FAQs
Chapter 10 and Chapter 20 Rulemaking

1. **What are the rule changes?**

   The rule changes have not been finalized, but you can see and comment on the latest draft rules at:
   - Chapter 10 Health Care Institutions:
   - Chapter 20 Facilities Providing Only DUI Services, Misdemeanor Domestic Violence Offender Treatment Services, or Adult Behavioral Supportive Homes:
     - [http://azdhs.gov/diro/admin_rules/behavioralhealth.htm](http://azdhs.gov/diro/admin_rules/behavioralhealth.htm)

2. **When will these rule changes take effect and under what authority?**

   The rules will go into effect on October 1, 2013. The rulemaking was authorized by [HB 2634](http://azdhs.gov/diro/admin_rules/behavioralhealth.htm), which requires the Department to adopt rules regarding health care institutions that reduce monetary or regulatory costs on persons or individuals and facilitate licensing of “integrated health programs that provide both behavioral and physical health services.”

3. **What are the benefits of the rule changes?**

   - Providers may offer integrated health services under one license
   - Reduced regulation
   - Consistency in health care institution rules

4. **Do I have to provide integrated health services?**

   No. The bill provides the opportunity to provide integrated health services if you choose to do so.

5. **If I don’t provide integrated services, will my licensing process change?**

   This depends on whether services were being provided for which the facility was not specifically licensed. This rulemaking incorporates previous statutory changes, updates the rules to reflect the current practice, and provides consistency within all health care institution rules.

6. **What happens to my license on October 1, 2013?**

   Please see the flowcharts and crosswalk.

7. **Which rules do I follow on October 1, 2013?**

   Please see the flowcharts and crosswalk.

8. **The crosswalk and flowcharts show that I do not need a license, but I need an approval. What is an approval?**

   An approval is a determination by the Department that a facility meets standards to be placed on a list of providers used by the courts for DUI Education and Treatment or for Misdemeanor Offender Treatment.
9. The crosswalk and flowcharts show that ADHS no longer regulates my type of facility, so what happens to my license?

As of October 1, 2013, your facility will no longer be regulated by the Department. Your license will remain in effect until the expiration date. You may also contact the Department to discuss the possibility of transitioning to another type of facility on October 1, 2013.

10. If I get a different license, does my expiration date change?

Your expiration date will not change if you are renewing a license or if your license is automatically transferred (see crosswalk and flow charts). Your expiration date may change if you apply for an initial license, change the address, have a change in services, or have a change in ownership.

11. How do I know what type of health care institution license I should have?

The type of health care institution license will depend on the acuity of the patients/residents and whether their primary health concern is physical or behavioral. Contact the Department if you need assistance in making this determination.

12. How will the rule changes affect my CMS certification surveys?

The rule changes affect state licensing of health care institutions and do not affect CMS certifications.

13. How will the rulemaking affect licensing time-frames?

This rulemaking should not impact the current licensing time-frames for health care institutions licensed under 9 A.A.C. 10. It will decrease the overall time-frames for facilities currently licensed under 9 A.A.C. 20.

14. My facility has multiple licenses (co-located), how will the rulemaking affect those licenses?

This rulemaking will allow your facility to continue operating multiple licenses in one location as well as allow flexibility for some facilities to incorporate additional services under one license, which was not allowed under some of the circumstances in the current rules (pre-October 1, 2013 rules).

15. Who do I talk to about my questions?

Please contact the applicable Bureau/Office Chief.

16. Will the rulemaking affect fees?

The fee structure and fees have not changed, but the Department intends to clarify the fee structure and fees for “chairs” for providing behavioral health observation/stabilization services.

17. Will architectural applications be affected by this rulemaking?

There should not be an impact on currently licensed facilities.

18. If I want to add services that would require modifications to my facility, how long do I have to make those changes?

The rules will go into effect on October 1, 2013, and there will not be a transition period. The
Department may document or cite for non-compliance, but the Department will offer technical assistance to ensure that licensees or applicants comply with the new rules and, if needed, ensure there is an interim safety plan to protect the health and safety of the patients/residents.

