

# Behavioral Health Residential Facilities

## Rules Update and FAQs

Final rules filed with the Arizona  
Secretary of State on April 29, 2014



# Final version of Behavioral Health Residential Facilities Rules

- The final version of Articles 1, 7, 16, & 18 were filed on April 29, 2014.
- Implementation is July 1, 2014.
- There will be no more changes made to these rules. These are it.
- Some rules in this presentation have been paraphrased or had emphasis added for clarity.

# Important changes since Oct. 1<sup>st</sup>

- This presentation will summarize many of the important changes, as well as familiarize you with the rules in general; however, it will **not** cover **ALL** changes to the rules.
- It is **your responsibility** to ensure you are aware of the rules as they apply to your facility.
- You can find the most up-to-date copy of the rules at our website:  
<http://www.azdhs.gov/als/residential/>

# A Note About Renewal Applications

- Renewal applications are due to the Bureau **no later than 60 days prior** to the expiration date on the license.
- An application received 59 or fewer days prior to the license expiration date will result in the assessment of a civil penalty of \$250.00 for a first offense.
- Subsequent offenses will result in higher penalties.

# Application forms

Application forms can downloaded and printed from our website at:

<http://www.azdhs.gov/als/forms/residential.htm>

- The application can be filled out and saved to your computer.

# Article 1

- Tuberculosis Screening
- Behavioral Health Professionals, Technicians, & Paraprofessionals
- Collaborating Health Care Institutions

# Tuberculosis (“TB”) Testing

- Acceptable documentation of freedom from infectious TB [as per R9-10-113(1)(a)]:
  - Mantoux (PPD) skin test OR
  - A written statement signed by a medical practitioner that the person is free from infectious TB
    - This statement MAY be based on a chest X-ray, but it does not have to be.
    - If a chest X-ray report is used, it must indicate that the person is free from infectious TB and have the signature of a medical practitioner.

# Tuberculosis (“TB”) Screening

- The TB test must be **both** administered **and** read prior to:
  - An employee working at the facility, if that employee is expected to have 8 hours of direct interaction with residents per week.
  - A resident’s 8<sup>th</sup> day in the facility (documentation of freedom from TB for a resident must be obtained within 7 days of admission).
- The documentation of freedom from TB must be no more than **twelve** months old.

# Tuberculosis (“TB”) Screening

- Documentation of freedom from TB must be obtained every 12 months.
- The documentation must be dated within 30 calendar days **before** or **after** the anniversary of the most recent TB documentation.
- The tuberculosis infection control program referenced in R9-10-113(2) is **optional** and takes the place of the above requirements.
- If a resident is receiving respite services, documentation is not required unless the resident is expected to be present for more than 7 days.

# Behavioral Health Professionals, Technicians, & Paraprofessionals

- A Behavioral Health Professional (BHP) may be:
  - Licensed by the Board of Behavioral Health Examiners
    - LPC, LCSW, LMFT, LISAC
    - LAC, LMSW, LBSW, LAMFT, LASAC

# Behavioral Health Professionals, Technicians, & Paraprofessionals

- A BHP may also be:
  - Psychiatrist
  - Psychologist
  - Physician (MD or DO)
  - Behavior Analyst
  - Registered Nurse Practitioner (if licensed as an adult psychiatric and mental health nurse)
  - Registered Nurse

# An important note regarding any BHP

A BHP must work within their **scope of practice**.

This is based on their independent licensing board, education, experience, statutes, & rules.

Example: A Behavior Analyst whom cannot provide specific treatment modalities (see [A.R.S. § 32-2091](#))

Example: An RN who has certification to provide counseling/psychotherapy (i.e. - Clinical Nurse Specialist; see R4-19 & [A.R.S. § 32-1601](#))

# Clinical Oversight vs. Supervision

- BHT's must receive clinical oversight (formerly known as clinical supervision) from a BHP
- BHPP's must receive supervision from a BHP

# Clinical Oversight for a BHT

- Clinical oversight is:
  - Provided after a BHT performs a behavioral health service.
  - Provided by a BHP, not another BHT
  - Provided once during any two week span the behavioral health service is provided.
  - Based on how many hours, how often, and what topics the licensee determines in their policies & procedures.
    - Remember: Clinical oversight is in relation to the BH services provided. General job duties, house meetings, etc. are not clinical oversight.

