

MEETING NOTES

March 27, 2012

Regular text = paraphrased discussion

Italics=Department's response

Bold, italics and indented=rule change

R9-10-301(5)

Will the definition of behavioral health inpatient facility serve as admission criteria?

Yes, this is the admission criteria to a behavioral health inpatient facility.

R9-10-301(8)

Is a nurse part of the definition of a behavioral health professional?

The Department contacted the Nursing Board and asked if nurses were trained to do counseling. Nurses are not trained to provide behavioral health services; it's not part of their scope of practice. Reference was made to the Nursing Care Act. Therefore, a nurse would not meet the rule definition of a behavioral health professional.

R9-10-301(7) and (10)

A question was raised about whether the word "and" used between a and b should be changed to "and/or." A comment was made that not all behavioral health paraprofessionals or behavioral health technicians provide ancillary services.

The Department plans to change the rule as follows:

7. ***"Behavioral health paraprofessional" means an individual who is qualified according to a facility's policies and procedures to provide at or for a facility:***
 - a. ***Behavioral health services under the supervision of a behavioral health professional, and/or***
 - b. ***Ancillary services.***
10. ***"Behavioral health technician" means an individual who is qualified according to a facility's policies and procedures to provide at or for a facility:***
 - a. ***Behavioral health services under clinical oversight by a behavioral health professional, and/or***
 - b. ***Ancillary services.***

A question was raised about the need for a definition of a behavioral health technician. It appears that no minimum thresholds were established and that an individual with only an associate's degree may not be qualified to provide counseling.

The Department believes the facility should have the discretion to establish qualifications based on the services provided and population served.

R9-10-301(6)

Should the definition of "behavioral health issue" include dementia and TBI?

The Department believes the definition should not include a specific medical diagnosis.

R9-10-301(11)

Should the definition of "clinical oversight" include a behavioral health paraprofessional?

No, the rules require a behavioral health paraprofessional to receive supervision from a behavioral health professional, not clinical oversight. "Supervision" is direct oversight and inspection of the activity. Only a behavioral health technician receives clinical oversight from a behavioral health professional, not supervision. "Clinical oversight" is an on-going review, not direct overseeing.

A question was raised about a master's level individual pursuing licensure - clinical oversight or supervision?

This depends upon the skills and qualifications of the behavioral health paraprofessional or behavioral health technician.

R9-10-301(12)(a) and (19)

Should the language “or other person” be added?

The Department does not believe adding "or other person" accurately reflects when crisis services are provided and does not plan to change the rule at this time.

R9-10-301(25)

Should “Observation chair” be changed to “Observation bed?”

The definition of an “observation chair” refers to a piece of equipment used by an individual receiving crisis services. Therefore, if a bed is used, it meets the definition as stated.

R9-10-301(18)

The Joint Commission definition for employee was provided. It was also questioned whether the rules infer that a contractor would be regarded as an employee. If interpreted that way, this presents HR concerns, particularly in matters of litigation.

The Department plans to develop and utilize terms for "employee" and "personnel" to clarify requirements. Contractors are not regarded as employees but are required to comply with licensing standards in a licensed facility.

R9-10-301(21)

Was this definition of “licensed occupancy” the same definition used by the Fire Marshal?

No, the definition of “licensed occupancy” refers to the number of observation/stabilization beds the facility is authorized to have.

R9-10-301(22)

Can the past medical history obtained from another institution or a patient’s representative be used to satisfy this rule?

The Department plans to change the rule as follows:

22. ***"Medical history" means an account, based on information provided by a patient or the patient's representative, of the patient's past and present medical conditions.***

R9-10-301(24) and (31)

Why do we have separate definitions for nurse and registered nurse?

The definition for “nurse” is more inclusive – it can mean registered nurse or practical nurse. The definition for a “registered nurse” is specific.

R9-10-301(34)

This definition of transport does not cover all reasons for transporting a patient. Facilities transport patients to places such as the Motor Vehicle Division (MVD). A patient transport is not always to another health care institution for services.

