

TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
- HEALTH CARE INSTITUTIONS: LICENSING
ARTICLE 16. BEHAVIORAL HEALTH SUPPORTIVE HOMES

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ARTICLE 16. BEHAVIORAL HEALTH SUPPORTIVE HOMES

R9-10-1601. Definitions

The following definitions apply in this Article unless otherwise specified:

- . “Adult behavioral health therapeutic services” means supportive services provided to an individual 18 years of age or older who is admitted to a behavioral health supportive home based on the individual’s behavioral health issue and need for behavioral health services.
- . “Behavioral health supportive home” means a residence where children’s behavioral health respite services or adult therapeutic behavioral health supportive services are provided to no more than three individuals.
- . “Case manager” means an individual assigned to coordinate behavioral health services or physical health services provided to a resident.
- . “Children’s behavioral health respite services” means respite services provided to an individual under 18 years of age based on the individual’s behavioral health issue and need for behavioral health services and includes assistance in the self-administration of medication.
- . “Collaborating health care institution” means a health care institution licensed to provide behavioral services that has a written agreement with a provider to:
 - a. Coordinate behavioral health services provided to a resident; and
 - b. Work with the provider to ensure a resident receives behavioral health services according to the resident’s assessment or treatment plan;
- . “Daily living skills” means activities necessary for an individual to live independently and include meal preparation, laundry, housecleaning, home maintenance, money management, and appropriate social interactions.
- . “Provider” means an individual to whom the Department issues a license to operate a behavioral health supportive home in the individual’s place of residence.
- . "Resident" means a patient who is admitted to a behavioral health supportive home.
- . “Supportive services” means providing room and board, assisting a resident in acquiring daily living skills, coordinating a resident’s transportation to scheduled appointments, monitoring a resident’s behavior, assisting a resident in the self-administration of medication, and providing feedback to a resident’s assigned case manager related to the resident’s behavior.

R9-10-1602. Administration

- A. A provider:
1. Is at least 21 years of age;
 2. Resides in the behavioral health supportive home;
 2. Is the governing authority of the behavioral health supportive home;
 3. Has a written agreement with a collaborating health care institution;
 4. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of residents;
 5. Has the skills and knowledge established by the collaborating health care institution in R9-10-1025;
 6. Has documentation of evidence of freedom from infectious tuberculosis as specified in R9-10-112;
 7. Shall ensure that:
 - a. There are only three residents admitted to a behavioral health supportive home;
 - b. Documentation required by this Article is provided to the Department within two hours after a Department request.
- B. There may be up to two providers for a behavioral health supportive home. If there are two providers, the Department shall issue the behavioral health supportive home license to both providers.
- C. A provider shall provide written notification to the Department:
1. If a resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 2. Within two working day after a resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical service provider.
- D. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a provider, the provider shall immediately report the alleged or suspected abuse, neglect, or exploitation of the resident as follows.
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 2. For a resident under 18 years of age, according to A.R.S. § 13-3620;
- E. If abuse, neglect, or exploitation of a resident is alleged or to have occurred on the premises or while the resident receiving services from a provider, the provider shall:
1. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
 2. Immediately report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:

- a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
- b. For a resident 18 years of age, according to A.R.S. § 13-3620;
3. Document the action in subsection (E)(1) and the report in subsection (E)(2) and maintain the documentation for 12 months after the date of the report;
4. Investigate the suspected or alleged abuse, neglect, or exploitation and develop a written report of the investigation within five working days after the report required in subsection (E)(2) that includes:
 - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
 - b. Description of any injury to the resident and any change to the resident'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;
5. Submit a copy of the investigation report required in subsection (E)(4) to the Department within 10 working days after submitting the report in subsection (E)(2); and
6. Maintain a copy of the investigation report required in subsection (E)(4) for 12 months after the date of the investigation report.

R9-10-1603. Resident Rights

- A. An administrator shall ensure that a resident:
 1. Is treated with dignity, respect, and consideration;
 2. Is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion or restraint if not necessary to prevent harm to self or others;
 - i. Retaliation for submitting a complaint to the Department or another entity; and
 - j. Misappropriation of personal and private property by a provider; and
 3. A patient or the patient's representative:

- a. Is informed of the resident complaint process;
 - e. Consents to photographs of the resident before a resident is photographed; and
 - f. Except as otherwise permitted by law, provides written consent to the release of the resident's:
 - i. Medical records, and
 - ii. Financial records.
- B. A resident has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive services that support and respect the resident's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in care for personal needs;
 - 4. To review, upon written request, the resident's own medical record according to A.R.S. §§12-2293; 12-2294, and 12-2294.01;
 - 5. To receive a referral to another health care institution if the provider is unable to provide physical health services or behavioral health services for the resident; and
 - 6. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-1604. Providing Services

- A. A provider shall request authorization for and only provide one of the following:
 - 1. Adult behavioral health therapeutic services; or
 - 2. Children's behavioral health respite services
- B. A provider shall ensure that adult behavioral health therapeutic services or children's behavioral health respite services are provided to a resident according to the resident's assessment or treatment plan obtained from a collaborating health care institution.
- C. A provider shall submit documentation of any significant change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs to the resident's case manager and a collaborating health care institution.