19. **What kind of health care institution can have a branch office?**

A health care institution, other than a hospital with satellite facilities under a single group license, must have a separate license for each facility in which medical services, nursing services, or health-related services are being provided. The only classes of health care institution that can have a branch office are:

- Home health agencies, where the services are provided in a patient’s home;
- Hospice service agencies, where the services are provided in a patient’s home; and
- Outpatient treatment centers, where ancillary services, such as counseling, may be provided in a location other than the outpatient treatment center facility.

20. **If my facility uses the services of a behavioral health professional, is my facility a health care institution?**

A health care institution provides medical services, nursing services, or health-related services. Counseling is not a medical service, nursing service, or health-related service, regardless of whether the counseling is provided by a behavioral health professional or another individual. A facility providing only counseling is not a health care institution and will not be licensed. However, the Department will renew the licenses of outpatient clinics providing only counseling that are licensed by the Department before October 1, 2013.

21. **What is a quality management plan? How do I establish and implement such a plan?**

A quality management plan (plan) is a mechanism used by a health care institution to improve the services provided and the environment where services are received. The plan will establish a method for identifying, documenting and evaluating events that harm or have the potential to harm an individual. Additionally, the plan will include a method for identifying changes that can be made to improve services or the environment of the health care institution to lessen the chances that harm will come to an individual. Since each health care institution is different, the scope and complexity of a plan will differ. The Department is developing templates that may be used by a health care institution to guide them in developing a plan to meet its needs.

22. **How is "clinical supervision" different from "clinical oversight"? Who is required to use "clinical oversight"?**

"Clinical supervision" is currently used in Chapter 20 but, in the new rules, is no longer used. The new Chapter 10 rules use "clinical oversight." Clinical oversight requires actions performed by a behavioral health professional (BHP) to ensure that a behavioral health technician (BHT) provides behavioral health services according to a health care institution's policies and procedures. The BHP’s oversight includes monitoring tasks performed by the BHT, providing review and guidance to improve the BHT's skills and knowledge, as well as recommending training to assist the BHT’s in continued development of their skills and knowledge. A licensed HCI using a BHT to perform behavioral health services is required to ensure that a BHP provides "clinical oversight" to a BHT.
23. What is a behavioral health service?

Behavioral health services are medical services, nursing services, health-related services, or ancillary services provided to an individual to specifically address the individual’s behavioral health issue (conditions), such as a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response. Medical services, nursing services, and health-related services are defined in A.R.S. § 36-401 and are applicable to all health care institutions. "Ancillary services" will be defined in A.A.C. R9-10-101 and encompasses services other than medical services, nursing services and health-related services provided to address the individual’s behavioral health issue. Because there is a wide range of these services, the Department is not planning to list each of the services in rule. Ancillary services include but are not limited to services such as acupuncture, counseling, and peer support provided to address the individual’s behavioral health issue. Ancillary services would not typically include transportation and food services.

24. How do we distinguish a behavioral health technician (BHT) from a behavioral health paraprofessional (BHPP)?

A “BHT” is an individual who is not a behavioral health professional (BHP) and who provides the same behavioral health services as a professional licensed under A.R.S. Title 32, Chapter 33 at or for a licensed health care institution (HCI). A BHT’s skills and knowledge are determine by the licensed HCI based on the behavioral health services that the BHT is expected to provide while under the clinical oversight of a BHP.

A “BHPP” is an individual who is not a behavioral health professional (BHP) and who provides the same behavioral health services as a professional licensed under A.R.S. Title 32, Chapter 33 at or for a licensed health care institution (HCI). A BHPP’s skills and knowledge are determine by the licensed HCI based on the behavioral health services that the BHPP is expected to provide while under the supervision (direct overseeing/inspection of the act of accomplishing a function) of a BHP.