - 1. The dialysis services provided to the patient meet the needs of the patient;
 - 2. A physician:
 - a. Performs a medical history and physical examination on the patient within 30 days before admission or within 48 hours after admission, and
 - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
 - 3. If the patient's medical history and physical examination required in subsection (E)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 days after the date of the medical history and physical examination:
 - a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or
 - b. Performs a medical history and physical examination that includes information specific to nephrology;
 - 4. The patient's nephrologist or the nephrologist's designee:

- a. Performs a medical history and physical examination on the patient at least once every 12 months from the date of the patient's admission to the outpatient treatment center, and
 - b. Documents monthly notes related to the patient's progress in the patient's medical record;
- 5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:
 - a. Reviews with the patient the results of any diagnostic tests performed on the patient;
 - b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;
 - c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or, if there is not a registered nurse responsible, the person responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;
 - d. Informs the patient's nephrologist of any changes in the patient's medical condition or needs; and
 - e. Documents in the patient's medical record:
 - i. Any notice provided as required in subsection (E)(5)(c); and
 - ii Monthly notes related to the patient's progress;
- 6. If the patient is unstable, before dialysis is provided to the patient, a nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;
- 7. The patient:
 - a. Is under the care of a nephrologist;
 - b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(a);
 - c. Is identified by a personnel member before beginning dialysis;
 - d. Receives the dialysis services ordered for the patient by a medical practitioner;
 - e. Is monitored by a personnel member while receiving dialysis at least once every 30 minutes; and

- f. If the outpatient treatment center reprocesses and reuses dialyzers, is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis;
- 8. Equipment used for hemodialysis is inspected and tested according to the manufacturer's recommendations or the outpatient treatment center's policies and procedures before being used to provide hemodialysis to a patient;
- 9. The equipment inspection and testing required in subsection (E)(8) is documented in the patient's medical record;
- 10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;
- 11. If hemodialysis is provided to the patient, a personnel member:
 - a. Inspects the dialyzer before use to ensure that the:
 - i. External surface of the dialyzer is clean;
 - ii. Dialyzer label is intact and legible;
 - iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and
 - iv. Dialyzer is free of visible blood and other foreign material;
 - b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
 - c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
 - d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:
 - i. The patient's name and the patient's identification number,
 - ii. The number of times the dialyzer has been used in patient treatments,
 - iii. The date of the last use of the dialyzer by the patient, and
 - iv. The date of the last reprocessing of the dialyzer;
 - e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and
 - f. Ensures that a patient's vascular access is visible to a personnel member during dialysis;

12. A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;
 13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(b);
 14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c); and
 15. After a patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 days after the patient's discharge and includes:
 - a. A description of the patient's medical condition and the dialysis services provided to the patient, and
 - b. The signature of the nephrologist.
- F. If an outpatient treatment center provides support for self-dialysis services, an administrator shall ensure that:
1. A patient or the patient's caregiver is:
 - a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction, and
 - b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;
 2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;
 3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
 4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
 5. The water used for hemodialysis is tested and treated according to the requirements in subsection (M);
 6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
 - a. Reviewed to ensure that the patient is receiving continuity of care, and
 - b. Placed in the patient's medical record; and
 7. If a patient uses self-dialysis and self-administers medication or a biological:

- a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;
 - b. The patient and the patient's caregiver are informed of any potential:
 - i. Side effects of the medication or biological; and
 - ii. Hazard to a child having access to the medication or biological and, if applicable, a syringe used to inject the medication or biological; and
 - c. The patient or the patient's caregiver is:
 - i. Taught the route and technique of administration and is able to administer the medication or biological, including injecting the medication or biological;
 - ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication or biological;
 - iii. Provided with instructions for the administration of the medication or biological including the specific route and technique the patient or the patient's caregiver has been taught to use;
 - iv. Able to read and understand the medication or biological label;
 - v. Taught and able to self-monitor the patient's blood pressure; and
 - vi. Informed how to store the medication or biological according to the manufacturer's instructions.
- G. An administrator of an outpatient treatment center providing dialysis services shall ensure that a social worker is employed by or contracted with the outpatient treatment center to meet the needs of a patient receiving dialysis services including:
- 1. Conducting an initial psychosocial evaluation of the patient within 30 days of the patient's admission to the outpatient treatment center;
 - 2. Participating in reviewing the patient's need for social work services;
 - 3. Recommending changes in treatment based on the patient's psychosocial evaluation;
 - 4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;
 - 5. Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;
 - 6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
 - 7. Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months from the date of the patient's admission to the outpatient treatment center.