The definition provided is specific for purposes of regulation. This defined type of patient transport must comply with associated regulations found in R9-10-310. Any other reason for transporting a patient does not adhere to this definition and therefore is not subject to the R9-10-310 regulations, unless facility policies state otherwise.

R9-10-302

Counseling is no longer listed in the Supplemental Application Requirement section.

The Department confirmed this change. Counseling will be required for this level of service (Level 1 Sub-acute and RTC) and it will be part of the facility’s scope of services.

R9-10-303(A)(8) and (B)(4)

When appointing an acting administrator, and putting this in writing, who is this for? Is it to be sent somewhere?

The Department would like this action in writing so it can be readily reviewed when conducting a survey.

A question was raised about inpatient services – what does this entail?

The facility scope of services will describe the inpatient services provided. The Department plans to add the following definition:

"Scope of services" means a list of the behavioral health services, physical health services, and ancillary services the governing authority has designated as being available to a patient of the health care institution.

R9-10-303(C)(2)(a)

Are screening and assessment defined differently? If yes, can the language be in line with stakeholder billing? *Yes, the Department will separately, and clearly define these terms in Article 1. The Department believes AHCCCS rules will be modified following the revision of Chapter 10 rules. The Department does not plan to incorporate reimbursement issues in the rules. The Department plans to add the following definition:*

"Screening" means an evaluation of an individual's current emotional, social, psychological, and medical condition to determine if the individual meets the facility's criteria for admission.

R9-10-303(C)(2)(a)

Will the definition of telemedicine be the same as in statute?
Yes, it will be the same.

R9-10-303(C)(2)(j)

A grievance is for the SMI population, a complaint is for the non-SMI population. So should this rule address only patient complaints?

The Department plans to change the rule as follows:

2. Facility policies and procedures for facility services are established, documented, and implemented that:

j. Cover specific steps and deadlines for:

i. A patient to file a grievance complaint,

ii. The facility to respond to and resolve a patient grievance complaint; and

iii. The facility to obtain documentation of fingerprint clearance, if applicable;

R9-10-303(C)(4)

Hospitals review policies and procedures every 36 months, why does this rule require every 24 months?

The Department explained that 36 months was established to be in line with hospital accreditation. The Department does not plan to change the rule.

R9-10-303(C)(5)

Can we provide policies and procedures to patients? What about personnel members?

The Department does not believe it is necessary to provide all administrative policies and procedures to patients.

The Department plans to change the rule as follows:

5. Facility policies and procedures are available to employees and personnel members.

A comment was made about the Administrative Office of the Court (AOC) and their availability to participate in this workgroup.

Barb Lang has contacted pertinent AOC personnel.

R9-10-303(D)(4)

Can the clinical oversight requirement for behavioral health technicians (BHT) be modified? Because there are a lot of part-time BHT's this requirement seems disproportionate when compared to full-time BHT's.

The Department believes any amount of services provided by a BHT during a week requires clinical oversight.

R9-10-303(D)(4)

Can the behavioral health technicians (BHT) provide any services or limited services?

The Department believes the facility should establish the skills and knowledge that a BHT is required to have to provide services based on the facility's scope of services and population served and delineate the skills and knowledge for the specific services in the facility's policies and procedures. A Department surveyor will then review

the facility policies and procedures with the actual services provided by the BHT and the skills and knowledge documents in the BHT's personnel record. The Department plans to make the following change in R9-10-306 to ensure that patient needs are met.

R9-10-306(B)

An administrator shall ensure that the facility has ~~employees~~ personnel members with the qualifications, education, experience, skills, and knowledge necessary to ~~provide the facility's scope of services and to ensure the health and safety of the facility patients~~:

- 1. Provide the facility's scope of services,*
- 2. Meet the needs of a patient, and*
- 3. Ensure the health and safety of a patient.*

R9-10-303(D)

Can the requirements for behavioral health technicians and behavioral health paraprofessionals be delineated? As currently presented it's difficult to determine their separate requirements.