# Supervision for a BHPP

- Supervision is:
  - Provided at the same time the BHPP is performing a behavioral health service.
  - Provided by a BHP. The BHP needs to be directly responsible for the BHPP (meaning the BHP must be able to intervene during the BHPP's provision of BH services).
    - Remember: A BHPP **cannot** perform a BH service independently, or with clinical oversight. The BHPP needs supervision.

# Who can be a BHT or BHPP?

This is up to the licensee and their policies & procedures. The Department no longer specifies experience/education required to be a BHT or BHPP.

The Department will survey to the licensee's P&P's.

# What is a behavioral health service?

- Assessments
- Treatment Plans
- Any treatment modality that would need to be performed by an independently licensed individual.
  - Medication services and personal care services are not behavioral health services.

# Collaborating Health Care Institution R9-10-118

- Specific to Behavioral Health Respite Homes (Article 16) & Adult Behavioral Health Therapeutic Homes (Article 18).
- Must be a licensed Outpatient Treatment Center (OTC).
- Approves the policies & procedures and the scope of services for the Respite or Therapeutic Home.
- Provides clinical oversight, if applicable.

# Article 7

## Abuse/Neglect/Exploitation

- R9-10-703.H: The rule has been changed to read “If an administrator has **a reasonable basis, according to [A.R.S. § 46-454](#)**, to believe abuse, neglect or exploitation has occurred on the premises...”
- This is the same language used in [A.R.S. § 46-454](#).
- The requirement to submit a written report of the facility’s investigation to the Department in R9-10-703.H.5 has been removed.

# What to report to the Department...

- R9-10-703.F – An administrator shall provide written notification to the Department of a resident's:
  - (a) Death within one working day ([A.R.S. § 11-593](#))
  - (b) Self-injury or accident requiring emergency medical services within two working days
- NOTE: AWOL's are no longer reported to the Department; **HOWEVER**, a written log for unauthorized absences must be maintained per R9-10-703.I.7

# Policies & Procedures

- The rules require facilities to establish, document, and implement Policies and Procedures (P&Ps) to protect the health and safety of a resident.
- Changes to the required P&Ps have been made since Oct. 1<sup>st</sup>. Please carefully review the new requirements.
- Surveys will be conducted based on the outcomes **and** the facility's Policies & Procedures (P&Ps).

# Policies & Procedures

- R9-10-703.C.3: P&Ps must be reviewed at least once every three years **and** updated as needed.
- R9-10-703.C.4: P&Ps are available to personnel members, employees, volunteers, and students.

# Required Personnel

- The facility must have a BHP & RN available on-site or on-call at all times.
- R9-10-703.D: If the facility has a licensed capacity of **ten (10) or more**, an administrator shall designate a Clinical Director who:
  - Provides direction for the behavioral health services provided by or at the facility,
  - Is a BHP, and
  - May be the same individual as the administrator, if the individual meets the above requirements.

# Personnel Requirements

- R9-10-706.A – An administrator shall ensure...

A personnel member is:

- (a) At least 21 years old, or
- (b) Licensed or certified under [A.R.S. Title 32](#) and providing services within the personnel member's scope of practice

An Employee is at least 18 years old

A Student is at least 18 years old

A volunteer is at least 21 years old

# Personnel Requirements

- R9-10-706.F.1-2. – A personnel member, employee, volunteer, or student must provide documentation of freedom from tuberculosis **if** the individual is expected to have 8 hours of direct interaction with residents per week.

# Personnel Qualifications

- An administrator shall ensure the qualifications, skills, and knowledge are based on the facility job descriptions and the acuity of the residents receiving services.
- These requirements are based upon the facility's P&P's. The Department no longer has guidelines.
- The facility's P&P's will determine the amount of ongoing in-service education and orientation.

