



# Northern Arizona Regional Behavioral Health Authority

*Managing behavioral healthcare with a conscience*

February 22, 2013

Barbara Lang, Office Chief  
ADHS/OBHL  
150 N. 18<sup>th</sup> Ave., 4<sup>th</sup> Floor  
Phoenix, AZ 85007

Dear Ms Lang,

Please accept the following comments on the DRAFT licensing rules for Substance Abuse Transitional Facilities (currently Rural Substance Abuse Transitional Agency).

Overall, NARBHA supports the redesign and re-write of the Draft rules for out-patient clinics and residential facilities that provide behavioral health services; NARBHA appreciates the opportunity that the Department has provided for discussion on those rules. NARBHA has concerns related to the Draft rules for Substance Abuse Transitional Agencies and respectfully provides the following input and suggestions to the Draft rules.

The current Rural Substance Abuse Transitional rules were developed to provide a safe setting, or a safe shelter, for individuals who are intoxicated or experiencing the effects of a substance abuse issue and to serve as a *transition* to behavioral health treatment services. Presently, treatment services are outside the scope of practice (and funding parameters) for Rural Substance Abuse Transitional Agencies. Rural Substance Abuse Transitional Agencies have been an important component in the continuum of substance abuse services, particularly in communities that border Tribal Nations.

Based upon our review of the Draft rules for Substance Abuse (SA) Transitional Facilities on the DHS website, it appears that the Draft rules for SA Transitional Facilities are almost *exactly the same* as the Draft rules for Residential facilities. We have done a line-by-line comparison of the Draft SA Transitional rules and the Draft Residential rules and the only differences between them is that in the Draft SA Transitional rules there are no requirements for outings, respite, swimming pools, outdoor BH programs, or physical health services (except checking vital signs). NARBHA believes that there is an appropriate role for SA Transitional Agencies in the continuum of substance abuse services and does not believe that the services and purpose of SA Transitional Facilities are the same as residential facilities. SA Transitional Agencies provide a lower level of care than Residential facilities and serve people based upon a walk-in, unplanned basis. We believe that SA Transitional facility rules should reflect this unique and lower level of care, which is not currently reflected in the Draft rules.

NARBHA currently contracts with four Rural Substance Abuse Transitional Agencies located in Page, Flagstaff, Winslow and Holbrook. **The Draft Substance Abuse Transitional Agency**

rules will likely result in the closure of one or more of NARBHA's current facilities and/or tens of thousands of dollars to retrofit and operate the others. To our knowledge, there have not been negative outcomes at these facilities and it is unclear why DHS is making such significant and costly changes to the licensing rules for SA Transitional facilities

To allow the current SA Transitional Agencies to continue to operate and provide a safe transition to treatment to thousands of people in border communities, NARBHA has identified that at least the following changes need to be made to the Draft rules for the continued viability of these facilities:

1. The draft Environmental Standards (R9-10-1416) that contain requirements that each participant is provided a bedroom (R9-10-1416(D)(4) and (5)(a-h) that opens into a hallway, etc. This requirement would preclude some of the existing facilities from operating and/or would cost many tens of thousands of dollars to retrofit each facility; for some facilities, retrofitting may not even be an option. **NARBHA recommends that there be grandfathering of the bedroom requirements for the existing Rural SA Transitional Agencies.**
2. The draft Personnel and Staffing rules (R9-10-1406(H)(5-6)) require both an RN and a BH Professional to be present at the facility or on-call at all times. This exceeds the requirements in the current rules and would be very costly for some facilities. Substance Abuse Transitional Agencies have been in operation for many years and, to our knowledge, have not had significant health and safety issues to justify the additional costs and personnel requirements. **NARBHA recommends that the rules require either a BH Professional or a nurse to be on site or on-call at all times.**
3. The Draft rules seem to imply that a BH Professional must admit/accept a participant and must be available at all times (R9-10-1407(A)(2)). SA Transitional Agencies accept/admit participants around the clock. The SA Transitional Agency level of care is more like a safe shelter than a residential treatment program where admissions are planned. It is not currently required nor would it be realistic or cost-effective for a BH Professional to be present to admit/accept every client who may present intoxicated in the middle of the night and needs a safe shelter to recover from the effects of alcohol or drug abuse. **NARBHA recommends that an EMT or nurse admit/accept a participant into the facility.**
4. The Draft rules require a medical practitioner or RN to perform a physical exam or nursing assessment (R9-10-1407(A)(5-6)). This level of staffing and examination may be appropriate for a residential treatment facility but is not consistent with the level of care provided in SA Transitional facilities. NARBHA is not aware of any negative outcomes related to this issue that would necessitate the significant increase in requirements and costs associated with this rules. **NARBHA recommends that an EMT perform a screening upon a client to determine if the client is in the appropriate level of care.**
5. SA Transitional Agencies do not currently provide treatment. They provide support and rehabilitation services consistent with their role as a "safe shelter" in the continuum of

?

substance abuse services. The treatment plan requirements in (R9-10-1408) seem inconsistent with the level of care provided. **NARBHA recommends that a “treatment plan” be completed within 7 days after the screening/assessment and that a BH Professional sign a BH Technician’s treatment plan within 48 hours after completion.**