The Department plans to change the rule as follows:

D. *An administrator shall ensure that facility policy and procedures ~~for behavioral health technicians and behavioral health paraprofessionals~~ are established, documented, and implemented that:*

- 1. ~~Delineate the services a behavioral health technician or a behavioral health paraprofessional is allowed to provide at or for the facility;~~*
- 2. ~~Delineate the methods used to provide clinical oversight including when clinical oversight is provided on an individual basis or in a group setting;~~*
- 3. ~~If clinical oversight is provided electronically, ensure that:~~*
 - a. ~~The clinical oversight is provided verbally with direct and immediate interaction between the individual providing and the individual receiving the clinical oversight;~~*
 - b. ~~A secure connection is used; and~~*
 - c. ~~The identities of the individual providing and the individual receiving the clinical oversight are verified before clinical oversight is provided;~~*
- 4. ~~For each week that a behavioral health technician provides services related to patient care at a facility, ensure that the behavioral health technician receives clinical oversight at least once during that week;~~*
- 5. ~~Establish the duration of clinical oversight provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:~~*
 - a. ~~The scope and extent of the services provided;~~*
 - b. ~~The acuity of the patients receiving services; and~~*
 - c. ~~The number of patients provided services;~~*
- 6. ~~Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the individual who is responsible for clinical oversight of the behavioral health technician;~~*
- 7. ~~Establish qualifications for individuals who provide clinical oversight to behavioral health technicians and supervision to behavioral health paraprofessionals;~~*
- 8. ~~Ensure that when a behavioral health technician provides services under the practice of marriage and family therapy as defined in A.R.S. § 32-3251, the practice of professional counseling as defined in A.R.S. § 32-3251, the practice of social work as defined in A.R.S. § 32-3251, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, the behavioral health technician receives clinical oversight from an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health technician;~~*
- 9. ~~Ensure that clinical oversight provided to a behavioral health technician is documented in the behavioral health technician's personnel record; and~~*
- 10. ~~Ensure that if a behavioral health paraprofessional provides services under the practice of marriage and family therapy as defined in A.R.S. § 32-3251, the practice of professional counseling as defined in A.R.S. § 32-3251, the practice of social work as~~*

defined in A.R.S. § 32-3251, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, the behavioral health paraprofessional is under the supervision of an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health paraprofessional.

1. For a behavioral health paraprofessional:
 - a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for a facility;
 - b. If a behavioral health paraprofessional provides services under the practice of marriage and family therapy as defined in A.R.S. § 32-3251, the practice of professional counseling as defined in A.R.S. § 32-3251, the practice of social work as defined in A.R.S. § 32-3251, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health paraprofessional is under the supervision of an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health paraprofessional; and
 - c. Establish the qualifications for individuals providing supervision to a behavioral health paraprofessional; and
2. For a behavioral health technician:
 - a. Delineate the services a behavioral health technician is allowed to provide at or for a facility;
 - b. Establish the qualifications for individuals providing clinical oversight to a behavioral health technician;
 - c. If the behavioral technician provides services under the practice of marriage and family therapy as defined in A.R.S. § 32-3251, the practice of professional counseling as defined in A.R.S. § 32-3251, the practice of social work as defined in A.R.S. § 32-3251, or the practice of substance abuse counseling as defined in A.R.S. § 32-3251, ensure that the behavioral health technician is under the clinical oversight of an individual licensed pursuant to A.R.S. Title 32, Chapter 33 to provide the specific service being provided by the behavioral health technician;
 - d. Delineate the methods used to provided clinical oversight including when clinical oversight is provided on an individual basis or in a group setting;
 - e. If clinical oversight is provided electronically, ensure that:
 - i. The clinical oversight is provided verbally with direct and immediate interaction between the individual providing and the individual receiving the clinical oversight;
 - ii. A secure connection is used; and
 - iii. The identities of the individual providing and the individual receiving the clinical oversight are verified before clinical oversight is provided;
 - f. For each week that a behavioral health technician provides services related to patient care at a facility, ensure that the behavioral health technician receives clinical oversight at least once during that week;
 - g. Establish the duration of clinical oversight provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
 - i. The scope and extent of the services provided;
 - ii. The acuity of the patients receiving services; and
 - iii. The number of patients receiving services; and
 - h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the individual who is responsible for clinical oversight of the behavioral health technician;