# Admission & Assessment

- A resident must receive a **medical history/physical exam or nursing assessment** within 30 days before, or 7 days after, admission.
- If the **exam/assessment** is conducted before admission, the physician (physical exam) or RN (nursing assessment) enters an interval note (documenting accuracy and/or changes since the exam/assessment was performed) within 7 days of admission.

# Admission & Assessment

- A **behavioral health assessment** is completed before treatment for the resident is initiated:
  - If it is completed by a BHT or an RN (not acting as a BHP), a BHP must review and sign within 24 hours.
  - If it is completed by a BHPP, the BHP must be present during the assessment.
  - Assessments must be placed in the medical record within 48 hours of review and/or completion.
  - Assessments are updated as treatment changes (no longer required to be updated annually).

# Behavioral Health Assessments

- Documents a resident's:
  - Presenting issue
  - Substance abuse history
  - Co-occurring disorder
  - Legal history (including custody, guardianship and pending litigation)
  - Criminal justice record
  - Family history
  - Behavioral health treatment history
  - Symptoms reported by the resident
  - Referrals needed (if any)

# Behavioral Health Assessments

- Includes
  - Recommendations for further assessment or examination of the resident's needs
  - **The physical health services or ancillary services to be provided until the treatment plan is completed**
  - The signature and date signed of the personnel member conducting the assessment

# Admission & Assessment

- A facility must obtain documentation of freedom from tuberculosis within 7 days of admission.

