

NOTICE OF PROPOSED RULEMAKING

TITLE 6. ECONOMIC SECURITY

CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY

DEVELOPMENTAL DISABILITIES

ARTICLE 8. PROGRAMMATIC STANDARDS AND CONTRACT MONITORING FOR

~~COMMUNITY RESIDENTIAL SETTINGS~~ GROUP HOMES, NURSING-SUPPORTED

GROUP HOMES AND BEHAVIORAL-SUPPORTED GROUP HOMES

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**ARTICLE 8. PROGRAMMATIC STANDARDS AND CONTRACT MONITORING FOR
~~COMMUNITY RESIDENTIAL SETTINGS~~ GROUP HOMES, NURSING-SUPPORTED
GROUP HOMES AND BEHAVIORAL-SUPPORTED GROUP HOMES.**

R6-6-801. Definitions and Location of Definitions

A. Location of definitions. The following definitions applicable to this Article are found in the following Section or Citation:

<u>“Abuse”</u>	<u>R6-6-801(B)</u>
<u>"Adult Developmental Home"</u>	<u>A.R.S. § 36-551</u>
<u>“Adverse Reaction”</u>	<u>R6-6-801(B)</u>
<u>“Behavior Plan”</u>	<u>R6-6-801(B)</u>
<u>“Behavioral-Supported Group Home”</u>	<u>A.R.S. § 36-551</u>
<u>“Business Day”</u>	<u>R6-6-801(B)</u>
<u>"Child Developmental Certified Home"</u>	<u>A.R.S. § 36-551</u>
<u>“Criminal History Self-Disclosure Affidavit”</u>	<u>R6-6-101(B)</u>
<u>“Crisis Plan”</u>	<u>R6-6-801(B)</u>
<u>“Direct Support Professional”</u>	<u>R6-6-801(B)</u>
<u>"Direct-care Worker"</u>	<u>R6-6-801(B)</u>
<u>“Division”</u>	<u>A.R.S. § 36-551</u>
<u>“Electronic Monitoring Device”</u>	<u>A.R.S. §36-568</u>
<u>“Emergency”</u>	<u>R6-6-801(B)</u>
<u>“Exploitation”</u>	<u>A.R.S. § 46-451</u>
<u>“Fire Risk Profile”</u>	<u>R6-6-801(B)</u>
<u>“Group Home”</u>	<u>A.R.S. § 36-551</u>

<u>“Habilitation”</u>	A.R.S. § 36-551
<u>“Health Professional”</u>	A.R.S. § 32-3201
<u>“Home and Community-Based Service” or “HCBS”</u>	R6-6-801(B)
<u>“Inappropriate Behavior”</u>	R6-6-801(B)
<u>“Incident”</u>	R6-6-801(B)
<u>“Medical History”</u>	R6-6-801(B)
<u>“Medication”</u>	R6-6-801(B)
<u>“Medication Administration Record”</u>	R6-6-801(B)
<u>“Medication Resource Information”</u>	R6-6-801(B)
<u>“Member”</u>	R6-6-801(B)
<u>“Member’s Home”</u>	R6-6-801(B)
<u>“Neglect”</u>	A.R.S. § 46-451
<u>“Nursing-Supported Group Home”</u>	A.R.S. § 36-551
<u>“Planning Document”</u>	R6-6-801(B)
<u>“Planning Team”</u>	R6-6-801(B)
<u>“Prehospital Medical Care Directive”</u>	R6-6-801(B)
<u>"Program Review Committee" or "PRC"</u>	R6-6-801(B)
<u>“PRN”</u>	R6-6-801(B)
<u>“Qualified Vendor”</u>	R6-6-801(B)
<u>"Qualified Vendor Agreement” or “QVA”</u>	R6-6-801(B)
<u>“Responsible Person”</u>	A.R.S. § 36-551
<u>“Request for Qualified Vendor Applications” or “RFQVA”</u>	R6-6-801(B)
<u>“Support Coordinator”</u>	R6-6-801(B)

B. The following definitions apply to Article 8:

1. “Abuse” means the same as “Abusive Treatment” under [A.R.S. § 36-569](#).
2. “Adverse Reaction” means an unexpected outcome that threatens the health or safety of a patient as a result of a Medication or treatment.
3. “Behavior Plan” means an integrated, individualized, written plan that may be based on a Behavioral Health Professional’s provisional or principal diagnosis and assessment of behavior and the treatment needs, abilities, resources, and circumstances of a Member.
4. “Business Day” means Monday through Friday, excluding holidays listed in [A.R.S. § 1-301](#).
5. “Criminal History Self-Disclosure Affidavit” means an individual's statement of self-disclosing criminal history made under penalty of perjury.
6. “Crisis Plan” means a written plan established by the Member that is designed to prevent or reduce the effects of a behavioral health crisis. This Plan identifies what is or is not helpful in crisis prevention through the identification of contacts and resources, and actions to be taken by the member, family, parents, guardians, friends, or others.
7. “Direct-care Worker” means an individual, including an independent provider, an employee of an HCBS provider, or a subcontractor of an HCBS provider, who provides services to assist a Member to live as independently as possible at home or in the community.
8. “Direct Support Professional” means an individual who delivers direct support in HCBS with current training according to the training and/or certification or licensing requirements of the HCBS they provide and includes Direct-Care Workers.

9. “Emergency” means a serious and unexpected situation requiring immediate action to avoid harm to health, life, property, or environment.
10. “Fire Risk Profile” means an instrument provided by the Division and filled out by the Qualified Vendor, that yields a score for a Member’s Home based on the ability of the Member to evacuate the Member’s Home.
11. “Home and Community-Based Service” or “HCBS” means one or more of the following services provided to a Member:
 - a. Attendant Care;
 - b. Habilitation;
 - c. Services provided by a Home Health Aide;
 - d. Services provided by a Home Health Nurse;
 - e. Homemaker;
 - f. Occupational Therapy;
 - g. Physical Therapy;
 - h. Respiratory Therapy;
 - i. Respite Services;
 - j. Speech-language pathology; and
 - k. Other comparable services as approved by the AHCCCS Director.

12. “Inappropriate Behavior” means a Member’s actions that a Behavioral Health Professional, Service Provider, or the Planning Team reasonably believes to be impeding a Member’s ability to interact in a socially acceptable manner as detailed in behavioral goals put forward in the Planning Document.
13. “Incident” means an occurrence that may potentially affect the health and well-being of a Member or pose a risk to the community.
14. “Medical History” means an account of a patient's health, including past and present illnesses, diseases, medical conditions, physical examination, immunization records, tuberculosis screening and results, hepatitis b screening and results, developmental disability diagnosis, Medication history, allergy history, dental history, seizure history, developmental history, family medical history and behavioral health history.
15. “Medication” means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
- a. Over the counter medications, supplements, and treatments;
 - b. Prescription medication as defined in [A.R.S. § 32-1901](#); or
 - c. Nonprescription drug as defined in [A.R.S. § 32-1901](#).
16. “Medication Administration Record” means a record that includes the Member’s name, the name and strength of the Medication, the dose of the Medication, the date of administration, the route of administration, the time and frequency of administration, the initials, signature, and printed name of the person administering the Medication, the stop date of the order if applicable.
17. “Medication Resource Information” means patient package inserts, medication guides, instructions for use, and physician's desk reference.