R9-10-1605. Assistance in the Self-Administration of Medication

- A. If a provider provides assistance in the self-administration of medication, the provider shall ensure that
 - 1. If a resident is receiving assistance in the self-administration of medication, the resident's medication is stored by the provider

2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container or medication organizer for the resident;
 - c. Observing the resident while the resident removes the medication from the container or medication organizer;
 - d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the resident at the time stated on the medication container label; or
 - e. Observing the resident while the resident takes the medication; and
 3. Assistance with the self-administration of medication provided to a resident is documented in the resident's medical record.
- B. When medication is stored by a provider, the provider shall ensure that:
1. A locked cabinet or container is used for medication storage;
 2. Medication is stored according to the manufacturer's recommendations; and
 3. Medication including expired medication that is no longer being used is discarded.
- C. A provider shall immediately report a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication.

R9-10-1606. Resident Records

- A. A provider shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a resident's medical record is:
 - a. Only recorded by the provider;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. Information in a resident's medical record is disclosed to an individual not authorized under subsection (4) only with the written consent of a resident or the resident's representative or as permitted by law; and
 4. A resident's medical record is protected from loss, damage, or unauthorized use.

- B. If a provider maintains resident's medical records electronically, the provider shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C. A provider shall ensure that a resident's medical record contains:
1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth;
 - c. The name and contact information of the resident's representative, if applicable;
 2. The names, addresses, and telephone numbers of:
 - a. The resident's primary care provider;
 - b. The resident's case manager;
 - c. The resident's behavioral health professional;
 - d. An individual to be contacted in the event of emergency, significant change in the resident's condition, or termination of residency;
 3. Date of the resident's admission to the behavioral health supportive home;
 4. Documentation of freedom from infectious tuberculosis;
 5. A copy of the resident's assessment or treatment plan and any updates to the resident's assessment or treatment plan obtained from a collaborating health care institution;
 6. Documentation of a medication for which the resident received assistance in the self-administration of the medication or biological that includes:
 - a. The date and time of assistance;
 - b. The name, strength, dosage, and route of administration;
 - c. The provider's signature or first and last initials; and
 - d. Any adverse reaction a resident has to the medication.
 7. Documentation of the resident's refusal of a medication, if applicable;
 8. Documentation of any significant change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs; and
 9. A written notice of termination of residency, if applicable;

R9-10-1607. Food Services

A provider shall ensure:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a resident;

2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a resident as prescribed by the resident's physician or dietitian; and
5. Chemicals, detergents, and other toxic substances are not stored with food.

R9-10-1608. Emergency and Safety Standards

A provider shall ensure that:

1. There is a first aid kit available at a behavioral supportive home;
2. If a firearm or ammunition for a firearm are stored at a behavioral supportive home;
 - a. The firearm is stored separate from the ammunition for the firearm;
 - b. The firearm and the ammunition for the firearm are:
 - i. Stored in a locked closet, cabinet, or container; and
 - ii. Inaccessible to a resident;
3. There is a smoke detector installed in:
 - a. A bedroom used by a resident;
 - b. A hallway in a behavioral health supportive home; and
 - c. A behavioral health supportive home's kitchen;
4. A smoke detector required in subsection (3):
 - a. Is maintained in operable condition; and
 - b. Is battery operated or, if hard-wired into the electrical system of a behavioral health supportive home, has a back-up battery;
5. A behavioral health supportive home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the behavioral health supportive home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
 - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
 - b. Serviced at least every 12 months and has a tag attached to the fire extinguisher that includes the date of service.
7. A written evacuation plan is conspicuously posted in a behavioral supportive home;
8. An evacuation drill is conducted at least once every 3 months; and
9. A record of an evacuation drill required in subsection (8) is maintained for at least 24 months after the date of the fire drill.

R9-10-1609. Environmental Standards

A provider shall ensure that a behavioral health supportive home:

1. Is in a building that:
 - a. Has a residential occupancy according to the local zoning jurisdiction; and
 - b. Is free of any plumbing, electrical, ventilation, mechanical, or structural hazard that may jeopardize the health or safety of a resident;
2. Has a living room accessible at all times to a resident;
3. Has a dining area furnished for group meals that is accessible to the provider, residents, and any other individuals present in the behavioral health supportive home;
4. Has:
 - a. At least one bathroom for each six individuals residing in the behavioral health home, including residents; and
 - b. A bathroom with a working toilet that flushes and a sink with running water accessible for use by a resident;
5. Equipment and supplies to maintain a resident's personal hygiene are accessible to the resident; and
6. Is clean and free from accumulations of dirt, rubbish, vermin, and insects.