- H. An administrator of an outpatient treatment center providing dialysis services shall ensure that a registered dietitian is employed by or contracted with the outpatient treatment center to assist a patient receiving dialysis services to meet the patient's nutritional and dietetic needs including:
1. Conducting an initial nutritional assessment of the patient within 30 days of the patient's admission to the outpatient treatment center;
 2. Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;
 3. Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;
 4. Monitoring the patient's adherence and response to a prescribed diet;
 5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;
 6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
 7. Conducting a follow-up nutritional assessment of the patient at least once every 12 months from the date of the patient's admission to the outpatient treatment center.
- I. An administrator of an outpatient treatment center providing dialysis services shall ensure that a long-term care plan for each patient:
1. Is developed by a team that includes at least:
 - a. The chief clinical officer of the outpatient treatment center;
 - b. If the chief clinical officer is not a nephrologist, the patient's nephrologist;
 - c. A transplant surgeon or the transplant surgeon's designee;
 - d. A registered nurse responsible for nursing services provided to the patient;
 - e. A social worker;
 - f. A registered dietitian; and
 - g. The patient or patient's representative, if the patient or patient's representative chooses to participate in the development of the long-term care plan;
 2. Identifies the modality of treatment and dialysis services to be provided to the patient;
 3. Is reviewed and approved by the chief clinical officer;
 4. Is signed and dated by each personnel member participating in the development of the long-term care plan;
 5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;

6. Is signed and dated by the patient or the patient's representative; and
 7. Is reviewed at least every 12 months by the team in subsection (I)(1) and updated according to the patient's needs.
- J. An administrator of an outpatient treatment center providing dialysis services shall ensure that a patient care plan for each patient:
1. Is developed by a team that includes at least:
 - a. The patient's nephrologist;
 - b. A registered nurse responsible for nursing services provided to the patient;
 - c. A social worker;
 - d. A registered dietitian; and
 - e. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the patient care plan;
 2. Includes an assessment of the patient's need for dialysis services;
 3. Identifies treatment and treatment goals;
 4. Is signed and dated by each personnel member participating in the development of the patient care plan;
 5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the patient care plan;
 6. Is signed and dated by the patient or the patient's representative;
 7. Is implemented;
 8. Is evaluated by:
 - a. The registered nurse responsible for the dialysis services provided to the patient;
 - b. The registered dietitian providing services to the patient related to the patient's nutritional or dietetic needs; and
 - c. The social worker providing services to the patient related to the patient's psychosocial needs;
 9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
 10. Is reviewed and updated according to the needs of the patient:
 - a. At least every six months for a patient whose medical condition is stable, and
 - b. At least every 30 days for a patient whose medical condition is not stable.
- K. In addition to the requirements in R9-10-1008(C), an administrator shall ensure that a medical record for each patient contains:

1. An annual medical history;
 2. An annual physical examination;
 3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
 4. If applicable, documentation of:
 - a. The equipment inspection and testing required subsection (E)(9), and
 - b. Self-dialysis required in subsection (F)(2); and
 5. If applicable, documentation of the patient's discharge.
- L. For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 days after the patient's discharge and includes:
1. A description of the patient's medical condition and the dialysis services provided to the patient, and
 2. The signature of the nephrologist.
- M. If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reuse of Hemodialyzers, ANSI/AAMI RD47:2002 & RD47:2002/A1:2003, incorporated by reference, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.
- N. A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Hemodialysis systems, ANSI/AAMI RD5:2003, incorporated by reference, on file with the Department, and including no future editions or amendments. Copies may be purchased from the Association for the Advancement of Medical Instrumentation, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795.
- O. An administrator of an outpatient treatment center providing dialysis services shall ensure that the premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date an application for approval of the architectural plans and specifications was submitted to the Department.