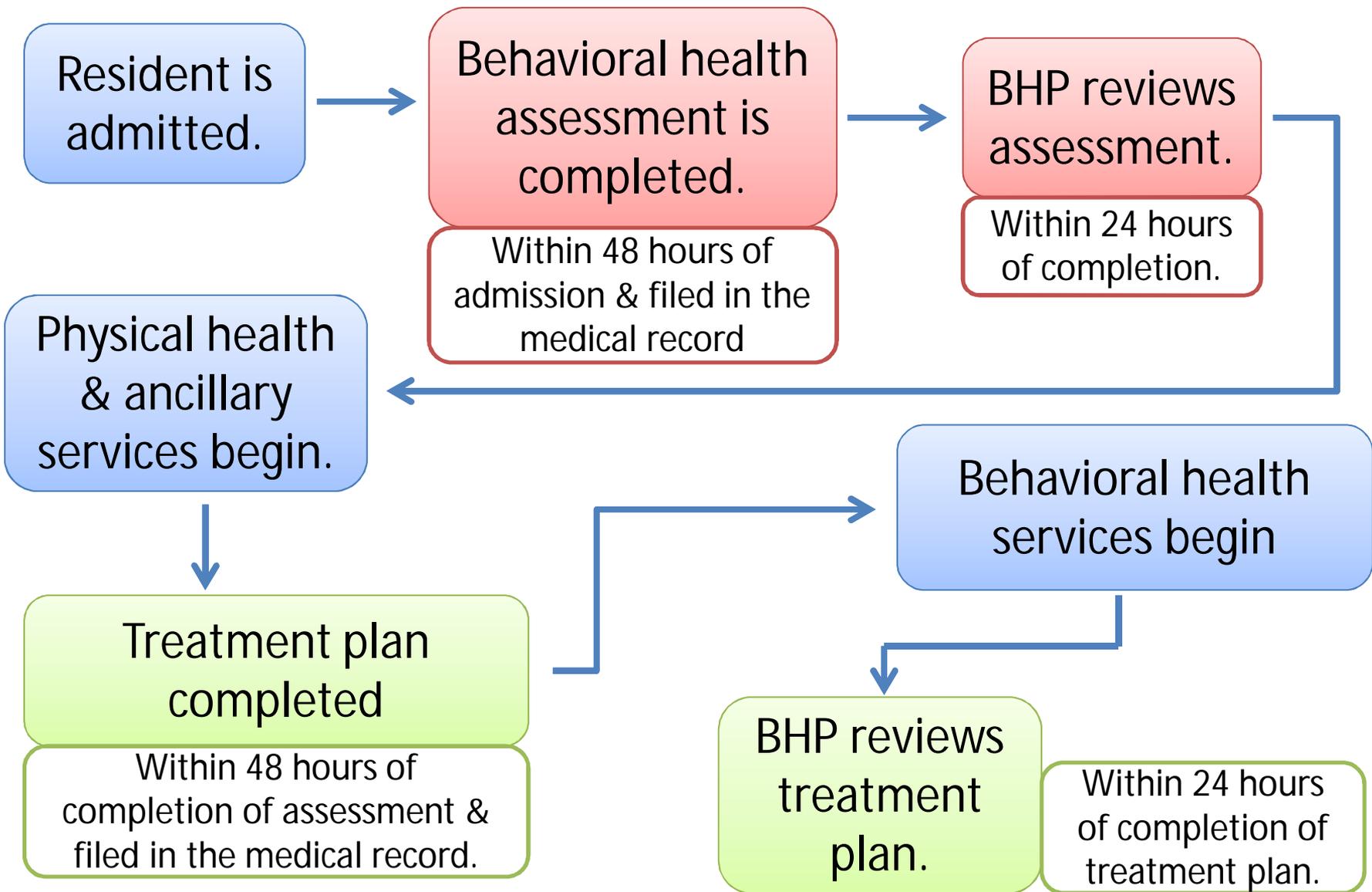
# Respite Services

(provided in a BH Residential; not BH Respite Homes)

- A physical exam or nursing assessment is performed at admission, and a treatment plan is developed, unless:
  - Either are available in the record from a previous admission to the facility and dated within 12 months.
- Documentation of freedom from tuberculosis is obtained if the individual is expected to be at the facility for more than 7 days.

# Treatment Plans

- R9-10-708 - An administrator shall ensure a treatment plan is:
  - Developed and implemented for each resident that is based on the medical history and physical examination or nursing assessment and the behavioral health assessment and on-going changes to the behavioral health assessment.
  - Completed by a BHP or a BHT receiving clinical oversight (BHPP's cannot develop a treatment plan).
  - Completed before the resident receives behavioral health services or within 48 hours after the assessment is completed.
  - Treatment plans are updated according to the review date or when the assessment changes (no longer required to be updated annually).



# Discharge Planning

- R9-10-709 - A discharge plan:
  - Is developed that:
    - (a) Identifies any specific needs of the resident after discharge
    - (b) Is completed before discharge occurs
    - (c) Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge
  - Is documented in the medical record within 48 hours after completed
  - Provided to the resident or representative before discharge occurs

# Discharge Summary

- R9-10-709.G – A discharge summary is entered in the medical record within 10 working days after a resident's discharge and includes the following information authenticated by a BHP or medical practitioner:
  - The residents presenting issue and other physical health and behavioral health issues identified in the treatment plan
  - A summary of treatment provided
  - The resident's progress in meeting goals, including goals that were not achieved
  - The name dosage, and frequency of each medication ordered at the time of discharge

# Transport and Transfer

- Transport – the resident will return to the behavioral health facility
  - R9-10-710.B.1-4. Transport does not apply to transportation:
    - To somewhere other than a health care institution
    - Provided by the resident or their representative
    - Arranged by the resident or their representative
    - To another health care institution in an emergency
- Transfer – the resident is not returning to the behavioral health facility

# Physical Health Services

- If a Behavioral Health Residential Facility wants to provide personal care services, the services must be provided by a certified caregiver per the Board of Nursing Care Administrators and Assisted Living Facility Managers (NCIA).
- The facility must follow the rules in R9-10-814(A)(C)(D)&(E).

