

ARIZONA DEPARTMENT OF HEALTH SERVICES

“Health and Wellness for all Arizonans”



Health and Wellness for all Arizonans

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Arizona Department of Health Services
Strategic Map: 2011-2014

**Achieve
Targeted Improvements in
Public Health Outcomes**



4/12/12

Strategic Priorities

- Arizona's Winnable Battles
- Integrating Physical and Behavioral Health Services
- Promote and Protect Public Health and Safety
- Strengthen Statewide Public Health System
- Maximize ADHS Effectiveness



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Integrated Rules for Health Care Institution Licensing

Law 2011, Chapter 96 (House Bill 2634) Highlights

- On or before July 1, 2013
 - Reduce monetary or regulatory costs on persons or individuals
 - Streamline the regulation process
 - Facilitate licensure of integrated health programs that provide both behavioral and physical health services

The New Integrated Rules

- The new and revised articles and rules in 9 A.A.C. 10 will:
 - ✓ Focus on health and safety
 - ✓ Provide regulatory consistency for all health care institutions
 - ✓ Streamline the regulatory process
 - ✓ Integrate behavioral and physical health services
 - ✓ Make changes delineated in applicable Five-Year-Review Reports

The New Integrated Rules

The Integration Plan

- A facility will be licensed based on the highest level of services it provides.
- Facilities will be able to offer a “menu of services”
 - All medical services will be provided under the direction of a physician.
 - All nursing services will be provided under the direction of a registered nurse.
 - All behavioral health services will be provided under the direction of a licensed behavioral health professional.
 - All behavioral health technicians and behavioral health paraprofessionals will receive supervision or clinical oversight from a licensed behavioral health professional.

Rules Timeline

- Rules were filed with Secretary of State on June 28th
- Implementation of new rules will start October 1st
 - Provider specific trainings will be held in September to assist licensees for the implementation

For more information, visit our Rules Implementation website: www.azdhs.gov/als/integrated/

- Resources
 - Crosswalks
 - Frequently asked questions
 - Flowcharts for licensing process
- Access to draft rules
- Provider trainings and meetings
 - Online videos
 - PowerPoint's

The screenshot shows the Arizona Department of Health Services website. The header includes the logo, the text "Health and Wellness for all Arizonans", and the "AZ.GOV" logo. The navigation bar contains "ADHS Home | About | News | A-Z Index | Contact" and a search box. The main content area is titled "Division of Licensing Services Integrated Licensing Rules Implementation". It provides information about the transition to new rules effective July 1, 2013, and lists various resources such as crosswalks, frequently asked questions, and facility-specific flowcharts. A table compares Chapter 10 and Chapter 20 rules, listing items like Adult Day Health Care Facilities, Assisted Living Facilities, Home Health Agencies, Hospices, Hospitals, Nursing Care Institutions, Outpatient Surgical Centers, Outpatient Treatment Centers, Recovery Care Centers, Adult Therapeutic Foster Home, DUI Services, Level 1 Residential Treatment Center, Level 1 Sub-Acute, Level 1 Specialized Transitional Agency, Level 2 BH Residential Agency, Level 3 BH Residential Agency, Level 4 Transitional Agency, Misdemeanor DV Offender Treatment, Rural Substance Abuse Transitional Agency, and Shelter for Victims of Domestic Violence. Below the table, there are sections for Draft Rules, Provider Trainings, and Scheduled Trainings.

Chapter 10	Chapter 20
Adult Day Health Care Facilities	Adult Therapeutic Foster Home
Assisted Living Facilities (Centers, Homes, Adult Foster Care Homes)	DUI Services
Home Health Agencies	Level 1 Residential Treatment Center
Hospices	Level 1 Sub-Acute
Hospitals	Level 1 Specialized Transitional Agency
Nursing Care Institutions	Level 2 BH Residential Agency
Outpatient Surgical Centers	Level 3 BH Residential Agency
Outpatient Treatment Centers 2 3 4	Level 4 Transitional Agency
Recovery Care Centers	Misdemeanor DV Offender Treatment
	Rural Substance Abuse Transitional Agency
	Shelter for Victims of Domestic Violence

Assisted Living Licensing Rules overview

Diane Eckles, Interim Bureau Chief,
Residential Facilities Licensing

Final Rules

This presentation is a quick overview of some of the more important Rule changes and **should not** be taken as addressing **all** changes to the Rules. You are responsible for knowing and following the Rules.

