

Art 7

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Respondent Type: Normal Response

Collector: Health Care Institution Licensing
Rulemaking (Web Link)

Custom Value: empty

IP Address: 63 239 219 130

Response Started: Monday, February 25, 2013 5:12:05 PM

Response Modified: Monday, February 25, 2013 5:13:43 PM

1. If you have any comments or concerns about the rulemaking process or general comments about the rules, please provide your comments or concerns below:

R9-10-707 A.2 Resident Admission; Assessment This section states that a behavioral health professional, authorized by policies and procedures to accept a resident for admission, must be available at all times. The intent and expectations of this section are unclear. Is it sufficient if a behavioral health technician is able to reach a BHP by phone if consultation is needed regarding an admission decision? Is the intent to require that a BHP be physically present for all admissions? The distinction between these two potential interpretations has significant staffing (and, therefore, financial) implications for providers.

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Respondent Type: Normal Response

Collector: Health Care Institution Licensing
Rulemaking (Web Link)

Custom Value: empty

IP Address: 63.239.219.130

Response Started: Monday, February 25, 2013 5:13:53 PM

Response Modified: Monday, February 25, 2013 5:14:17 PM

1. If you have any comments or concerns about the rulemaking process or general comments about the rules, please provide your comments or concerns below:

R9-10-709 D Discharge This section requires that there is a documented discharge order by a medical practitioner before a resident is discharged. Most residential treatment programs do not have a medical practitioner available to perform this function. A requirement to add a medical practitioner for this purpose would be a significant financial burden for providers. It should be noted that this is the only activity of a residential treatment program in the proposed version of Article 7 that is specifically limited to a medical practitioner only.

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Respondent Type: Normal Response

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Custom Value: empty

IP Address: 63 239 219,130

Response Started: Monday, February 25, 2013 5:14:30 PM

Response Modified: Monday, February 25, 2013 5:15:48 PM

1. If you have any comments or concerns about the rulemaking process or general comments about the rules, please provide your comments or concerns below:

R9-10-7 10.A Transport; Transfer The requirements of R9-10-710 regarding transportation of residents are excessive and not in keeping with the move towards rules that are less prescriptive and more globally focused on health and safety otherwise found in the proposed draft of Article 7. The settings where these requirements are to be applied are not locked facilities. Individuals may voluntarily leave the premises and the medical care they will require, if any, must be minimal based on the limits of the proposed rules. It should also be noted that the rules in this section apply only when the resident is being transported to another healthcare institution (based on the definition of Transport in Article 1) and when the transportation is being provided by the residential treatment facility. In other words, these rules do not apply to situations in which an external case manager, family member or a contracted transportation provider such as a taxi service transports the resident nor do they apply when a residential facility transports a resident to a setting that does not meet the definition of a healthcare institution. The fact that these rules have relatively narrow application raises questions as to their value. Although several of the elements of this section are left to the definition of the residential treatment provider, they, nonetheless, add unnecessary barriers to the otherwise routine activity of providing transportation for residents to assist them in accessing services through other providers. The prescriptive nature of this section stands in sharp contrast to the rest of Article 7 – particularly in light of the transportation events that would not be subject to these rules. Ultimately, the proposed rules in this section will have the affect of discouraging residential treatment facilities from transporting residents and, instead, prompting facilities to require that case managers arrange for alternative transportation such as a taxi service or other contracted transportation provider – a less favorable option for the residents involved.

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Respondent Type: Normal Response

Collector: Health Care Institution Licensing Rulemaking (Web Link)

Custom Value: empty

IP Address: 63 239 219 130

Response Started: Thursday, February 7, 2013 3:18:10 PM

Response Modified: Thursday, February 7, 2013 3:25:16 PM

1. If you have any comments or concerns about the rulemaking process or general comments about the rules, please provide your comments or concerns below:

In the residential facilities draft rules (dated 12/20/12), R9-10-716 A.1 appears to assume that all behavioral health residential facilities will be able to provide personal care services. However, some behavioral health facilities may not elect to include personal care services in their license. How will this section be applied in that case?