R9-10-1018. Behavioral Health Observation/Stabilization Services

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

8. An individual who arrives at the designated area for behavioral health observation/stabilization services in the outpatient treatment center is screened within 30 minutes after entering the designated area to determine whether the individual is in need of immediate physical health services;
9. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:
 - a. Able to provide according to the outpatient treatment center's scope of services, the individual is examined by a medical practitioner within 30 minutes after being screened; or
 - b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;
10. An individual admitted for behavioral health observation/stabilization services is provided an observation chair;
11. If an observation chair is not available for an individual's use, the individual is not admitted for behavioral health observation/stabilization services;
12. If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety which may include:
 - a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;
 - b. Establishing a method to notify the individual when there is an observation chair available;
 - c. Referring or providing transportation to the individual to another health care institution;
 - d. Assisting the individual to contact the individual's support system; and
 - e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;
13. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;
14. The log required in subsection (B)(13) is maintained for one year after the date of documentation;

15. Each observation chair:
 - a. Has at least three feet of clear floor space:
 - i. On at least two sides of the observation chair, and
 - ii. Between the observation chair and any other observation chair; and
 - b. Is visible to a personnel member;
16. A patient is not admitted for behavioral health observation/stabilization services for longer than 23 hours and 59 minutes;
17. Within 24 hours after a patient is admitted for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:
 - a. If the behavioral health observation/stabilization services are provided in health care institution that also provided inpatient services and is capable of meeting the individual's needs, admitted to the health care institution as an inpatient;
 - b. Transferred to another health care institution capable of meeting the individual's needs,
 - c. Provided a referral to another entity capable of meeting the individual's needs; or
 - d. Discharged and provided patient follow-up instructions;
18. When an individual is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the individual includes the interval for monitoring the individual based on the individual's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the individual;
19. If an individual is not being admitted as an inpatient to a health care institution, before discharging the individual from a designated area for behavioral health observation/stabilization services, a personnel member:
 - a. Identifies the specific needs of the individual after discharge necessary to assist the individual to function independently;
 - b. Identifies any resources including family members, community social services, peer support services, and Regional Behavioral Health Agency staff that may be available to assist the individual; and
 - c. Documents the information in subsection (B)(19)(a) and the resources in subsection (B)(19)(b) in the individual's medical record;
20. When an individual is discharged from a designated area for behavioral health observation/stabilization services a personnel member:
 - a. Provides the individual with discharge information that includes:

- i. The identified specific needs of the individual after discharge, and
 - ii. Resources that may be available for the individual; and
 - b. Contacts any resources identified as required in subsection (B)(19)(b);
- 21. Except as provided in subsection (B)(22), an individual is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the individual's discharge from designated area in the outpatient treatment center that provides behavioral health observation/stabilization services; and
- 22. An individual may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the individual's discharge if:
 - a. It is at least one hour since the time of the individual's discharge;
 - b. A law enforcement officer accompanies the individual to the outpatient treatment center;
 - c. Based on a screening of the individual, it is determined that re-admission for behavioral health observation/stabilization is necessary for the individual; and
 - d. The name of the law enforcement officer and the reasons for the determination in subsection (B)(22)(c) are documented in the individual's medical record.
- C. An administrator of an outpatient treatment center that provides behavioral health observation/stabilization services shall comply with the requirements for restraint and seclusion in R9-10-316.

R9-10-1019. Opioid Treatment Services

- A. In addition to the definitions in R9-10-101 and R9-10-1001, the following definitions apply in this Section unless otherwise specified:
 - 1. "Opioid treatment services" means medical services, nursing services, health-related services, and ancillary services provided to a patient receiving an opioid agonist treatment medication for opiate addiction.
 - 2. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opiate addiction.
- B. A governing authority of an outpatient treatment center providing opioid treatment services shall:
 - 1. Ensure that the outpatient treatment center obtains certification by the Substance Abuse and Mental Health Services Administration before providing opioid treatment,
 - 2. Maintain a current Substance Abuse and Mental Health Services Administration certificate for the outpatient treatment center on the premises, and