To review the new Rules:

- Links to the new Article 1 and the new Article 8 (AL Facilities) on our website:

<http://www.azdhs.gov/als/assisted-living/index.htm>

- Other new Rules (such as Behavioral Health and Adult Day Health Care), as well as video trainings, can be found at this webpage:

<http://www.azdhs.gov/als/integrated/>

Watch this space for an important announcement!

- To be announced – there will be online surveys available for the public to make suggestions and comments regarding the new rules.

Highlights of Changes

- The new Rules significantly change the requirements for policies and procedures, assistance in the self-administration of medication and medication administration, incident reporting, and the provision of behavioral health services.
- Many definitions have also been changed and/or moved.

Article 1 changes

- License application (R9-10-105 & R9-10-107):
 - Both R9-10-105(A)(1)(a)(i) & R9-10-107(A)1)(a)(i) require you to provide the facility's **telephone number** and **e-mail address**.
 - Due to concerns about emergencies and disaster management, the telephone number must be the **facility's direct telephone number**, not a cell phone or a number for a different person, facility, or address. You can also include an alternate contact number if you wish.
 - The Department will **no longer** accept “None”, “N/A”, or the like in place of an email address. Free email addresses are widely available from services such as Google, Hotmail, Yahoo, etc. Free internet access is available from your local library and many businesses.

Application Changes

- R9-10-802 requires that a Facility must include on the application (in addition to the level of care requested) whether the applicant is requesting authorization to provide:
- Adult day health care services and/or
- Behavioral health services other than behavioral care.

Article 1 changes

- Tuberculosis (TB) screening requirements have been moved to R9-10-112.
 - TB tests must be done on or before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution.
 - Annual TB tests must be done within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test.

Article 1 changes

- Each Facility must establish, document, and implement a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-care Settings, 2005, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333
 - This document available at:
<http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf>

Article 1 changes

- Article 1 includes definitions, qualifications, and required Facility P&Ps for Behavioral Health Paraprofessionals (BHP), Behavioral Health Technicians (BHT), and Nutrition and Feeding Assistants.

New & Changed definitions

- Definitions in R9-10-801:
 - Definitions apply to Assisted Living Facilities
 - Many of the definitions have been removed from R9-10-801 for the reason below:
- Definitions found in R9-10-101 and A.R.S. § 36-401(A) also apply to Assisted Living (and other) Facilities.
 - This is intended to ensure that all definitions that apply to more than one type of facility are consistent and located in the same place(s)

New & Changed definitions

- R9-10-801(3) “Assisted living services” means supervisory care services, personal care services, directed care services, behavioral health services, or ancillary services provided to a resident by or on behalf of an assisted living facility.
- R9-10-801(4) “Behavioral care” means assistance with a resident’s psychosocial interactions to manage the resident’s behavior that can be performed by an individual without professional skills and may include direction provided by a behavioral health professional and medication ordered by a medical practitioner or behavioral health professional.
- R9-10-101(27) "Behavioral health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's behavioral health issue.

New & Changed definitions

- R9-10-801(6) "Manager" means an individual designated by a governing authority to act on behalf of the governing authority in the onsite management of the assisted living facility.
 - Except for Adult Foster Care Homes (AFCs), this refers to a manager who is certified by the NCIA Board.

Highlights of Changes

- R9-10-803(B) A manager:
 - (1) Is directly accountable to the governing authority of an assisted living facility for the operation of the assisted living facility and services provided by or at the assisted living facility;
 - (2) Has the authority and responsibility to manage an assisted living facility;
- A qualified Manager's Designee is still required, but per R9-10-803(A)(7) "...a manager or caregiver who is able to read, write, understand, and communicate in English is on an assisted living facility's premises..."
 - Therefore, the manager's designee does not need to speak English as long as there is one caregiver on the premises who does **at all times**.