18. “Member” has the same meaning as “Client” prescribed in [A.R.S. § 36-551](#).
19. “Member’s Home” means a Group Home, Nursing-Supported Group Home or Behavioral-Supported Group Home.
20. “Planning Document” means a written statement of services that is separate from the Behavior Plan and shall be provided to a Member, including Habilitation goals and objectives, that is developed following an initial eligibility determination and revised after periodic reevaluations.
21. “Planning Team” means a group of people including:
- a. The Member;
 - b. A Responsible Person for the Member;
 - c. The Support Coordinator;
 - d. Other State of Arizona Department of Economic Security staff, as necessary; and
 - e. Any person selected by the Member, Member's Responsible Person, or the Division.
22. “Prehospital Medical Care Directive” means a written order signed by or on behalf of the Member and signed by the Member's physician or other licensed Health Professional that, in the event of cardiac or respiratory arrest, directs the withholding of cardiopulmonary resuscitation (CPR) by emergency medical system personnel, hospital emergency department personnel, and direct care staff persons, as prescribed in [A.R.S. § 36-3251](#). A Prehospital Medical Care Directive may also be known as a do-not-resuscitate or DNR order.
23. “PRN” means administered as circumstances require but not on a regular schedule.

24. “Program Review Committee” or “PRC” means a group of people designated by the Division’s administrator or designee in each of the Department’s Districts. to review and either approve or disapprove each Behavior Plan before a Behavior Plan is implemented or sent to the Independent Oversight Committee established under [A.R.S. § 41-3801](#).
25. “Qualified Vendor” means, for the purposes of this Article, the operator of a Member's Home that is qualified under the standards in R6-6-2104 and with which the Division has entered into a Qualified Vendor agreement.
26. "Qualified Vendor Agreement" or “QVA" means, for the purpose of Article 8, the signed contract between a Qualified Vendor and the Department including the combination of the RFQVA, terms and conditions, service specifications, schedules, exhibits, attachments, and any RFQVA amendments.
27. “Request for Qualified Vendor Applications” or “RFQVA” means a solicitation notice issued by the Department requesting persons to apply to be a Qualified Vendor for the delivery of eommunity developmental disability services.
28. “Support Coordinator” has the same meaning as “Case Manager” prescribed in [A.R.S. § 36-551](#).
29. "Unsafe Behavior" means a Member's action or activity, whether intentional, unintentional, or negligent, that causes a risk of imminent harm to the Member or others.

R6-6-801,R6-6-802. Applicability; Request for an Exemption from a Rule Provision; Members' Rights

~~This Article applies to services provided in community residential settings except those licensed as child developmental foster homes according to Article 10 of this Chapter and those licensed as adult developmental homes according to Article 11 of this Chapter.~~

A. This Article applies to services provided in a Member's Home. This Article does not apply to any Child Developmental Certified Home or an Adult Developmental Home.

B. A Qualified Vendor may submit a written request to the Division for an exemption from a rule provision contained in this Article. The Division shall grant the request for an exemption if the Division determines that:

1. The Qualified Vendor demonstrates the ability to meet the intent of the rule provision by an alternative means; and
2. Use of the alternative means will not negatively impact the quality of life or health and safety of a Member.

C. A Qualified Vendor shall guarantee each Member's rights in the provision of services in compliance with Article 1 of this Chapter, [A.R.S. § 36-551.01](#), and other applicable federal and state laws.

~~R6-6-802~~R6-6-803. Compliance

~~A. The licensee shall ensure that the community residential setting is operated in compliance with this Chapter.~~

~~B. The licensee shall cooperate with the Division in assessing compliance with this Chapter.~~

~~C. If the Division identifies areas of noncompliance with this Chapter in the operation of a community residential setting, the licensee shall take action to achieve or restore compliance with these rules.~~

~~D. If the Division identifies areas of noncompliance with A.R.S. Title 36, Chapter 5 in the operation of a community residential setting, the Division may enforce corrective action through licensing, programmatic, or contractual remedies.~~

A. The Qualified Vendor shall operate the Member's Home in compliance with this Chapter, A.R.S. Title 36, Chapter 5.1, and all provisions within the QVA.

B. The Qualified Vendor shall assist the Division to assess the Qualified Vendor's compliance with this Chapter, A.R.S. Title 36, Chapter 5.1, and all provisions within the QVA.

C. The Division may take contractual action against the Qualified Vendor for performance violations and contractual non-compliance in a Member's Home if the Division determines the Qualified Vendor is not in compliance with this Chapter, A.R.S. Title 36, Chapter 5.1, or a provision within the QVA.

D. The Division may use HCBS certification, programmatic, and contractual remedies for failure to comply with this Chapter, A.R.S. Title 36, Chapter 5.1, and all provisions within the QVA.

E. The Division shall notify the Department of Health Services regarding licensing issues as outlined in [A.R.S. § 36-591](#).

~~R6-6-803.~~R6-6-804. General Responsibilities of the Licensee a Qualified Vendor

~~A. The licensee shall immediately report at least the following types of incidents via telephone or telefax to the Division:~~

~~1. The death of a client;~~

~~2. Alleged neglect or abuse of a resident;~~

~~3. A missing client. The licensee shall report such incident to law enforcement officials and~~

~~the Division as soon as it determines that a client is missing;~~

~~4. An incident related to a resident that involves law enforcement personnel, emergency services, or the media;~~

~~5. Suicide attempts by a client;~~

~~6. Hospitalization, the intervention of a medical practitioner, or emergency medical care in response to a serious illness, injury, medication errors, or suicidal behavior of a client;
and~~

~~7. Community complaints about a resident or the setting.~~

~~B. The licensee shall cooperate in obtaining and providing any information the Department or a law enforcement agency deems necessary to investigate an incident.~~

~~C. The licensee shall maintain staff to client ratios which at least conform to the contract.~~

A. A Qualified Vendor shall:

1. Operate a Member's Home in accordance with the QVA and Division policy; and

2. Follow all Incident reporting requirements as prescribed by the Division.

B. The Qualified Vendor shall cooperate in obtaining and providing any information the Department or a law enforcement agency deems necessary to investigate.

C. The Qualified Vendor shall complete a Fire Risk Profile within two Business Days when:

1. Upon initial Member occupancy for a Member's Home serving four or more Members;

2. Any Member moves in or out;

3. The needs of a Member change significantly; and

4. There is a structural change in the Member's Home that modifies any pathway of evacuation.

D. The Qualified Vendor shall update the Fire Risk Profile at least one time annually, regardless of changes in Member need, the number of Members in residence, or the structure of the setting.