3. Ensure that the administrator appointed as required in R9-10-1004(C)(1) is named on the Substance Abuse and Mental Health Services Administration certificate as the individual responsible for the opioid treatment services provided by or at the outpatient treatment center.
- C. An administrator of an outpatient treatment center providing opioid treatment services shall ensure that:
1. In addition to the policies and procedures required in R9-10-1003(D)(6)(f), policies and procedures are established, documented, and implemented that:
 - a. Include the criteria for receiving opioid treatment services and address:
 - i. Comprehensive maintenance treatment consisting of dispensing or administering an opioid agonist treatment medication at stable dosage levels to a patient for a period in excess of 21 days and providing medical and health-related services to the patient, and
 - ii. Detoxification treatment that occurs over a continuous period of more than 30 days;
 - b. Include the criteria and procedures for discontinuing opioid treatment services;
 - c. Address the needs of specific groups of patients, such as patients who:
 - i. Are pregnant;
 - ii. Are children;
 - iii. Have chronic or acute medical conditions such as HIV infection, hepatitis, diabetes, tuberculosis, or cardiovascular disease;
 - iv. Have a mental disorder;
 - v. Abuse alcohol or other drugs; or
 - vi. Are incarcerated or detained;
 - d. Contain a method of patient identification to ensure the patient receives the opioid treatment services ordered;
 - e. Contain methods to assess whether a patient is receiving concurrent opioid treatment services from more than one health care institution;
 - f. Contain methods to ensure that the opioid treatment services provided to a patient by or at the outpatient treatment center meet the patient's needs;
 - g. Include relapse prevention procedures;
 - h. Include for laboratory testing:
 - i. Criteria for the assessment of a patient's opioid agonist blood levels,

- ii. Procedures for specimen collection and processing to reduce the risk of fraudulent results, and
 - iii. Procedures for conducting random drug testing of patients receiving an opioid agonist treatment medication;
 - i. Include procedures for the response of personnel members to a patient adverse reaction during opioid treatment; and
 - j. Include criteria for dispensing one or more doses of an opioid agonist treatment medication to a patient for use off the premises and address:
 - i. Who may authorized dispensing,
 - ii. Restrictions on dispensing, and
 - ii. Information to be provided to a patient or the patient's representative before dispensing;
- 2. A physician provides direction for the opioid treatment services provided at the outpatient treatment center;
- 3. If a patient requires administration of an opioid agonist treatment medication as a result of chronic pain, the patient:
 - a. Receives consultation with or a referral for consultation with a physician or registered nurse practitioner who specializes in chronic pain management, and
 - b. Is not admitted for opioid treatment services:
 - i. Unless the patient is physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug, and
 - ii. A medical practitioner at the outpatient treatment center coordinates with the physician or registered nurse practitioner who is providing chronic pain management to the patient; and
- 4. In addition to the requirements in R9-10-1008, a medical record for each patient contains:
 - a. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and
 - b. If applicable, documentation of the patient's discharge from receiving opioid treatment services.
- D. An administrator shall ensure that for a patient receiving opioid treatment services:
 - 1. The opioid treatment services provided to the patient meet the needs of the patient;
 - 2. A physician or a medical practitioner under the direction of a physician:
 - a. Performs a medical history and physical examination on the patient within 30 days before admission or within 48 hours after admission, and

- b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
- 3. Before receiving opioid treatment, the patient is informed of the following:
 - a. The progression of opioid addiction and the patient's apparent stage of opioid addiction;
 - b. The goal and benefits of opioid treatment;
 - c. The signs and symptoms of overdose and when to seek emergency assistance;
 - d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with other drugs;
 - e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
 - f. Confidentiality requirements;
 - g. Drug screening and urinalysis procedures;
 - h. Requirements for dispensing to a patient one or more doses of an opioid agonist treatment medication for use by the patient off the premises;
 - i. Testing and treatment available for HIV and other communicable diseases; and
 - j. Grievance procedures;
- 4. Documentation of the provision of the information specified in subsection (D)(3) is included in the patient's medical record;
- 5. The patient receives a dose of an opioid agonist treatment medication only on the order of a medical practitioner;
- 6. The patient begins detoxification treatment only at the request of the patient or according to the outpatient treatment center's policy and procedure for discontinuing opioid treatment services required in subsection (C)(1)(b);
- 7. If the patient has an adverse reaction during opioid treatment, a personnel member and, if appropriate, a medical practitioner responds by implementing the policy and procedure required in subsection (C)(1)(i);
- 8. Before the patient's discharge from opioid treatment services, the patient is provided with patient follow-up instructions that:
 - a. Include information that may reduce the risk of relapse; and
 - b. May include a referral for counseling, support groups, or medication for depression or sleep disorders; and
- 9. After the patient's discharge from opioid treatment services provided by or at the outpatient treatment center, the medical practitioner responsible for the opioid treatment

services provided to the patient documents the patient's discharge in the patient's medical record within 30 days after the patient's discharge and includes:

- a. A description of the patient's medical condition and the opioid treatment services provided to the patient, and
- b. The signature of the medical practitioner.