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Respondent Type: Normal Response

Collector: Health Care Institution Licensing
Rulemaking (Web Link)

Custom Value: empty

IP Address: 63.239.219.130

Response Started: Thursday, February 7, 2013 2:24:22 PM

Response Modified: Thursday, February 7, 2013 2:27:28 PM

1. If you have any comments or concerns about the rulemaking process or general comments about the rules, please provide your comments or concerns below:

With regarding to the residential treatment section below (from the 12/20/12 draft), most behavioral health residential treatment programs do not have a medical practitioner to be able to perform this function. R9-10-709 Discharge D An administrator shall ensure that there is a documented discharge order by a medical practitioner before a resident is discharged unless the resident leaves the behavioral health residential behavioral health residential facility against a medical practitioner's advice

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1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:

We would like you to provide us with collegial and consultative advice/direction regarding the stipulations governing clinical supervision of paraprofessional staff and clinical oversight of technician level staff. We interpret the proposed draft rules to stipulate that in both Behavioral Health Residential Facilities and Outpatient Treatment Centers, staff who perform tasks that would require an independent practice professional practice license from the Arizona Board of Behavioral Health Examiners or Arizona Board of Psychologist Examiners and who are not licensed at the independent practice level by said Boards will require either direct observation real time clinical supervision (paraprofessional level staff) or weekly clinical oversight (technician level staff) from an independently licensed behavioral health professional. We interpret these tasks to include but not sure they are limited to: 1 Clinical Assessments 2 Treatment Plan Development/Redevelopment/Assessment of Treatment Goal Progress and Remediation of Treatment Plan Goal Barriers to Progress 3 Developing Discharge Plans 4 Individual and Group Counseling. Can you please advise if there would be any other tasks performed other than the ones listed in either residential facilities or outpatient treatment centers that you feel would require an independent practice behavioral health professional license? We do understand that unless the proposed draft rules are modified/amended that there is no technician practice level extension for developing Discharge Summaries.

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[Go »](#)**Respondent Type:** Normal Response**Collector:** Web Link (Web Link)**Custom Value:** empty**IP Address:** 24 117 198 250**Response Started:** Monday, January 28, 2013 8:54:33 AM**Response Modified:** Monday, January 28, 2013 9:14:45 AM**1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:**

I welcome the effort to hold Sober Living Homes to a standard, but feel to require them to meet the standard of a Level III residential is problematic. First, most of the homes I am familiar with would probably not be able to meet the environmental code and it would be cost prohibitive for them to do so. This might result in their having to close, and consequently, and sadly, discharging people to the street. This then exacerbates a problem cities already face, namely, taxing their limited resources to deal with a homeless population. I also wonder if the proposed changes were discussed with the Department of Corrections and local probation departments. These institutions rely on safe, sober living homes for placement. Again, I do support some level of regulation and standards. I know that there is a group of licensed providers who are trying to work with the city to establish a coalition to self regulate the industry and to identify those programs that would not agree to work towards the standards. I would propose that initiative be given an opportunity. Bob Perrone

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1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:

These rules need to be followed by INDIAN HEALTH SERVICE residential treatment facilities. Even though IHS requires JCAHO accreditation, the facilities need to follow the STATE of ARIZONA rules as well. And, all IHS providers working in ARIZONA should be required to have ARIZONA licenses to continue working beyond one year-- instead of being allowed continuing employment by renewing a license obtained in another state--when they are no longer even working in that state!

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 170 68 254 76

Response Started: Thursday, December 27 2012 4:31:12 PM

Response Modified: Thursday, December 27, 2012 4:32:46 PM

1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:

For the December 2012 Draft of 'Behavioral Health Residential' Facilities, each time it is mentioned it is repeated at least once

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: *empty*

IP Address: 184 183 9 36

Response Started: Tuesday, December 18, 2012 10:33:45 AM

Response Modified: Tuesday, December 18, 2012 10:42:39 AM

1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:

Our sites are currently licensed as Outpatient Clinics and we provide counseling and assessment services to children under the age of 8 (including infants) and their families. Most of our staff are not independently licensed; neither assistance in self-administration of medication or medication services applies to this age group and we do not provide physical health services. The new rules would make it extremely difficult for our facilities to be licensed

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: empty

IP Address: 206 80 197 45

Response Started: Monday, December 3, 2012 1:38:20 PM

Response Modified: Monday, December 3, 2012 1:43:05 PM

1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:

#1. According to the work group notes of August 28, 2012, A BHPP may perform licensed behavioral health services only while being supervised by a behavioral health professional Behavioral Health Services "means medical services, nursing services, or health-related services provided to an individual to address the individual's behavioral health issue" If a client with behavioral health issues of paranoia and anxiety related to bathing requires assistance and reassurance with his shower (personal care) is this requirement to be interpreted to mean that a BHP must supervise a BHPP while assisting him with a shower because he has a health-related behavioral health issue? # 2 Draft Rules, page 17, and j 8 States "The facility has a written agreement with a hospital near the facility's location to provide medical services for residents who require medical services that the facility is not licensed or able to provide This is going to be difficult . Our facility will not assume responsibility for the medical costs associated with a client's medical care nor do we have a legal staff to prepare and negotiate with a hospital. We have never had a hospital refuse to provide services if services were needed # 3 Draft rules, page 21, R9-10-709 D States An administrator shall ensure that there is a documented discharge order by a medical practitioner before a resident is discharged unless the resident leaves the facility against a medical practitioner's advice In our program, client's discharge is managed by the health plan or Magellan; medical practitioners who are often locum tenens and are not even familiar with the clients or their needs 4 Draft rules R9-10-710 A Transfer; Transport page 22 Transport where another hospital, outpatient, Dr office? , dentist? b. Require an evaluation of the resident by a medical practitioner or registered nurse before transporting the resident and after the resident's return In residential facilities there is not a registered nurse or medical practitioner readily available e. Specify how a medical practitioner or registered nurse practitioner explains the risks and benefits of the transport to the resident or resident's representative. . Again there is no NP or medical provider readily available in residential to provide the client with transport information 5 Draft rules R9-10-714 C 8 &9 page 31 states the administrator shall ensure that a resident's medical record contains "name of the admitting practitioner and medical practitioner orders Medical practitioners do not admit to residential behavioral group homes

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Respondent Type: Normal Response

Collector: Web Link (Web Link)

Custom Value: empty

IP Address: 70 167 207 164

Response Started: Friday, November 9, 2012 8:24:04 AM

Response Modified: Friday November 9, 2012 8:55:05 AM

1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:

R-9-1—1004 Quality Management Program 2 a-b: For Quality Management reporting, who is the "governing authority" that the documented report is to be sent to? Is this to be sent annually by a specific date? R-9-10-1013 Behavioral Health Services B 3.a ii- want to double check that an associate level licensed professional can supervise paraprofessionals and BHT's in a OBHL licensed facility IE: are LASAC LBSW, LAC still considered BHP's C 10- is review of the assessment required within 48 hours? Is this review required by a BHP? Where is the review to be documented? Is this different than the review on the assessment required by a BHP within 30 days? Does this just change the timeline for a BHP review from 30 days to 48 hours? R-10-1019 Opioid Treatment Services D 1 h.i can the criteria for the assessment of a patient's opioid agonist blood levels be completely determined by the agency or is it a requirement to assess all individuals blood levels using blood serum levels using standard protocol (peak and trough)? D 1 k. a-b – For chronic pain, Why physician and not Medical practitioner (which includes NP and PA)? D 5. are monthly notes required? Does there need to be a monthly note from a BHP or a medical practitioner? ie- Would monthly notes by a BHT not meet this standard? E 2 a-b Does a Physician (which does not include a PA or NP) have to do the H&P? Why physician and not Medical practitioner (which includes NP and PA)? E 9.b Does the medical practitioner required to sign the discharge, or would a note in the client chart from a medical practitioner within 30 days of discharge meet this standard? F 1-11 Are all of these standards required on the physical treatment plan each time a treatment plan is done? If all these areas are noted in the chart, or on the annual assessment, would that meet the requirements of these standards? Are treatment plans for OTP clients no longer required every 3 months the first year of treatment and every 6 months after the first year in treatment? Can they be completed annually or updated to meet the needs of the client?

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1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:

708 2 a --does not address the need to allow for the integration of program plans that have developed by other entities, such as The Division of Developmental Disabilities This process is not consumer or family friendly in that it forces a person to have 2 plans developed by 2 systems. The ancillary services(DD related) should be accepted as identified by the consumers planning team.

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1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:

My name is Lee Pioske and I am the director of Crossroads We are five facilities with 278 licensed beds as Transitional Level 4 Behavioral Health I keep looking for Transitional Level 4 in the new rules and cannot seem to find it It would be cataclysmic for us to become a level 3 What plans do you have for us that will not force us out of business? Thank you very much!
lee.pioske@thecrossroadsinc.org

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Looking at the minutes from the August 7th workgroup, specifically the proposed changes to R9-10-710(B)(1)(b): Establish the criteria for determining what a resident evaluation includes based on the resident's psychological condition, medical condition, and the type of services the resident is expected to receive at the receiving facility. Does this mean that every hospital will need to have policies in place that establish criteria for evaluating patients that walk in their doors - but reside in a residential facility - for a scheduled outpatient procedure, such as a chest radiograph, when the patient will be returning to the residential facility once the five minute procedure is completed? Is that really the intent of this rule?