E. The Qualified Vendor shall notify the Department of Health Services in writing within two Business Days if the Fire Risk Profile score results do not align with the fire risk prevention level listed on the Department of Health Services license.

R6-6-804. Rights of Clients Repeal

A. In addition to the rights required in R6-6-102, the licensee shall uphold and safeguard the rights of residents consistent with applicable federal and state laws, including A.R.S. § 36-551.01, unless legally restricted or addressed in the ISPP in accordance with R6-6-901 et seq.

In addition to those rights specifically stated in statute, rights shall include, at a minimum:

1. The right to be free from personal and financial exploitation;
2. The right to a safe, clean, and humane physical environment;
3. The right to own and have free access to personal property;
4. The right to associate with persons of the client's own choosing;
5. The right to participate in social, religious, educational, cultural, and community activities;
6. The right to manage personal financial affairs and to be taught to do so;
7. The right to the least amount of physical assistance necessary to accomplish a task;
8. The right to privacy including during treatment and care of personal needs and with regard to written correspondence, telephone communication, and visitations;

~~9. The right to have care for personal needs provided, except in cases of emergency, by a direct care staff of the gender chosen by the responsible person. This choice shall be specified in the ISPP;~~

~~10. The right to be treated with dignity and respect; and~~

~~11. The right to be provided choices and to express preferences which will be respected and accepted.~~

R6-6-805. Program Plans Member's Planning Document

~~A. Except in cases of emergency, the licensee shall notify the Division and obtain ISPP team approval prior to a client's move from one community residential setting to another setting and prior to relocation of a community residential setting. If the move requires contract modification, the administrator shall also obtain Division approval prior to the move.~~

~~B. In cases of emergency, the licensee shall coordinate with the Division regarding the notification of the responsible person when a client moves from one community residential setting to another.~~

~~C. The ISPP team shall convene to develop or revise the ISPP within 30 days following either a client's admission to a community residential setting or a change in community residential licensee.~~

~~D. The ISPP team shall meet at least annually to develop or amend the complete ISPP for a client, using forms prescribed by the Division.~~

~~E. The ISPP team for any client residing in a community residential setting shall include a representative of the community residential setting. The representative shall have direct knowledge of the client.~~

- ~~F. The licensee shall develop a teaching plan or strategy for each objective assigned to the community residential setting by the ISPP team.~~
- ~~1. The teaching plan shall be consistent with any guidelines provided by the ISPP team.~~
 - ~~2. The teaching plan shall include:~~
 - ~~a. How, when, and by whom objectives will be implemented;~~
 - ~~b. The method to be used to record data relative to progress; and~~
 - ~~c. The procedure that will be followed should the objective be completed or should progress not be made as planned.~~
 - ~~3. The licensee shall provide the teaching plan to the case manager.~~
- ~~G. The licensee shall provide, for the annual ISPP team meeting, complete and accurate information on periodic evaluations and medical care received since the last ISPP.~~
- ~~H. The ISPP for any client residing in a community residential setting shall specify the duration and conditions for the time that the client may spend without supervision provided by the licensee.~~
- ~~I. The licensee shall carry out the objectives, agreements, and assignments specified in the ISPP.~~
- ~~J. The licensee shall provide monthly reports to the case manager summarizing the client's progress toward residential habilitation objectives and the status of agreements and assignments specified in the ISPP.~~
- A. The Qualified Vendor shall notify the Division and obtain approval from the Member's Planning Team before the Member is moved from the Member's Home to another setting, except when there is an Emergency. If a move under this subsection requires an amendment

of the Qualified Vendor Agreement, the Qualified Vendor shall obtain Division approval of the amendment before the move.

- B.** The Qualified Vendor shall coordinate with the Division to provide notice to the Member's Responsible Person if there is an Emergency in which a Member is moved from the Member's Home to another setting.
- C.** A Member's Planning Team shall develop or revise the Member's Planning Document within 30 days after:
1. The Member moves to a new Member's Home, or
 2. There is a change in the Qualified Vendor operating the Member's Home.
- D.** A Member's Planning Team shall meet at least annually and for reasons as prescribed by the Division to develop or amend the Member's Planning Document, using forms prescribed by the Division.
- E.** A Member's Planning Team shall include a Direct Support Professional who resides in the Member's Home and has direct knowledge of the Member. The Direct Support Professional shall be prepared to provide updates on the Member's progress towards current goals.
- F.** The Qualified Vendor shall develop and provide to a Member's Support Coordinator a teaching strategy for each Habilitation objective identified in the Member's Planning Document. The Qualified Vendor shall ensure the teaching strategy:
1. Is consistent with any guidelines provided by the Member's Planning Team; and
 2. Identifies:
 - a. How, when, and by whom the Member will be supported to achieve each Habilitation objective;
 - b. The method for recording progress toward each Habilitation objective; and

- c. The procedure to follow when a Habilitation objective is completed or when progress is not being made.
- G. The Qualified Vendor shall provide to a Member's Planning Team, as required by the Division, complete and accurate information about periodic evaluations and medical and behavioral health care received by the Member since the Member's Planning Document was last updated.
- H. The Planning Team of a Member residing in a Member's Home shall ensure the Member's Planning Document specifies the duration of and conditions for time the Member may spend without supervision provided by the Qualified Vendor.
- I. The Qualified Vendor shall implement Habilitation objectives, fulfill agreements, and complete action items as assigned and specified in a Member's Planning Document.
- J. The Qualified Vendor shall provide to a Member's Support Coordinator, as required by the Division, a summary of the Member's progress toward achieving Habilitation objectives and the status of assigned action items as specified in the Member's Planning Document.

R6-6-806. Health

- ~~A. At least annually and on forms prescribed by the Division, the licensee shall obtain written informed consent of the guardian, if applicable, for the provision of emergency medical care, routine medical care, and special procedures.~~
- ~~B. Within 30 calendar days of a client's initial admission to a community residential setting, the licensee shall obtain documentation of the following:
 - ~~1. A physical examination by a medical practitioner;~~
 - ~~2. A tuberculosis screening and results;~~
 - ~~3. A hepatitis B screening and results;~~~~

- ~~4. Type of developmental disability;~~
- ~~5. Medication history;~~
- ~~6. Immunization history;~~
- ~~7. History of significant injuries, illnesses, surgeries, and hospitalizations;~~
- ~~8. History of allergies;~~
- ~~9. Dental history;~~
- ~~10. Seizure history;~~
- ~~11. Developmental history; and~~
- ~~12. Family medical history.~~

~~C. The licensee shall maintain records in the place of residence sufficient to document the current health status of the resident. These records shall include, at a minimum:~~