F. An administrator of an outpatient treatment center providing opioid treatment services shall ensure that an assessment for each patient receiving opioid treatment services:

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

R9-10-1020. Pain Management Services

An administrator of an outpatient treatment center that provides pain management services shall ensure that:

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

- a. Before the injection or nerve block is initially used on a patient, an evaluation of the patient is performed by a physician or nurse anesthetist;
- b. An injection or nerve block is administered by a physician or a nurse anesthetist; and
- c. The following information is included in a patient's medical record:
 - i. The evaluation of the patient required in subsection (4)(a),
 - ii. A record of the administration of the injection or nerve block, and
 - iii. Any resuscitation measures taken.

R9-10-1021. Physical Health Services

An administrator of an outpatient treatment center that provides physical health services shall ensure that:

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

R9-10-1022. Pre-petition Screening

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

R9-10-1023. Rehabilitation Services

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

1. Occupational therapy services, an individual licensed under A.R.S. Title 32, Chapter 34 provides direction for the occupational therapy services provided at or by the outpatient treatment center;
2. Physical therapy services, an individual licensed under A.R.S. Title 32, Chapter 19 provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, an individual licensed under A.R.S. Title 36, Chapter 17, Article 4 provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

R9-10-1024. Sleep Disorder Services

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

1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;

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

R9-10-1025. Urgent Care Services Provided in a Freestanding Urgent Care Center Setting

An administrator of an outpatient treatment center providing urgent care services in a freestanding urgent care setting, shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D)(1)(d), policies and procedures are established, documented, and implemented that cover basic life support training and pediatric basic life support training including:
 - a. Method and content of training,
 - b. Qualifications of individuals providing the training, and
 - c. Documentation that verifies a medical practitioner has received the training;
2. A medical practitioner is on the premises during hours of clinical operation to provide the medical services, nursing services, and health-related services included in the outpatient treatment center's scope of services;
3. If a physician is not on the premises during hours of operation, a notice stating this fact is conspicuously posted in the waiting room according to A.R.S. § 36-432;
4. If a patient's death occurs at the outpatient treatment center, a written report is submitted to the Department as required in A.R.S. § 36-445.04;

5. A medical practitioner completes basic life support training and pediatric basic life support training:
 - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
 - b. At least once every 24 months after the initial date of employment;
6. Except as provided in subsection (5), a personnel member completes basic adult and pediatric cardiopulmonary resuscitation training:
 - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
 - b. At least once every 24 months after the initial date of employment or volunteer service; and
7. In addition to the requirements in R9-10-1007(A)(9), a medical practitioner's record includes documentation of completion of basic life support training and pediatric basic life support training.

R9-10-1026. Emergency Room Services

An administrator of an outpatient treatment center providing emergency room services shall ensure that:

1. Emergency room services are:
 - a. Available:
 - i. At all times; and
 - ii. To stabilize an individual's emergency medical condition; and
 - b. Provided under the direction of a physician;
2. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in R9-1-412;
3. A physician is present in an area designated for emergency room services;
4. A registered nurse is present in an area designated for emergency room services and provides direction for nursing services in the designated area;
5. The outpatient treatment center has a documented transfer agreement with a general hospital; and
6. If a patient's needs cannot be met or the patient requires services not in the outpatient treatment center's scope of services, the patient is stabilized and transferred to another health care institution.

R9-10-1027. Infection Control

- A. An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to the outpatient treatment center's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the outpatient treatment center;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient treatment center;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient treatment center; and
 - d. Documentation of infection control activities including:
 - i. The collection and analysis of infection control data;
 - ii. The actions taken related to infections and communicable diseases; and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least two years after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
 - a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
 - b. If applicable,
 - i. Handling and disposal of biohazardous medical waste;
 - ii. Isolation of a patient;
 - iii. Sterilization and disinfection of medical equipment and supplies;
 - iv. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable; and
 - v. Cleaning soiled linens and clothing;
 - c. Cleaning an individual's hands when the individual's hands are visibly soiled;
 - d. Training of personnel members, employees, and volunteers in infection control practices; and
 - e. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Soiled linen and clothing are:

- a. Collected in a manner to minimize or prevent contamination,
 - b. Bagged at the site of use, and
 - c. Maintained separate from clean linen and clothing; and
- 6. A personnel member, employee, or volunteer washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material.
- B. An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.