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[Go »](#)**Respondent Type:** Normal Response**Collector:** Web Link (Web Link)**Custom Value:** empty**IP Address:** 74 40 38 134**Response Started:** Thursday, August 23, 2012 3:38:43 PM**Response Modified:** Thursday, August 23, 2012 3:53:58 PM**1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:**

Looking at the minutes from the August 7th workgroup meeting: The clarifications proposed to R9-10-707 & R9-10-708 regarding time frames for completing and documenting the resident's assessment and service plan remain unclear. Under this proposed language, the assessment could be completed on the day of admission but not documented in the medical record until 48 hours after the assessment is completed. Likewise, the service plan could be created on the day of admission but not documented in the medical record until 48 hours after the client first receives medical or behavioral health services. This appears to be at odds with the mandate (multiple sources) to document services on the day of service delivery. Could this be clarified further, please?

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[Go »](#)**Respondent Type:** Normal Response**Collector:** Web Link (Web Link)**Custom Value:** empty**IP Address:** 63 239 219 130**Response Started:** Friday, August 10, 2012 10:49:21 AM**Response Modified:** Friday, August 10, 2012 11:21:07 AM

1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:

From the residential facilities draft - R9-10-706 C 1) Will associate level licensed clinicians be permitted to have a day-to-day, operational supervisor who is different than the independently licensed clinician providing clinical supervision? (We currently have independently licensed clinicians assigned to multiple programs for clinical oversight/supervision either because the site supervisor is not independently licensed or because the supervisor's license does not match the associate license) 2) Will programs be in violation of this rule if the clinical supervisor is independently licensed but the license doesn't match the associate level license (e.g., an LPC supervising an LMSW)? Two fairly common situations are 1) an agency loses the only clinician with a particular independent license (e.g., LCSW) and experiences delays in refilling the position or 2) an agency hires an associate level licensed clinician who does not plan to apply for independent license

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[Go »](#)**Respondent Type:** Normal Response**Collector:** Web Link (Web Link)**Custom Value:** *empty***IP Address:** 70.96.56.234**Response Started:** Monday, July 23, 2012 6:38:01 AM**Response Modified:** Monday, July 23, 2012 6:39:24 AM

1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:

. May I take the liberty to suggest that in R9-10-703 Section D(1) and D(2) you consider including a Psychologist licensed under A.R.S. 32-2071.01 with demonstrated respective knowledge, skills and competencies in marriage and family therapy, counseling or substance abuse counseling be stipulated as a supervisor for behavioral health paraprofessionals performing said services or stipulated as a clinical oversight person for behavioral health technicians performing said services? Thank you for your consideration SAGUARO GROUP Alan L. Ogus, Ph.D., Psychologist Chief Clinical Officer for Arizona Health Care

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Jump To: 3

[Go »](#)**Respondent Type:** Normal Response**Collector:** Web Link (Web Link)**Custom Value:** *empty***IP Address:** 70 96 56 234**Response Started:** Monday, July 23, 2012 6:38:01 AM**Response Modified:** Monday, July 23, 2012 6:39:15 AM**1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:**

. May I take the liberty to suggest that in R9-10-703 Section D(1) and D(2) you consider including a Psychologist licensed under A R S. 32-2071 01 with demonstrated respective knowledge, skills and competencies in marriage and family therapy, counseling or substance abuse counseling be stipulated as a supervisor for behavioral health paraprofessionals performing said services or stipulated as a clinical oversight person for behavioral health technicians performing said services? Thank you for your consideration SAGUARO GROUP Alan L. Ogus, Ph D , Psychologist Chief Clinical Officer for Arizona Health Care

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Respondent Type: Normal Response**Collector:** Web Link (Web Link)**Custom Value:** *empty***IP Address:** 24 117 41 131**Response Started:** Thursday, July 19, 2012 4:02:36 PM**Response Modified:** Thursday, July 19, 2012 4:03:40 PM

1. After reviewing the working draft of the rules for Behavioral Health Residential Facilities or meeting notes from Workgroup meetings, please provide any comments or concerns you may have:

Will there be a way to highlight changes, as much of the material seems exactly the same as current code