- ~~1. The name, address, and telephone numbers of the health care provider for each resident;~~
- ~~2. The name and telephone numbers of the health plan and insurance carrier for each resident and the process for authorization of health care for each resident;~~
- ~~3. Guardianship status for each resident;~~
- ~~4. The name and telephone number of the responsible party and the person to be contacted in case of emergency for each resident;~~
- ~~5. Reports of accidents, illness, current treatments, and follow-up for at least one year for each resident;~~
- ~~6. A description of the client's individualized health care and safety needs, including, at a minimum:
 - ~~a. Allergies;~~
 - ~~b. Nutritional needs, whether a regular or special diet;~~~~

- ~~e. Special fluid intake needs;~~
 - ~~d. Seizure activity and recommended response;~~
 - ~~e. Adaptive equipment, protective devices, and facility adaptations;~~
 - ~~f. Required medical monitoring;~~
 - ~~g. References to the behavior treatment plan or the ISPP if there are health care related issues contained therein;~~
 - ~~h. Special instructions for carrying, lifting, positioning, bathing, feeding, or other aspects of personal health care; and~~
 - ~~i. Other individualized health care routines.~~
- ~~7. The client's medical history, which includes updated information on all components identified in subsection (B);~~
- ~~8. Current medication log for each client;~~
- ~~9. Current health care consents for each client, including:~~
- ~~a. Consent for the use of sedation, mechanical restraint, or protective devices in the course of planned medical or dental procedures or for follow up;~~
 - ~~b. Consent for the ongoing or recurring use of a protective device in response to a medical condition; and~~
 - ~~c. Consent for emergency medical care, routine medical care, and special procedures, if applicable;~~
- ~~10. A copy of "do not resuscitate" orders, for each client, signed by the responsible person, if such an order has been effected.~~
- ~~D. The licensee shall maintain medical records in their entirety.~~

~~E. The licensee shall maintain documentation of medical consultations which include, at a minimum:~~

- ~~1. The date of the medical consultation;~~
- ~~2. The name and title of the medical professional consulted;~~
- ~~3. The purpose of the consultation;~~
- ~~4. A description of the service or treatment provided; and~~
- ~~5. Instructions for follow-up, if applicable.~~

~~F. For medications administered by or under the supervision of the direct care staff, the licensee shall ensure that any prescription or nonprescription medications are administered:~~

- ~~1. To a client only with the written or verbal orders of a medical practitioner; and~~
- ~~2. Only to the person for whom it is prescribed or indicated.~~

~~G. The licensee shall maintain a log of all prescribed and nonprescribed medications administered to a client by or under the supervision of direct care staff. The medication log shall contain, at a minimum:~~

- ~~1. The name of the client who received the medication;~~
- ~~2. The name of the medication;~~
- ~~3. The medication dosage;~~
- ~~4. The date and time of administration;~~
- ~~5. The route of administration;~~
- ~~6. Special instructions for administration of the medication; and~~
- ~~7. Signature and initials of the direct care staff who administered or supervised the administration of the medication.~~

~~H. The licensee shall maintain, in a location which is readily accessible to direct care staff who are responsible for medication administration, resource information regarding all medications prescribed for clients living in the setting. The resource information shall include, at a minimum:~~

- ~~1. Name of the medication;~~
- ~~2. Common side effects and adverse reactions;~~
- ~~3. Indications for use;~~
- ~~4. Medication interactions; and~~
- ~~5. Recommended monitoring.~~

~~I. The licensee shall store medications in the following manner:~~

- ~~1. Under sanitary conditions;~~
- ~~2. Consistent with label instructions;~~
- ~~3. In containers with legible and accurate labels which specify the name of the client for whom the medication is prescribed and the current dosage; and~~
- ~~4. In locked storage, unless otherwise specified in the client's ISPP.~~

~~J. The licensee shall remove or dispose of medications which are expired or for which the prescription has been discontinued.~~

~~K. When a medication error or reaction is detected, the licensee shall ensure that staff:~~

- ~~1. Immediately consult medical personnel,~~
- ~~2. Notify appropriate persons, and~~
- ~~3. Document the error or reaction and the action taken in response.~~

~~L. The licensee shall monitor on an ongoing basis the condition for which any medications have been prescribed and the response to the medications, in accordance with any~~

~~recommendations of the medical practitioner. The licensee shall report the client's response to the medical practitioner based on the monitoring. The licensee shall document any medication change made by the medical practitioner and share results with agency staff.~~

~~M. When a medication is prescribed for the purpose of behavior modification, the licensee shall:~~

- ~~1. Document the behavior for which the medication is prescribed;~~
- ~~2. Monitor the client's response to the medication on an ongoing basis consistent with the client's needs and the recommendations of the ISPP team;~~
- ~~3. Document the client's response to the medication, including the frequency and intensity of target behaviors and the occurrence of side effects;~~
- ~~4. Report to the client's physician regarding the client's response to the medication; and~~
- ~~5. Document the results of any change made by the physician and share that information with direct care staff.~~

~~N. Except for treatment of medical emergencies, the licensee shall obtain written informed consent from the responsible person and authorization by a medical practitioner for the use of sedation, mechanical restraint, or protective devices in the course of planned medical or dental procedures or in the course of follow-up to such procedures. The licensee shall not use physical restraints, including mechanical restraints as a negative consequence to a behavior, for the convenience of the licensee, or in lieu of a behavior management plan.~~

~~O. The licensee shall ensure that the following conditions are met prior to ongoing or recurring use of a protective device in response to a medical condition:~~

- ~~1. Authorization for use of the protective device is obtained from a medical practitioner;~~
- ~~2. Written informed consent is obtained from the responsible person; and~~

~~3. The plan for use of the protective device is reviewed by the ISPP team and reassessed at least annually.~~

~~P. The licensee shall ensure that individualized health care instructions for the client are followed.~~

~~Q. The licensee shall plan for and prepare nutritional meals in accordance with the client's needs and consistent with the client's preferences. If the client is responsible for planning and preparing meals, the licensee shall assist, monitor, and educate the person regarding preparation of nutritionally adequate meals.~~

~~R. The licensee shall keep insecticides, poisonous materials, corrosives, and other hazardous substances in locked storage, unless otherwise specified in the client's ISPP, and in areas away from food and areas where medications are stored or administered.~~

~~S. The licensee shall ensure that bodies of water are fenced. Unsupervised access to bodies of water by the client is prohibited unless specifically allowed by the client's ISPP. The ISPP cannot supersede any local ordinance or state law pertaining to the safety of bodies of water or swimming pools.~~

A. The Qualified Vendor shall obtain, within 30 days of the date a Member moves into a Member's Home, documentation of the following information regarding the Member and maintain such information in a Member's file:

1. The Member's current physical and behavioral health status;
2. A medical examination by a Health Professional, with the date documented;
3. A tuberculosis screening and results, with the date documented;
4. A hepatitis B screening and results, with the date documented;
5. Medical diagnoses including the Member's diagnosis for Division eligibility; and

6. Medical History.

B. The Qualified Vendor shall, in addition to maintaining the documentation under R6-6-806(A), maintain the following records of the prior 12 months at the Member's Home:

1. The names, addresses, and telephone numbers of the Member's Health Professionals;
2. The names, addresses, and telephone numbers of the Member's pharmacies;
3. The names and telephone numbers of the Member's health plans and insurance carriers and the process for authorization of health care;
4. Guardianship status for the Member;
5. The name and telephone number of the Member's Responsible Person;
6. The names and telephone numbers of the persons to be contacted in case of an Emergency involving the Member;
7. Reports of the prior 12 months of all medical care received related to a Member's accidents, illnesses, and treatments;
8. A description of the Member's health care and safety needs, including, at a minimum:
 - a. Allergies;
 - b. Nutritional needs, including specification of any special diet or enteral nutrition required;
 - c. Special fluid intake needs;
 - d. Seizure activity and recommended response;
 - e. Adaptive equipment, protective devices, and facility adaptations;
 - f. Required medical monitoring and tracking of a Member's health status or medical condition as ordered by a Health Professional or agreed to by a Member's Planning Team;

- g. References to the Behavior Plan, if applicable, and whether health care related issues are identified in the Member's Behavior Plan or Planning Document;
 - h. Special instructions for assistance with transferring, positioning, bathing, eating, toileting, or other aspects of personal health care;
 - i. References to the Crisis Plan, as applicable; and
 - j. Other individualized health care routines as identified by the Planning Team or ordered by the Member's Health Professional.
- 9. The Member's Medical History including updates of the documentation obtained under R6-6-806(A);
- 10. The Member's current Medication Administration Record;
- 11. Except for treatment of medical emergencies and in compliance with Article 9 of this Chapter, written documentation of informed consent from the Member's Responsible Person, obtained at least annually following minimum content requirement in compliance with R6-6-810 of this Article for each of the following:
 - a. Prior to use of sedation, mechanical restraint, or protective devices authorized by a Health Professional, in the course of planned medical or dental procedures or follow-up to planned procedures;
 - b. Ongoing or recurring use of a mechanical restraint or a health care protective device in response to a medical condition; and
 - c. Receipt of emergency medical care, routine medical care, and special procedures, if applicable;
- 12. A copy of the Member's Prehospital Medical Care Directive, if such an order has been executed.

C. The Qualified Vendor shall maintain documentation of behavioral health and physical health consultations regarding a Member. The Qualified Vendor shall ensure the documentation is maintained at or accessible from the Member's Home in a file specific to the Member that includes:

1. The date of the behavioral health and physical health consultation;
2. The name and title of the Health Professional consulted;
3. The purpose of the behavioral health and physical health consultation;
4. A description of the service or treatment provided; and
5. Instructions for follow-up, if applicable.

D. The Qualified Vendor shall ensure prescription and nonprescription Medications are administered:

1. To a Member with the written or verbal order of a Health Professional;
2. To a Member for whom the Medication is prescribed or indicated; and
3. To a member following the instructions of the Health Professional and Medication label including
 - a. Time of day;
 - b. Route of Administration; and
 - c. Additional special instructions.

E. The Qualified Vendor shall maintain the Medication Administration Record along with the following documentation:

1. Special instructions for administration of the Medication, including route of administration and time of day;
2. The specific direction or precaution;

3. The Health Professional's name;
4. If a PRN Medication is administered, documentation of the purpose, time administered, and the effectiveness or ineffectiveness of the Medication; and
5. The printed name, signature and initials of the Direct Support Professional who administered or supervised administration of the Medication.
6. Medication changes as prescribed by the Health Professional.

F. The Qualified Vendor shall maintain Medication Resource Information regarding all Medications administered to Members living in the Member's Home. The Qualified Vendor shall maintain the resource information in a location that is readily accessible to Direct Support Professionals responsible for administering Medication and shall ensure the resource information includes:

1. Name of the Medication;
2. Common side effects and Adverse Reactions;
3. Indications for use;
4. Time of day Medication is to be administered;
5. Route of administration
6. Special Instructions unique to Medication or Member
7. Contraindications;
8. Medication interactions; and
9. Recommended monitoring.

G. The Qualified Vendor shall store all Medications in locked storage, unless otherwise specified in the Member's Planning Document, and as follows:

1. Separate from the Medications stored for other Members;

2. In a clean and orderly manner in accordance with Division requirements;
3. Consistent with the requirements specified on the Medication label;
4. In a container that is legibly and accurately labeled with the name of the Member to whom the Medications are to be administered;

H. The Qualified Vendor shall dispose of an expired Medication in a manner in which the Member cannot access the Medication and according to:

1. Product-specific disposal instructions in accordance with the United States Food and Drug Administration guidelines; or
2. Information provided by a Health Professional.

I. The Qualified Vendor shall dispose of a Medication that is no longer prescribed for the Member.

J. When a Medication error or Adverse Reaction occurs, the Qualified Vendor shall ensure:

1. A Health Professional is consulted immediately;
2. Appropriate persons, including the Member's Responsible Person and Member's Support Coordinator, are notified;
3. The Medication error or Adverse Reaction and action taken in response are documented in the records required under R6-6-806(B); and
4. All Incident reporting requirements as prescribed by the Division are followed.

K. When a Health Professional prescribes a Medication for a Member, the Qualified Vendor shall:

1. Monitor a Member's condition for which a Medication is prescribed;

2. Monitor the Member's response to the prescribed Medication and the occurrence of side effects to the prescribed Medication consistent with the Health Professional's order, the Member's needs, and recommendations of the Member's Planning Team;
3. Document a Medication change made by the Health Professional, as required under R6-6-806(E);
4. Make the documentation available to the Division upon request; and
5. Ensure the Member's Responsible Person, Health Professionals with prescriptive authority, and Direct Support Professionals are informed of the Medication change.

L. In addition to the requirements in R6-6-806(K), when a Health Professional prescribes a behavior modifying Medication for a Member as a result of a behavioral health diagnosis with the intent to decrease Inappropriate Behavior or Unsafe Behavior, the Qualified Vendor shall:

1. Document the Member's response to the prescribed Medication, including the frequency, duration, and intensity of target behaviors;
2. Report the Member's response to the prescribed Medication, including the frequency, duration, and intensity of target behaviors and the occurrence of side effects to the prescribed Medication to the Health Professional who prescribed the Medication; and
3. Document a Medication change made by the Health Professional, as required under R6-6-806(E), make the documentation available to the Division upon request, and ensure Direct Support Professionals are informed of the Medication change.

M. The Qualified Vendor shall ensure the requirements in Article 9 and other requirements as prescribed by the Division are met before a protective device is used in response to reduce the likelihood of injury from self-injurious behavior. The licensee shall not use physical

restraints, including mechanical restraints, as a negative consequence to a behavior, for the convenience of the licensee, or in lieu of a behavior management plan.

N. The Qualified Vendor shall ensure that individualized health care instructions for the Member are followed.

O. The Qualified Vendor shall plan and provide nutritious meals in accordance with the Member's health needs and consistent with the Member's preferences. If the Member is responsible for planning and preparing meals, the Qualified Vendor shall assist, monitor, and educate the Member regarding preparation of nutritionally adequate meals.