R9-10-1610. Adult Behavioral Health Therapeutic Services

- A. If a provider plans to be absent from a behavioral health supportive home providing adult behavioral health therapeutic services for 24 hours or more, the provider shall ensure that a resident is transferred to an appropriate placement until the provider returns to the behavioral health supportive home.
- B. A provider shall ensure that:
 1. A bedroom for use by a resident:
 - a. Is separated from a hall, corridors, or other habitable room by floor to ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
 - b. Contains for each resident using the bedroom:
 - i. A separate, adult size single bed or larger bed with a clean mattress in good repair;
 - ii. Clean bedding appropriate for the season;
 - iii. An individual dresser and closet for storage of personal possessions and clothing; and
 - iv. A mirror for grooming; and
 - c. If used for:

- i. Single occupancy, contains at least 60 square feet of floor space, or
 - ii. Double occupancy, contains at least 100 square feet of floor space.
- 2. A resident does not share a bedroom with an individual who is not a resident;
- 3. No more than two residents share a bedroom;
- 4. If two residents share a bedroom, each resident agrees, in writing, to share the bedroom;
- 5. A resident is allowed to have the resident's own furniture in the resident's bedroom unless the resident's furniture would interfere with safety precautions, violate a building or fire code, or another resident's use of the bedroom;
- 6. A resident's bedroom is not used to store anything other than the furniture and articles used by the resident and the resident's belongings;

R9-10-1611. Children's Behavioral Health Respite Services

For a behavioral health supportive home that provides children's behavioral health respite services, a provider shall

- 1. Have a valid fingerprint clearance card according to A.R.S. § 36-425.03
- 2. Ensure that:
 - a. If an adult other than a provider is present in the behavioral health supportive home, the provider supervises the adult when and where a resident is present;
 - b. If an individual may present a threat to a resident based on the individual's developmental levels, social skills, verbal skills, and personal history, the provider supervises the individual when and where a resident is present;
 - c. A resident does not share a bedroom with any other individual that, based on the other individual's developmental levels, social skills, verbal skills, and personal history may present a threat to the resident or with an adult ;
 - d. A bedroom used by a resident:
 - i. If the bedroom is a private bedroom, the bedroom contains at least 60 square feet of floor space, not including the closet; or
 - ii. If the bedroom is a shared bedroom, the bedroom:
 - (1) Contains at least 100 square feet of floor space, not including a closet, for two individual occupying the bedroom or contains at least 140 square feet of floor space, not including a closet, for three individuals occupying the bedroom; and
 - (2) Provides at least three feet of floor space between beds or bunk beds;

- iii. Contains a bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and clean linens; and
- iv. Contains individual storage space for personnel effects and clothing such as shelves, a dresser, or chest of drawers;
- e. Clean linens for a bed include a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort of a resident
- f. A resident older than three years of age does not sleep in a crib; and
- g. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age and developmental level.

To be added to 9 A.A.C. 10, Article 10

R9-10-1025. Respite Services

- A. An administrator of an outpatient treatment center that provides respite services shall ensure that:
 - 1. Respite services are not provided in a personnel member's residence unless the personnel member residence is licensed as a behavioral health supportive home;
 - 2. Respite services are provided:
 - a. In a patient's residence; or
 - b. Up to 10 continuous hours in a 24 hour time period, in the community; and
 - 3. If respite services are provided in the community, a patient's needs for food, water, rest, and personal hygiene are met.

To be added to 9 A.A.C. 10, Article 1

R9-10-117. Collaborating Health Care Institution

If a collaborating health care institution has an agreement with a behavioral health supportive home that provides adult behavioral health therapeutic services or children's behavioral health respite services, an administrator shall ensure that:

- 1. A description of the required skills and knowledge for a provider based on the type of adult behavioral health therapeutic services or children's behavioral health respite services being provided is established and documented;
- 2. A copy of an assessment or treatment plan for a resident that includes information necessary for a provider to meet the resident's needs for adult behavioral health

- therapeutic services or children's behavioral health respite services is completed and forwarded to the provider before the resident is admitted to the provider's behavioral health supportive home;
3. A resident's assessment or treatment plan is reviewed and updated at least once every twelve months and a copy of the resident's updated assessment or treatment plan is forwarded to the resident's provider;
 4. If documentation of a significant change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs is received by the health care institution, a behavioral health professional or behavioral health technician reviews the documentation and
 - a. Documents the review;
 - b. If applicable:
 - i. Updates the resident's assessment or treatment plan, and
 - ii. Forwards the updated assessment or treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;
 5. If the review and updated assessment or treatment plan required in subsection (4) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated assessment or treatment plan to ensure the resident is receiving the appropriate behavioral health services:
 - a. Before the updated assessment or treatment plan is forwarded to a provider, and
 - b. Within 10 working days after receipt of the documentation of a significant change;
 6. Training for a provider, other than a provider who is a medical practitioner or a nurse, in the assistance in self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or the health care institution's personnel member trained by a medical practitioner or registered nurse;
 - b. Includes:
 - i. A demonstration of the provider's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and

- iii. Process for notifying the appropriate entities when an emergency medical intervention is needed; and
 - iv. Is documented;
- 7. The following documents are maintained as long as the written agreement with a provider of a behavioral health supportive home is in effect:
 - a. A copy of the written agreement with the provider;
 - b. Documentation of required skills and knowledge for the provider; and
 - c. Documentation of training in the assistance of self-administration of medication; and
- 8. Documentation required in subsections (4) is maintained in the resident's medical record.

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