Who or which licensed professional is permitted to directly supervise the behavioral health technicians and behavioral health paraprofessionals?

The facility is responsible for defining the knowledge and experience level of the licensed professional. In addition, the facility must comply with R9-10-303(D)(8) and (10).

R9-10-303 (D)(10)

A behavioral health paraprofessional must be under the supervision of a behavioral health professional?

Yes.

R9-10-303(G) (Actually this section should be F; the Department will make this change)

Can The Center for Disability Law also receive these reports from the facilities?

The rules represent requirements for state licensing. Requests by other agencies must be carried out separately.

R9-10-303(G) (Actually this section should be F; the Department will make this change)

Is this rule applicable to only those individuals currently admitted to the facility?

Yes, it only pertains to patients of the facility. Once discharged, the individual is no longer a patient.

R9-10-303(G)

These are different time frames from current rules, correct?

Yes, the Department made this change.

R9-10-303(G)(2) and (3) (Actually this section should be F; the Department will make this change)

What is the definition of medical services?

The Department is using the applicable statutory definition in A.R.S. § 36-401.

R9-10-303(G)(2) (Actually this section should be F; the Department will make this change)

If a young female scratches herself, it results in self-injury and is checked by a nurse practitioner, should this be reported?

When a situation only involves first-aid and not medical services, a report to the Department is unnecessary.

R9-10-304(1)(a)

Will there be a definition for “incidents?”

The Department included a definition for incident in R9-10-301.

A question was raised regarding a medical practitioner -Will it be defined?

The Department plans to add the following definition:

"Medical practitioner" means a physician, physician assistant, or registered nurse practitioner.

R9-10-304(2)

Is the facility required to report all incidents to the Governing Authority?

No, the report should be a summary of incidents and a description of changes made to improve the delivery of patient care services.

A question was raised regarding the Clinical Director – can a facility have more than one Clinical Director?

Yes, a facility may have more than one Clinical Director.

R9-10-304(3)

Can this rule be changed to state that the report and supporting documents must be “accessible on the facility premises” rather than “maintained on the facility premises?”

The Department plans to change the rule as follows:

- 3. The report required in subsection (2) and the supporting documentation for the report are maintained on the facility premises for 12 months after the date the report is submitted to the governing authority.***

Comments were made regarding various reports – an incident report is not part of a medical record; an investigation report is kept separate and documentation of the incident may be found in progress notes.

R9-10-305(3)(b)

What do you want in the description of contracted services?

The Department will look for a summary of the contracted service.

A question was raised regarding the definition of supervision – is there a difference?

The Department confirmed that the definition used in this Article is from A.R.S. § 36-401 except when the term “supervision” is used in R9-10-306(C).

A question was raised regarding nurses and medical technicians – can a nurse provide supervision of medical technicians?

Yes, if under the nurses’ scope of practice.

A question was raised regarding behavioral health services – does the provision of emotional support or redirection provided by a behavioral health paraprofessional (BHPP) rise to the level of behavioral health services?

The Department believes the facility should have the discretion to assess the situation, and if determined to be a behavioral health service then supervision of the BHPP should occur.

A question was raised regarding the definition of employee – does this definition include personnel?

The Department plans to develop definitions and usage that will clearly define “employee” and “personnel member” for better understanding of the rules. All references to employees throughout this document will be reviewed for clarity.