P. The Qualified Vendor shall keep insecticides, poisonous materials, corrosives, and other hazardous substances in locked storage and away from areas used for food storage or preparation and Medication storage or administration, except as specified in a Member's Planning Document.

R6-6-807. Records

~~A. — In addition to health care records as required by R6-6-806, the licensee shall maintain the following programmatic records in the client's place of residence:~~

~~1. — A copy of the client's most current annual ISPP which is placed into the records within 15 calendar days of receipt by the licensee;~~

~~2. — The teaching plan or strategy for each objective specified in the client's ISPP;~~

~~3. — A copy of monthly progress reports for the client, as submitted to the case manager;~~

~~4. — Documentation of incidents involving the client;~~

~~5. — Behavior treatment plan, if applicable;~~

~~6. — All required consents, including, as applicable, consent for use of behavior modifying~~

~~medications and consent for release of personally identifiable information, unless these consents are maintained in the main provider record; and~~

~~7. Reference to the location of other pertinent records.~~

~~B. The licensee shall ensure that documents and entries made by agency personnel identify the person making the entry and that all are:~~

~~1. Legible;~~

~~2. Typed or written in ink;~~

~~3. Dated; and~~

~~4. Properly corrected, as necessary.~~

A. The Qualified Vendor shall maintain the records required under R6-6-806(A) through (C) and as required in their entirety for as long as the Member resides in the Member's Home and as required by applicable federal and state laws.

B. The Qualified Vendor shall retain records in accordance with the QVA.

C. The Qualified Vendor shall provide copies of the Member's records to the new Service Provider if the Member moves.

D. The Qualified Vendor shall comply with [A.R.S. § 44-7041](#) and Division requirements for maintaining electronic records

E. The Qualified Vendor shall make the records available to the Division on request.

F. In addition to health records required under R6-6-806, the Qualified Vendor shall maintain the following programmatic records at the Member's Home in a file specific to the Member for the last 12 months:

1. The Qualified Vendor shall place the current Planning Document in the Member's file within 15 days after receiving the Planning Document;
2. The teaching strategy for each Habilitation objective specified in the Member's Planning Document;
3. A copy of progress reports required under R6-6-805(J) for the Member;
4. Documentation of any Incidents involving the Member;
5. The Member's Behavior Plan and current disposition/approval from PRC, if applicable;
6. All consents, including the consent for use of behavior-modifying Medications, as outlined in R6-6-909(B)(3), and the consent for release of personally identifiable information; and
7. Reference to the location of other records regarding the Member.

G. The Qualified Vendor shall ensure an entry made on a document identifies the individual making the entry and is:

1. Legible;
2. Typed or written in ink;
3. Dated; and
4. Properly corrected, as necessary, as prescribed by the Division.

R6-6-808. Staff Qualifications, Training, and Responsibilities

~~A. The licensee shall maintain documentation of the following for each direct care staff:~~

- ~~1. Age 18 years or older;~~
- ~~2. References from persons other than family members;~~
- ~~3. Knowledge, skills, and experience sufficient to carry out the requirements of the position;~~

~~4. Fingerprinting, fingerprint clearance, and a statement by the direct care staff regarding criminal record; and~~

~~5. Current licenses, certifications, or registrations required for the position or required by Arizona statute.~~

~~B. The licensee shall maintain documentation of the fingerprinting, fingerprint clearance for a license renewal, and employee's statement regarding criminal record for each person required to be fingerprinted according to this Article.~~

~~C. The licensee shall maintain documentation of successful completion of required training by each direct care staff.~~

~~D. The licensee shall have and implement a written training curriculum which lists required training topics and which includes for each topic, at a minimum:~~

- ~~1. Course outline,~~
- ~~2. Timeliness for completion, and~~
- ~~3. Criteria for successful completion.~~

~~E. When a community residential service is delivered, and unless a client is utilizing ISPP-authorized unsupervised time, a direct care staff shall be present who has completed the following required training, at a minimum:~~

- ~~1. Orientation to the specific needs of clients living in the community residential setting, including their ISPPs and individualized health and safety needs;~~
- ~~2. Cardiopulmonary resuscitation (CPR), provided by a certified instructor;~~
- ~~3. First aid, provided by a certified instructor;~~
- ~~4. Agency health and safety policies and procedures as required by this Article including, at a minimum:~~

- a. ~~Client behaviors;~~
 - b. ~~Incidents;~~
 - c. ~~Neglect and abuse;~~
 - d. ~~Medications;~~
 - e. ~~Detection of signs of injury, illness, infectious diseases, and changes in health status;~~
 - f. ~~Response to non-emergency conditions requiring prompt medical attention; and~~
 - g. ~~Procedures to be followed in medical emergencies and in rendering emergency medical care.~~
5. ~~Safety procedures, including the agency plan for meeting potential emergencies and disasters, as required by R6-6-713;~~
6. ~~Provisions of R6-6-902 related to prohibited practices;~~
7. ~~Client intervention techniques, if relevant to the needs of clients in the community residential setting, provided by a certified instructor;~~
8. ~~Medication administration, if relevant to the needs of clients in the community residential setting; and~~
9. ~~Seizures, if relevant to the needs of clients in the community residential setting.~~
- F. ~~Within 14 calendar days of the date the person begins employment at a community residential setting, each direct care staff shall complete an orientation to specific needs of clients living in the community residential setting, including their ISPPs and individualized health and safety needs.~~
- G. ~~Within 90 calendar days of the date that the person begins employment at the community residential setting, each direct care staff shall complete the following required training:~~

- ~~1. Techniques for meeting the individualized health and safety needs of clients living in the community residential setting;~~
 - ~~2. Health and safety, including:
 - ~~a. Cardiopulmonary resuscitation (CPR), provided by a certified instructor;~~
 - ~~b. First aid, provided by a certified instructor;~~
 - ~~c. Safety procedures, including the agency plan for meeting potential emergencies and disasters, as required by R6-6-713;~~
 - ~~d. Medication administration; and~~
 - ~~e. Seizures.~~~~
 - ~~3. Mission and values of the Division and the community residential setting;~~
 - ~~4. Agency policies and procedures;~~
 - ~~5. Interactions with clients, including:
 - ~~a. Respect, dignity, and positive interactions with clients;~~
 - ~~b. Skill-building techniques;~~
 - ~~c. Prevention of behavioral incidents; and~~
 - ~~d. Article 9.~~~~
 - ~~6. ISPP process;~~
 - ~~7. Communication with families;~~
 - ~~8. Client rights; and~~
 - ~~9. Confidentiality.~~
- ~~H. Each direct care staff shall also have training relevant to the staff's assigned responsibilities and as necessary to carry out objectives, agreements, and assignments as specified in the ISPP and to meet the client's individualized health care and safety needs.~~

~~I. Each direct care staff shall review, at least annually, agency policies and procedures required by this Article and the plan for meeting potential emergencies and disasters, as required by R6-6-713.~~

~~J. After the initial 90-day training, each direct care staff member shall have current training in the following:~~

- ~~1. Cardiopulmonary resuscitation (CPR), provided by a certified instructor;~~
- ~~2. First aid, provided by a certified instructor; and~~
- ~~3. Client intervention techniques, provided by a certified instructor, if relevant to the needs of clients in the community residential setting.~~

A. The Qualified Vendor shall, in addition to complying with Article 15 of this Chapter, maintain documentation that each Direct Support Professional:

1. Is at least 18 years old;
2. Is recommended for the position by persons other than family members;
3. Demonstrates the skills, knowledge, and ability sufficient to carry out the requirements of the position as stated in the QVA;
4. Has a current level 1 fingerprint clearance card or is fingerprinted and has completed a Criminal History Self Disclosure Affidavit; and
5. Has current licenses, certifications, or registrations required for the position, which may vary based on the type of care a Member needs.