R9-10-1028. Emergency and Safety Standards

- A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
 - 1. A list of the medications, supplies, and equipment required on the premises for the emergency treatment provided by the outpatient treatment center;
 - 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
 - 3. A requirement that a cart or a container is available for emergency treatment that contains the medication, supplies, and equipment specified in the outpatient treatment center's policies and procedures; and
 - 4. A method to verify and document that the contents of the cart or container are available for emergency treatment.
- B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the outpatient surgical center according to the outpatient surgical center's policies and procedures.
- C. An administrator shall ensure that:
 - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
 - a. Procedures for protecting the health and safety of patients and other individuals on the premises;
 - b. Assigned responsibilities for each personnel member, employee, or volunteer,
 - c. Instructions for the evacuation of patients and other individuals on the premises; and
 - d. Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;
 - 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;

3. An evacuation drill is conducted on each shift at least once every 12 months;
 4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:
 - a. The date and time of the evacuation drill or disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;
 - c. A critique of the evacuation drill or disaster plan review; and
 - d. If applicable, recommendations for improvement;
 5. Documentation required in subsection (C)(4) is maintained for 12 months after the date of the evacuation drill or disaster plan review; and
 6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient treatment center.
- D. An administrator shall ensure that an outpatient treatment center either has:
1. Both of the following that are tested and serviced at least once every 12 months:
 - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a), incorporated by reference in A.A.C. R9-1-412, that is in working order; and
 - b. A sprinkler system installed according to the National Fire Protection Association 13 standards incorporated by reference in A.A.C. R9-1-412, that is in working order; or
 2. The following:
 - a. A smoke detector installed in each hallway of the outpatient treatment center that is:
 - i. Maintained in an operable condition;
 - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
 - iii. Tested monthly; and
 - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
 - i. Is available at the outpatient treatment center;
 - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;

- iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
 - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.
- E. An administrator shall ensure that documentation of a test required in subsection (D) is maintained for at least 12 months after the date of the test.
- F. An administrator shall ensure that:
 - 1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
 - 2. A corridor in the outpatient treatment center is at least 44 inches wide;
 - 3. Corridors and exits are kept clear of any obstructions;
 - 4. A patient can exit through any exit during hours of operation;
 - 5. An extension cord is not used instead of permanent electrical wiring;
 - 6. Each electrical outlet and electrical switch has a cover plate that is in good repair;
 - 7. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
 - 8. Oxygen and medical gas containers:
 - a. Are maintained in a secured, upright position;
 - b. Are stored in a room with a door; and
 - i. In a building with sprinklers, at least five feet from any combustible materials; or
 - ii. In a building without sprinklers, at least 20 feet from any combustible materials.
- G. An administrator shall:
 - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 - 2. Make any repairs or corrections stated on the fire inspection report, and
 - 3. Maintain documentation of a current fire inspection.

R9-10-1029. Physical Plant, Environmental Services and Equipment Standards

- A. An administrator shall ensure that:
 - 1. An outpatient treatment center's premises are:
 - a. Sufficient to provide the outpatient treatment center's scope of services,
 - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection, and

- c. Free from a condition or situation that may cause an individual to suffer physical injury;
 - 2. If an outpatient treatment center collects urine or stool specimens from a patient, the outpatient treatment center has at least one bathroom that:
 - a. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation; and
 - b. Except as provided in subsection (B), is for the exclusive use of the outpatient treatment center;
 - 3. A pest control program is used to control insects and vermin;
 - 4. A tobacco smoke-free environment is maintained on the premises;
 - 5. A refrigerator used to store a medication is:
 - a. Maintained in working order, and
 - b. Only used to store medications;
 - 6. Equipment at the outpatient treatment center is:
 - a. Sufficient to provide the outpatient treatment center's scope of service;
 - b. Maintained in working condition;
 - c. Used according to the manufacturer's recommendations; and
 - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - 7. Documentation of an equipment test, calibration, and repair is maintained for 12 months after the date of testing, calibration, or repair.
- B. An outpatient treatment center licensed before July 1, 2013, may have a bathroom that is not for the exclusive use of the outpatient treatment center if an administrator ensures that there are policies and procedures established, documented, and implemented to protect the health and safety of individuals using the bathroom.