6. SA Transitional Agencies operate as a safe shelter and often serve as a gateway to SA treatment services. The discharge requirements in (R9-10-1409) are taken right out of the rules for general hospitals and are not appropriate for this level of care – such as a discharge order provided by a medical practitioner. **NARBHA recommends that the Section on Discharge be removed and replaced with requirements that a facility develop a policy and procedure to determine the appropriate discharge of a participant and that resources and/or referrals to substance abuse treatment be provided to the participant.**
7. The draft Transport and Transfer requirements, like other requirements in the Draft rules, come right out of the licensing rules for general hospitals and are not appropriate for this level of care. The effect of these transportation requirements in both the SA Transitional and Residential rules will be to eliminate transportation services and will negatively impact access to needed services. **NARBHA recommends that section (R9-10-1410) be removed and replaced with a requirement that a facility have a policy and procedure to facilitate the safe transport and transfer of participants.**
8. Currently counseling is not provided through a SA Transitional Agency as it is counseling is considered a treatment service and these agencies do not provide treatment. Typically, a counselor from an out-patient clinic may come to a SA Transitional Agency and provide counseling or participants may be transported to an out-patient clinic to receive counseling (though that will probably not continue with the draft transfer and transport requirements.) **NARBHA recommends that if counseling is going to be allowed in SA Transitional Agencies that counseling be optional (the draft seems to make it mandatory) and that the ADHS/DBHS Covered Behavioral Health Services Guide be amended to allow counseling to be covered BH service for a SA Transitional Agency.**

In addition to our suggestions on the SA Transitional Agencies, we notice that the Draft rules for SA Transitional Agencies and Draft rules for out-patient treatment clinics and residential and inpatient settings **all significantly reduce client/resident/participant rights**. Most notably the right, “to be treated with dignity, respect, and consideration,” among others. We see that in ALL other DHS facility licensing rules (hospitals, nursing homes, assisted living, abortion clinics, etc.) a patient/resident/client has the right to be treated with dignity, respect and consideration. We have recently heard and read many times that DHS is only writing rules for “Health and Safety.” However the Department’s actual authority for rulemaking in A.R.S. 36-405 states that, “the Director shall adopt rules to establish minimum standards and requirements...to assure the public health, safety **and welfare**.” While resident rights, including the right to be treated with dignity, respect and consideration may not be a health and safety issue, we believe it does assure the welfare of clients and is a minimum standard. **NARBHA**

**recommends that the current rights that are enjoyed by behavioral health clients, particularly the right to be treated with dignity, respect and consideration, be added into ALL of the sub-classifications contained under the Department's current rulemaking.**

Thank you for your consideration of our concerns and recommendations. Overall, NARBHA supports the Draft rules that DHS is developing and wishes only to continue to ensure that NARBHA's current provider network will be able to continue to provide the full continuum of covered behavioral health services throughout northern Arizona.

We are happy to discuss these recommendations and would like to again extend our January 18, 2013 offer to meet about the draft changes to rules for Substance Abuse Transitional Agencies and to again invite you to northern Arizona to visit and learn more about the important role that Substance Abuse Transitional Agencies serve in northern Arizona

Respectfully,

A handwritten signature in black ink, appearing to read "Laura A. Hartgroves". The signature is fluid and cursive, with a long, sweeping tail that extends to the right.

Laura Hartgroves  
Director of Provider and Network Services

cc: Cory Nelson  
Dr. Steven Dingle  
Lydia Hubbard-Poutier  
John Morrison  
Don Erickson

**Teresa Koehler**

---

**From:** Barbara Lang  
**Sent:** Monday, February 25, 2013 8:19 AM  
**To:** Thomas Salow; Cara Christ, MD; Valerie Grina; Patti Cordova; Teresa Koehler  
**Subject:** FW: [u] SA Transitional Agency draft rule comments  
**Attachments:** SA Transitional draft rule comments to OBHL.pdf

FYI- I went out to the Holbrook facility on Thursday and did receive some additional insight into this subclass which I would like to visit about. Thanks

Barb

---

**From:** Laura Hartgroves [mailto:Laura.Hartgroves@narbha.org]  
**Sent:** Friday, February 22, 2013 3:08 PM  
**To:** Barbara Lang  
**Subject:** [u] SA Transitional Agency draft rule comments

Good afternoon Barb,

As promised, I have attached NARBHA's comments and suggestions on the draft rules for Substance Abuse Transitional Agencies.

I understand that you visited the Winslow facility yesterday and that a surveyor has been in Page this week. We appreciate your interest and commitment to ensuring the continued viability of Substance Abuse Transitional agencies. I am happy to discuss these comments

Hard copies of the letter will follow this e-mail

Thank you for your consideration

Respectfully, LH

This e-mail, and any attachments, is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of this e-mail or any attachment is strictly prohibited and unauthorized. If you received this e-mail in error, please notify us immediately by returning it to the sender and delete this copy from your system. Thank you for your cooperation

ed And 3  
Part 10  
Part 14

## Browse Responses

[Filter Responses](#) [Download Responses](#)Displaying 5 of 17 respondents [« Prev](#) [Next »](#) Jump To: 5 [Go »](#)

Respondent Type: Normal Response

Collector: Health Care Institution Licensing  
Rulemaking (Web Link)

Custom Value: empty

IP Address: 65 73 173 187

Response Started: Monday, February 4, 2013 10:45:07 AM

Response Modified: Monday, February 4, 2013 10:49:19 AM

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:

Regarding proposed R9-10-317 / R9-10-1020 rules for Observation/Stabilization Services: As a healthcare service provider serving a rural area, in a facility that is always at capacity and very much needed in this rural setting, I find the proposed rules for observation/stabilization services unreasonably difficult to comply with. Mandating that a medical practitioner be present in the facility at all times essentially excludes us from offering this service to our community. Just as, mandating the presence of an RN in the designated service area at all times will drive the costs of providing this service out of our reach. I understand that the motivation is to ensure the immediate availability of medical and nursing services to this recipients of care, but setting the standards for this service higher than those for inpatient services seems unreasonable. Please reconsider these requirements. Having a medical practitioner immediately available and having an RN immediately available would be more consistent with the goal of providing for recipient safety while enabling rural providers to meet these requirements cost effectively. Thank you for your consideration.