B. The Qualified Vendor shall ensure the qualifications and training for Direct Support Professionals are met in accordance with Article 15 of this Chapter, the Qualified Vendor Agreement, and [A.R.S. § 35-214](#).

- C.** The Qualified Vendor shall maintain documentation that the Direct Support Professional has demonstrated competency and has successfully completed and maintained the required training.
- D.** The Qualified Vendor shall implement a developed or obtained written training curriculum that lists required training topics for Direct Support Professionals and provides the following for each topic:
1. Course outline,
 2. Parameters for timely completion, and;
 3. Criteria for successful completion.
- E.** In addition to the qualifications referenced in Article 15, the Qualified Vendor shall ensure each Direct Support Professional who is providing support to the Member in the Member's Home or the community has completed the following required training:
1. Required policies and procedures as described in R6-6-809;
 2. Safety procedures, including the emergency plan for the Member's Home and the Qualified Vendor's contingency plan covering emergencies and disasters;
 3. Article 9 of this Chapter;
 4. Physical intervention techniques, as required by the Member's Planning Document or Behavior Plan, if relevant to the needs of the Member, provided by an instructor certified by the Division; and
 5. Seizure management, if relevant to the needs of the Member.
- F.** The Qualified Vendor shall ensure that within 90 days after beginning employment at a Member's Home, each Direct Support Professional completes the following training:

1. Techniques for meeting the individualized health and safety needs of Members living in the Member's Home;
2. Health and safety, including:
 - a. Cardiopulmonary resuscitation (CPR), provided by a certified instructor;
 - b. First aid, provided by a certified instructor;
 - c. Safety procedures, including the emergency plan for the setting and the Qualified Vendor's contingency plan covering emergencies and disasters;
 - d. Preventing Abuse, Neglect, and Exploitation;
 - e. Medication administration; and
 - f. Seizure management;
3. Mission and values of the Division and the Qualified Vendor operating the Member's Home;
4. The policies and procedures required under R6-6-810;
5. Interactions with Members, including:
 - a. Respect, dignity, and positive interactions with Members;
 - b. Skill-building techniques;
 - c. Positive behavioral support; and
 - d. Article 9 of this Chapter.
6. The process for developing and implementing a Member's Planning Document;
7. Communication with families;
8. Member rights as specified in Article 1 of this Chapter;
9. Confidentiality; and
10. Culturally Competent support of Members.

G. The Qualified Vendor shall ensure that within 14 days after beginning employment and prior to providing support to a Member at a Member's Home, each Direct Support Professional completes an orientation to the specific needs and preferences of Members living in the Member's Home, including their Planning Documents and individualized health and safety needs.

H. The Qualified Vendor shall ensure Direct Support Professionals have training relevant to the Direct Support Professional's assigned responsibilities and as necessary to carry out objectives, agreements, and assignments to meet the Member's individualized needs as specified in the Member's Planning Document.

I. The Qualified Vendor shall ensure Direct Support Professionals review, upon hire and at least annually thereafter, policies and procedures required by this Article and identified by the Division

R6-6-809. Policies and Procedures

~~A. The licensee shall develop and implement policies and procedures which address incidents which occur in the operation of the setting. These policies and procedures shall include, at a minimum:~~

~~1. Definitions of events and circumstances which constitute incidents;~~

~~2. Procedures for verbally reporting and documenting incidents, consistent with the Division's incident reporting procedures; and~~

~~3. Procedures for the review of incidents by the licensee and procedures for the development of corrective action to occur in response to incidents.~~

~~B. The licensee shall develop and implement policies and procedures on behavior~~

~~management which are consistent with the requirements of Article 9. These policies and procedures shall include, at a minimum:~~

- ~~1. — Descriptions of positive approaches to behavior management;~~
- ~~2. — Procedures for the documentation of maladaptive behaviors not included in the definition of incidents, if applicable;~~
- ~~3. — Procedures for the development of behavior treatment plans; and~~
- ~~4. — Procedures for the licensee to monitor the effectiveness of behavior treatment plans.~~

~~C. — The licensee shall develop and implement written policies and procedures for residents for:~~

~~1. — The following health related issues:~~

- ~~a. — Detection of signs of injury, illness, and changes in health status;~~
- ~~b. — Detection of infectious diseases and notification to the Division and other appropriate persons;~~
- ~~c. — Response to non-emergency conditions requiring prompt medical attention; and~~
- ~~d. — Procedures to be followed in medical emergencies and in rendering emergency medical care.~~

~~2. — Medications, including nonprescription medications, used by residents which shall include, at a minimum:~~

- ~~a. — The training to administer medications;~~
- ~~b. — The specific, step by step procedures staff are to use in the administration of medications.~~

~~These procedures shall include:~~

- ~~i. — Prevention of contamination;~~
- ~~ii. — Instructions for handling various types of medication, including oral, topical, or rectal;~~
- ~~iii. — Instructions for verifying that the right medication is given to the right person, at the right time, in the proper dosage, and via the proper route; and~~
- ~~iv. — Instructions for documenting the administration of medication on a log or chart.~~
- ~~e. — Procedures for recording and reporting medication errors and reactions for residents;~~
- ~~d. — Procedures for the agency review and corrective action to occur in response to medication errors;~~
- ~~e. — Procedures for having prescriptions filled and maintenance of an adequate supply of medications;~~
- ~~f. — Procedures for the safe disposal of expired or discontinued medications;~~
- ~~g. — Procedures for the storage and inventory of medications;~~
- ~~h. — Provision for self-administration of medications by a client, with the written approval of the ISPP team, if applicable, including criteria for self-administration and requirements for documentation of administration; and~~
- ~~i. — Procedures for authenticating, within 72 hours, a medical practitioner's verbal orders for medication.~~

~~D. — The licensee shall develop and implement policies and procedures which address alleged neglect and abuse of residents. These policies and procedures shall include, at a minimum: 1.~~