R9-10-306(A)(1)

Is there a statute requiring an employee to be 21 years of age? Peer counselors are commonly used throughout the behavioral health field, many are younger than 21 years of age.

The Department is changing the rule as follows:

- A. ***An administrator shall ensure that:***
 - 1. ***An ~~employee~~ personnel member is at least 21 years old;***

R9-10-306(D)

Must TB testing occur every year or can the facility follow the U.S. Center for Disease Control (CDC) standards?

The facility will be able to conduct TB testing every year or follow the U.S. Center for Disease Control (CDC) standards.

R9-10-306(E)(4)(j)

The TB information for an individual employee is not maintained in their personnel record.

The Department is not concerned where this information is “housed”; however, the items listed in R9-10-306(E) must be available when a surveyor requests a personnel record.

R9-10-306(G)(1)

Can the rules distinctly state who is responsible for the orientation of various employees?

The Department plans to change the rule as follows:

- G. ***An administrator shall ensure that:***
 - 1. ***The ~~clinical director develops and implements a~~ A written plan to provide personnel orientation specific to the duties of employees, volunteers, and interns is developed, documented and implemented;***
 - 4. ***The clinical director develops, documents, and implements a ~~written~~ plan to provide personnel members ~~training~~ inservice education specific to the duties of the personnel member;***

5. ~~A personnel member completes specific training during the first 12 months of employment and further training every 12 months after the personnel member's first 12 months of employment;~~

A comment was made regarding fingerprinting – DDD requires a different standard.

For licensing purposes, fingerprint requirements need to be consistent with the Department's statutory authority. The Department does not plan to change the rule.

R9-10-306(G)(6)

Is all the training defined in rule?

Other than what is stated in this Article, the Department believes the facility may establish additional training requirements in policy and procedure.

R9-10-306(H)

Does this rule mean that facilities can stop training all staff in CPR?

No, the facility determines what personnel training is necessary, consistent with services provided and populations served.

R9-10-306(H)

Should a nurse be required to go through facility first aid training? Schooling should cover this.

The Department plans to change the rule as follows:

- H. *An administrator shall ensure that at least one personnel member who is present at the facility during hours of operation has ~~first aid and~~ cardiopulmonary resuscitation training specific to the populations served by the facility.*

R9-10-306(I)(J)(K)

These three subsections need to be coordinated; medical practitioner and nursing assessments were mentioned as concerns.

The Department plans to change the rule as follows:

- I. *An administrator shall ensure that:*
 1. ~~At least one personnel member is present and awake at the facility at all times when a patient is on the premises;~~
 2. ~~In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the facility when needed, and~~
 3. ~~The facility has~~ there are sufficient personnel members present at the facility to provide general patient supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each patient.
- J. *An administrator shall ensure that each facility has a daily staffing schedule that:*
 1. *Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;*
 2. *Includes documentation of the employees who worked each day and the hours worked by each employee; and*
 3. *Is maintained for at least 12 months after the last date on the documentation.*
- K. *An administrator shall ensure that:*
 1. ~~A medical practitioner~~ physician or registered nurse practitioner is present at the facility or on-call at all times;
 2. ~~If the medical practitioner present at the facility is a registered nurse practitioner or a physician assistant, a physician is on-call;~~
 2. A registered nurse is present at the facility at all times; and
 3. A registered nurse who provides direction for the nursing services provided at the facility is present at the facility at least 40 hours every week.

R9-10-306(K)(2)

Do we always need to have a physician on-call? A nurse practitioner can do a lot.

The Department plans to change the rule as follows:

K. An administrator shall ensure that:

1. ~~A **medical practitioner**~~ **physician or registered nurse practitioner is present at the facility or on-call at all times;**
2. ~~If the **medical practitioner** present at the facility is a registered nurse practitioner or a physician assistant, a physician is on-call;~~
2. **A registered nurse is present at the facility at all times; and**
3. **A registered nurse who provides direction for the nursing services provided at the facility is present at the facility at least 40 hours every week.**

R9-10-306(K)(3)

Should this nurse be an RN or LPN?