# Medication Services

- R9-10-718.A.1 – An administrator shall ensure P&P's for medication services include:
  - A process for providing information to a resident about medication prescribed including:
    - The prescribed medication's anticipated results
    - The prescribed medication's potential adverse reactions
    - The prescribed medication's potential side effects
    - Potential adverse reactions that could result from not taking the medication as prescribed
  - Procedures for preventing, responding to and reporting:
    - A medication error
    - An adverse reaction to a medication
    - A medication overdose

# Medication Services

- R9-10-718.A.1 – An administrator shall ensure P&P's for medication services include:
  - Procedures to ensure a resident's medication regimen is reviewed by a medical practitioner to ensure it meets the resident's needs
  - Procedures for documenting medication administration and assistance in the self administration of medication
  - A process for monitoring a resident who self administers medication
  - Procedures for assisting the resident in obtaining medication
  - Procedures for providing medication administration or assistance in the self administration of medication off the premises

# Self-administration of Medication

- R9-10-101.184 means a resident having access to and control of the resident's medication and may include the resident receiving limited support while taking the medication.
  - Facility does not lock or store medication; resident must have access at all times.
  - Facility does not inventory medication.
  - Limited support may include:
    - General reminders to take medication or asking if resident had taken medications that day.
    - Retrieving medication containers for the resident or opening the medication container, if the resident is physically unable and requests the assistance.

# Medication Administration

- Medication administered to a resident is in compliance with an order and is documented in the resident's record.
- *Reference R9-10-712.C.22 for pain & PRN medication – this **ONLY** applies to medication administration, **NOT** assistance in the self-administration of medication*

# Assistance in Self-Administration of Medication

- R9-10-718.C.2.d: To verify that medications are given as ordered, confirm:
  - i. The person getting the medication is the person named on the medication container label;
  - ii. The dosage is as stated on the medication container label or according to a newer order; and
  - iii. The medication is given at the time stated on the medication label or according to a newer order.

# Drug and toxicology reference guides

- R9-10-718.D. An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members, and
  - 2. A current toxicology reference guide is available for use by personnel members.
    - These references can be “online,” as long as they are available at all times.
    - A common toxicology reference is **TOXNET**, which can be found at: <http://toxnet.nlm.nih.gov/>
    - Current means the publication has not been updated and is not out-of-date (i.e. – 1982 PDR)

# Food Services

- R9-10-719.A.4 – A behavioral health residential facility must employ a registered dietitian either full time, part time or as a consultant
- R9-10-719.A.5 – If a registered dietitian is not employed full time, and individual is designated as a director of food services who consults with the registered dietitian as often as necessary to meet the nutritional needs of the residents

# Disaster & Evacuation Drills

- R9-10-720.B.4: Disaster drills (not the same as evacuation drills) for employees must be conducted once every three months on each shift.
- R9-10-720.B.5: Evacuation drills for employees and residents must be conducted at least once every six months.
- Disaster and evacuation drills must be documented.

# Behavioral Health Respite Homes (Article 16) & Adult Behavioral Health Therapeutic Homes (Article 18)

- License can be issued to 1 or 2 providers.
- Agreement with a collaborating health care institution must exist. It is an application requirement. If the collaborating HCI changes, the licensee must inform the Department.
- Can provide behavioral health services according to the treatment plan developed by the collaborating HCI.
- Can provide assistance in the self-administration of medication.

# Behavioral Health Respite Homes (Article 16)

- For adults, maximum of 3 recipients.
- For children, maximum of 3 recipients, unless 2 or more are siblings, then a maximum of 4.
- At least one provider must be on-site at all times.
- Providers must have CPR & 1<sup>st</sup> aid training appropriate for the population served.

# Adult Behavioral Health Therapeutic Homes (Article 18)

- Maximum of 3 adult residents.
- Licensee must list at least one backup provider.
- If the provider, or providers, are going to be away from the home, a backup provider must be on-site.
- Providers, and backup providers, must have CPR & 1<sup>st</sup> aid training appropriate for the population served.

# Resources

Integrated Licensing Rules Implementation website:  
<http://www.azdhs.gov/als/integrated/>

Bureau of Residential Facilities Licensing Website:  
<http://www.azdhs.gov/als/residential/>

Arizona Revised Statutes:  
<http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=36>

BRFL contact phone numbers:

Phoenix office: 602-364-2639  
602-324-5872 (FAX)

Tucson office: 520-628-6965  
520-628-6991 (FAX)