Policies & Procedures

- The new Rules require facilities to develop and implement Policies and Procedures which were not previously required.
- Surveys will be conducted based on the Rules **and** the facility's Policies & Procedures (P&Ps).
- BEWARE of persons selling P&Ps:
 - **NO** agency regulates/oversees these persons
 - If you do purchase P&Ps, you will be expected to follow them – make sure they are what you want for your facility and that they cover all of the necessary topics

Policies & Procedures

- R9-10-803(C) A manager shall ensure that policies and procedures are:
- (1) Established, documented, and implemented that:
 - (a) Include job descriptions, duties, and qualifications, including required skills and knowledge, education, and experience for employees and volunteers;
 - (b) Cover orientation and in-service education for employees and volunteers;
 - (c) Include how an employee may submit a complaint related to resident care;

Policies & Procedures

- Your P&Ps must also address areas such as:
 - Cardiopulmonary resuscitation (CPR) and first aid training
 - Qualifications for an individual to provide CPR training
 - The time-frame for renewal of CPR training
 - Documentation of CPR training
 - Staffing and recordkeeping
 - Resident acceptance, resident rights, and termination of residency
 - Provision of assisted living services
 - Making vaccinations for influenza available to residents according to A.R.S. § 36-406(1)(d)
 - Obtaining resident preferences for food

Policies & Procedures

- P&Ps must also address:
 - Provision of respite services or adult day health services, if applicable
 - Resident records, including electronic records
 - Personal funds accounts, if applicable
 - Specific steps and deadlines for handling resident complaints
 - Health care directives
 - Food services
 - Contract services
 - Equipment inspection and maintenance, if applicable
 - Infection control
 - A quality management program, including incident report and supporting documentation

Policies & Procedures

- Facility P&Ps **must be available** to employees and volunteers of the assisted living facility and reviewed **at least once every two years** and updated as needed.

Quality Management (QM) P&P

- The Department has put a video & PowerPoint presentation regarding the Quality Management rules on our website:
<http://www.azdhs.gov/als/integrated/>
 - (Scroll to the bottom of the webpage for the training & PowerPoint)

Quality Management (QM) P&P

- The QM P&P must address:
 - Identifying, documenting, and evaluating incidents (e.g., falls, medication errors, etc.)
 - Data from the incidents are used to determine if services are adequate (ex: 10 falls in a week indicates services are not adequate)
 - Management must ensure that services provided are adequate to prevent incidents from recurring
- A report must be generated from the incident reports and submitted to the governing authority regularly (e.g., monthly, quarterly, etc.), and maintained on the premises for 12 months.

R9-10-816. Medication Services

- Each Facility must have P&Ps that cover assistance in the self-administration of medication and medication administration.
- Note that “placing a specified dose of medication into a cup or into the resident’s hand” has been **removed** from assistance in self-administration of medication. This is now considered medication administration.

Behavioral Care

- R9-10-812 covers the requirements for the provision of Behavioral Care.
 - Oversight by a behavioral health professional or medical practitioner is required within 30 calendar days before acceptance and every 6 months thereafter for a resident receiving behavioral care.
 - The Facility must maintain documentation from the behavioral health professional or medical practitioner that the Facility is meeting the resident's behavioral health needs.

Behavioral Health Services

- R9-10-813 covers the requirements for the provision of Behavioral Health Services.
 - The Facility must have P&Ps that address general consent and informed consent.
 - A behavioral health professional must evaluate the resident within 30 calendar days before acceptance of the resident and at least once every six months thereafter.
 - The Facility must maintain documentation from the behavioral health professional that the Facility is meeting the resident's behavioral health needs.
 - The Facility must also meet the requirements in R9-10-114 and R9-10-1011(B)

Manager/Caregiver training

- New Rules governing the training, testing, and certification of caregivers and assisted living facility managers went into effect on August 3, 2013.
- People with current caregiver or manager training DO NOT need to take the training over again, as long as they were trained by an NCIA Board-approved or ADHS-approved training program.

Manager/Caregiver training

- D and S Diversified will be providing standardized testing for all caregiver and manager students before issuing certificates, and will be maintaining a database of caregiver training certificates.
- This will allow facilities to verify the validity of a caregiver certificate even if the training program is no longer in business.
- This will also help to address the problem of “diploma mills”.

Manager/Caregiver training

- For more information, including a list of approved training programs and testing requirements, please contact the Arizona Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers at (602) 364-2273. Their website is: <http://www.aznciaboard.us>

Additional Trainings

- Tucson area – September 18th and 20th
400 W. Congress
Tucson, AZ
- Phoenix area – September 23rd, 24th and 25th
Arizona Department of Health Services
1740 W Adams Rd, Room 411
Phoenix AZ
- Both locations will have 2 sessions per day

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