The Department plans to change the rule as follows:

K. An administrator shall ensure that:

1. ~~A **medical practitioner**~~ **physician or registered nurse practitioner is present at the facility or on-call at all times;**
2. ~~If the **medical practitioner** present at the facility is a registered nurse practitioner or a physician assistant, a physician is on-call;~~
2. **A registered nurse is present at the facility at all times; and**
3. **A registered nurse who provides direction for the nursing services provided at the facility is present at the facility at least 40 hours every week.**

R9-10-306(L)(2)

Is the written agreement for non-medical services only?

The agreement is just for medical services that the facility is not licensed or able to provide.

R9-10-306(L)(2)

Do we need a written agreement with every practitioner?

No.

R9-10-307(A)(8)

Can we add another day – from 48 hours to 72 hours?

Because of the acuity of individuals admitted to a behavioral health inpatient facility and the typically shorter patient stays, the Department felt 48 hours was adequate. The 48 hours requirement is consistent with other inpatient facilities.

A discussion was held regarding the observation units.

The Department explained that this section of the draft will be moved to the Article for Outpatient Facilities; however, Behavioral Health Inpatient Facilities may provide these services as well.

R9-10-307(B)(1)

Is an assessment being replaced with screening?

No, the facility needs to establish screening criteria in the facilities policies and procedures.

R9-10-307(C)(2)

A question was raised regarding the term medical practitioner – can this be defined?

The Department is changing the Article by adding the following definition:

"Medical practitioner" means a physician, physician assistant, or registered nurse practitioner.

R9-10-307(C)

Should the assessment include abuse history or trauma history?

No, the Department requires minimum standards for licensing rules.

R9-10-307(D)(1)

Should a designated representative be included in the assessment process? Special assistance is required, per statute for specific populations.

The Department believes special assistance is provided in Chapter 21 rules. The rules must be generally applicable.

R9-10-308

Why can't a behavioral health paraprofessional develop a treatment plan? They can do an assessment.

The Department requests that workgroup members think about behavioral health professionals, technicians and paraprofessionals – what should they be able to do for Behavioral Health Inpatient Facilities? Consider minimum standards and general applicability. We will discuss at the next meeting, or provide your thoughts to Barb or on Survey Monkey found on the DHS website.

R9-10-308(A)(4)(b)

Where do you document ancillary services?

In the treatment plan.

A discussion was held regarding nursing assessments and clinical assessments – it was suggested that the rules clearly indicate who should perform these assessments, who, if necessary, should supervise the individual performing the assessment, and who should sign off on the assessment.

The Department plans to change R9-10-307 and R9-10-308 as stated below.

R9-10-308(A)(3)

Does this apply to crisis services? Should it be restated to “except for crisis services?”

The Department plans to change R9-10-307 and R9-10-308 as follows:

R9-10-307. Patient Admission; Assessment

Except as provided in R9-10-315(H), an administrator shall ensure that:

- 1. A patient is admitted based upon the patient’s presenting behavioral health issue and treatment needs and the facility's ability and authority to provide physical health services, behavioral health services, and ancillary services consistent with the patient's treatment needs;***
- 2. A patient is admitted on the order of a medical practitioner;***
- 3. A medical practitioner, authorized by facility policies and procedures to accept a patient for admission, is available at all times;***
- 4. Except in an emergency or as provided in subsections (6) and (7), general consent is obtained from an adult patient or the patient's representative before or at the time of admission;***
- 5. The general consent obtained in subsection (A)(4) or the lack of consent in an emergency is documented in the patient's medical record;***
- 6. General consent is not required from a patient receiving ~~a court-ordered evaluation or court-ordered treatment~~;***
- 7. General consent is not required from a patient receiving treatment according to A.R.S. § 36-512;***
- 8. A medical practitioner performs a medical history and physical examination on a patient within 30 days before admission or within 48 hours after admission and documents the medical history and physical examination in the patient's medical record within 48 hours after admission;***
- 9. If a medical practitioner performs a medical history and physical examination on a patient before admission, the medical practitioner enters an interval note into the patient's medical record at the time of admission;***
- 10. Except when a patient needs crisis services, an assessment for a patient is completed before treatment for the patient is initiated;***
- 11. If an assessment is conducted by a:***
 - a. Behavioral health technician, within 24 hours a behavioral health professional reviews and signs the assessment to ensure that the assessment identifies the ~~physical health services~~ and behavioral health services needed by the patient; or***
 - b. Behavioral health paraprofessional, a behavioral health professional supervises the behavioral health paraprofessional during the completion of the assessment and signs***

the assessment to ensure that the assessment identifies the ~~physical health services and behavioral health services~~ needed by the patient;

12. **An assessment:**
 - a. **Addresses a patient's:**
 - i. **Presenting issue;**
 - ii. **Substance abuse history;**
 - iii. **Co-occurring disorder;**
 - iv. **Medical condition and history;**
 - v. **Legal history, including:**
 - (1) **Custody,**
 - (2) **Guardianship, and**
 - (3) **Pending litigation;**
 - vi. **Court-ordered evaluation;**
 - vii. **Court-ordered treatment; and**
 - viii. **Criminal justice record;**
 - ix. **Family history;**
 - x. **Behavioral health treatment history; and**
 - xi. **Symptoms reported by the patient and referrals needed by the patient, if any;**
 - b. **Includes:**
 - i. **Recommendations for further assessment or examination of the patient's needs;**
 - ii. **For a patient who:**
 - (1) **Is admitted to receive crisis services, the treatment, physical health services, or ancillary services that will be provided to the patient**
Treatment that will be provided to the patient until the patient's treatment plan is completed; or
 - (2) **Does not need crisis services, the physical health services or ancillary services that will be provided to the patient until the patient's treatment plan is completed;**
 - iii. **The signature of the registered nurse who assessed the patient's medical condition and history and the date signed; and**
 - iv. **If the registered nurse who assessed the patient's medical condition and history did not conduct the entire assessment, the signature of the personnel member conducting the rest of the assessment and date signed; and**
 - c. **Is documented in patient's medical record;**
13. **A registered nurse completes the medical condition and history assessment in subsection (12)(a)(iv);**
14. **If a registered nurse determines that a patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition, a patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;**
15. **A request for participation in a patient's assessment is made to the patient or the patient's representative;**
16. **An opportunity for participation in the patient's assessment is provided to the patient or the patient's representative;**
17. **Documentation of the request in subsection (15) and the opportunity in subsection (16) is in the patient's medical record;**
18. **For a patient who is admitted to receive crisis services, a patient's assessment is documented in the medical record within 24 hours of admission;**
19. **For a patient who is admitted to receive behavioral health services other than crisis services, a patient's assessment is documented in the medical record within 48 hours after completing the assessment;**
20. **A patient's assessment information is reviewed and updated when additional information that affects the patient's assessment is identified; and**

21. A review and update of a patient's assessment information is documented in the medical record within 48 hours after the review is completed.

R9-10-308. Treatment Plan

- A. Except for a patient admitted to receive crisis services and except as provided in R9-10-315(H), an administrator shall ensure that a treatment plan is developed and implemented for a patient that is:
1. Based on the assessment and on-going changes to the assessment of the patient;
 2. Completed:
 - a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
 - b. ~~Except when a patient needs crisis services, before~~ Before the patient receives ~~physical health services or behavioral health services~~ treatment;
 3. Documented in the patient's medical record within 48 hours after the patient first receives ~~physical health services or behavioral health services~~ treatment;
 4. Includes:
 - a. The patient's presenting issue;
 - b. ~~When the patient receives crisis services, the~~ The physical health services, behavioral health services, or ancillary services to be provided to the patient ~~until completion of the treatment plan~~;
 - c. The signature of the patient or the patient's representative and the date signed, or documentation of the refusal to sign;
 - d. The date when the patient's treatment plan will be reviewed;
 - e. If a discharge date has been determined, the treatment needed after discharge; and
 - f. The signature of the personnel member who developed the treatment plan and the date signed;
 5. If the treatment plan was completed by a behavioral health technician, reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is ~~complete and accurate and~~ meets the patient's treatment needs; and
 6. Is reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changes,
 - c. When additional information that affects the patient's assessment is identified, and
 - d. When a patient has a significant change in condition or experiences an event that affects treatment;
 7. A request for participation in developing a patient's treatment plan is made to the patient or the patient's representative;
 8. An opportunity for participation in developing the patient's treatment plan is provided to the patient or the patient's representative; and
 9. Documentation of the request in subsection (7) and the opportunity in subsection (8) is in the patient's medical record.
- B. ~~An administrator shall ensure that a treatment plan to resolve or address a crisis situation is documented in a patient's medical record~~
- ~~1. Within 24 hours of the identification of the patient's crisis situation; or~~
 - ~~2. Before the date of the patient's:~~
 - ~~a. If the patient is an outpatient, admission to an inpatient bed,~~
 - ~~b. Transfer; or~~
 - ~~e. Discharge with or without a referral.~~
- If a patient who is admitted to receive crisis services remains a patient after crisis services are no longer needed, an administrator shall ensure that a treatment plan for the patient is:
1. Except for subsection (A)(3), completed according to the requirements in subsection (A); and
 2. Documented in the patient's medical record within 24 hours after the patient no longer needs crisis services.

R9-10-308(A)(4)(f)

Should the job title be added?

The Department believes that job title is not necessary.

A discussion was held regarding the definition of an administrator.

The Department believes the administrator has authority for the operation of the facility, and is viewed as the main contact for discussing any licensing issues with the Department.

R9-10-309(E)

It was mentioned that the term “referral” may imply a contractual or endorsement relationship. A provider stated that they now provide a list of options.

The Department is changing the Article by adding the following definition:

"Referral" means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services the individual may need and may include the name or names of specific health care institutions or health care professionals.

In addition to the above, The Department is planning to make the following changes:

R9-10-303

- H. If abuse, neglect, or exploitation of a patient is alleged or suspected, an administrator shall;***
- 1. Immediately report the alleged or suspected abuse, neglect, or exploitation of the patient:***
 - a. To the local law enforcement agency; and***
 - b. As follows:***
 - i. For an individual 18 years of age or older, to Adult Protective Services in the Department of Economic Security according to A.R.S. § 46-454;***

or
 - ii. For an individual under 18 years of age, to Child Protective Services in the Department of Economic Services according to A.R.S. § 13-3620;***
 - 2. Document the report in subsection (H)(1) and maintain documentation of the report for 12 months after the date of the report;***
 - 3. Investigate the suspected or alleged abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in (H)(1) that includes:***
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;***
 - b. Description of any injury to the patient and any change to the patient's physical, cognitive, functional, or emotional condition;***
 - c. Names of witnesses to the alleged or suspected abuse, neglect, or exploitation;***

and
 - d. Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;***
 - 4. Submit a copy of the investigation report required in subsection (H)(3) to the Department within 72 hours after the report in subsection (H)(1); and***
 - 5. Maintain a copy of the investigation report required in subsection (H)(3) for 12 months after the date of the report.***

R9-10-309

A. An administrator shall ensure that a discharge plan for a patient is:

- 1. Developed that:***
 - a. Identifies any specific needs of the patient after discharge;***
 - b. If the discharge date has been determined, includes the discharge date;***
 - c. Is completed before discharge occurs;***
 - d. Includes a description of the level of care that may meet the patient's assessed and anticipated needs after discharge; and***

- e. *Is documented in the patient's medical record within 48 hours after the discharge plan is completed; and*