~~— Definitions and prohibitions in accordance with A.R.S. § 36-569;~~

- ~~2. — Detection of neglect and abuse, including cases occurring outside the agency;~~
- ~~3. — Immediate intervention to prevent further neglect and abuse;~~
- ~~4. — Reporting in accordance with A.R.S. §§ 13-3620 and 46-454 and R6-6-1601 et seq.;~~
- ~~5. — Investigation of alleged neglect and abuse; and~~
- ~~6. — Community residential setting review and corrective action to occur in response.~~

~~E. — The licensee shall develop and implement policies and procedures which address smoking in the community residential setting and which take into account the rights of all residents living in the setting.~~

~~F. — The licensee shall develop policies and procedures which address the storage and use of alcoholic beverages in the community residential setting and which take into account the rights of all residents living in the setting.~~

~~G. — The licensee shall develop and implement policies and procedures regarding the internal communication among agency personnel of events affecting clients living in the community residential setting.~~

~~H. — The licensee shall develop and implement policies and procedures regarding the communication to responsible persons of significant events affecting clients living in the community residential setting.~~

~~I. — The licensee shall develop and implement policies and procedures which address safeguarding, accounting for, and replacing client property and funds.~~

~~J. — The licensee shall develop and implement policies and procedures which ensure adequate staffing, consistent with rules related to staff training as specified in R6-6-808 and staff to client~~

~~ratios as specified in R6-6-803. The policies and procedures shall address, at a minimum, planned and unexpected absenteeism, emergencies, and community activities.~~

~~K. The licensee shall submit all new or modified policies and procedures required by this Article to the Division for approval.~~

~~L. The licensee shall incorporate into policies and procedures any revisions required by the Division.~~

~~M. The licensee shall develop and implement policies and procedures which address the role of the community residential setting in the ISPP process, consistent with the requirements of this Article.~~

~~N. The licensee shall develop and implement policies and procedures for the maintenance and use of all personally identifiable client information. These policies and procedures shall be consistent with A.R.S. § 36-568.01 and shall address storage, disclosure, retention, and destruction of this information and actions to be taken in the event of violations of these policies and procedures by agency personnel.~~

A. The Qualified Vendor shall develop and implement written policies and procedures in compliance with Division requirements that address Incidents that occur in the operation of the Member's Home.

B. The Qualified Vendor shall develop and implement written policies and procedures on behavior support. The Qualified Vendor shall ensure the policies and procedures regarding behavior support are consistent with the requirements of Article 9 and Division Policies regarding Member's behavior supports.

C. The Qualified Vendor shall develop and implement written policies and procedures for the following aspects of Member care:

1. Health-related issues:

- a. Detecting signs of injury, illness, and changes in health status;
- b. Detecting infectious diseases and providing notice to the Division and other appropriate persons;
- c. Responding to non-Emergency conditions requiring prompt medical attention; and
- d. Responding to Emergency medical conditions and rendering Emergency medical care.

2. Medications, including prescription Medications, PRN Medications, supplements, and treatments as ordered by a Health Professional including:

- a. Medication administration training;
- b. Step-by-step procedures Direct Support Professionals are to use when administering Medications, including:
 - i. Preventing contamination;
 - ii. Administering Medication by different routes;
 - iii. Verifying the right Medication is given to the right Member, at the right time, in the right dosage, by the right route; and
 - iv. Documenting administration of Medication on the Medication Administration Record
- c. Recording and reporting Medication errors;
- d. Recording and reporting a Member's reaction to a Medication;

- e. Assisting in the review of a Medication error and identifying corrective action to prevent additional Medication errors;
- f. Having a prescription order filled and maintaining an adequate supply of Medications;
- g. Disposing of expired or discontinued Medications safely;
- h. Storing and tracking the inventory of Medications;
- i. Supporting a Member to self-administer a Medication, including:
 - i. Written approval of the Member's Planning Team, if applicable;
 - ii. Criteria for self-administration; and
 - iii. Requirements to document the Member's self-administration of a Medication; and
- j. Authenticating, within 72 hours, a verbal Medication order from a Health Professional.

D. The Qualified Vendor shall develop and implement written policies and procedures that address Abuse, Neglect, and Exploitation of Members, including:

1. Meeting the minimum requirements outlined in the QVA and Division policy;
2. Definitions and prohibitions in accordance with [A.R.S. § 36-569](#);
3. Detecting Abuse, Neglect, and Exploitation, including alleged instances that occur in the community and the Member's Home;
4. Intervening immediately to prevent further Abuse, Neglect, and Exploitation;
5. Reporting as required under [A.R.S. §§ 13-3620](#) and [46-454](#) and Article 16 of this Chapter;

6. Investigating alleged Abuse, Neglect, or Exploitation or cooperating in an investigation of alleged Abuse, Neglect, or Exploitation conducted by the Department or a law enforcement agency; and
 7. Assisting to review instances of Abuse, Neglect, or Exploitation and develop corrective action to mitigate the instances and prevent future instances.
- E.** The Qualified Vendor shall develop and implement written policies and procedures that address smoking in the Member's Home. The Qualified Vendor shall ensure the policies and procedures take into account the rights of all Members residing in the Member's Home.
- F.** The Qualified Vendor shall develop and implement written policies and procedures that address storage and use of alcoholic beverages in the Member's Home. The Qualified Vendor shall ensure the policies and procedures take into account the rights of all Members residing in the Member's Home.
- G.** The Qualified Vendor shall develop and implement written policies and procedures regarding written and verbal communication among employees of the Qualified Vendor about events affecting Members residing in the Member's Home.
- H.** The Qualified Vendor shall develop and implement written policies and procedures regarding communication with the Member's Responsible Person about significant events affecting the Member residing in the Member's Home.
- I.** The Qualified Vendor shall develop and implement written policies and procedures that address safeguarding, accounting for, maintaining a continuous and up to date inventory of property and accounting of funds, and replacing Member property and funds, if damaged or lost due to actions of the Qualified Vendor.

- J.** The Qualified Vendor shall develop and implement written policies and procedures that ensure adequate numbers of Direct Support Professionals are always available to meet the needs of the Members and in accordance with the Member's Planning Document. The Qualified Vendor shall ensure the policies and procedures address planned and unexpected staff absenteeism, emergencies, and community activities requiring additional Direct Support Professionals.
- K.** The Qualified Vendor shall develop and implement written policies and procedures regarding use of an Electronic Monitoring Device if installed at the Member's Home consistent with Article 14 of this Chapter.
- L.** The Qualified Vendor shall develop and implement written policies and procedures that address the role of Direct Support Professionals at the Member's Home in providing input for developing a Member's Planning Document.
- M.** The Qualified Vendor shall develop and implement written policies and procedures for maintaining and using a Member's personally identifiable information. The Qualified Vendor shall ensure the policies and procedures:
1. Are consistent with [A.R.S. § 36-568.01](#) and [45 CFR Part 160](#) and [164](#);
 2. Address storing, disclosing, and destroying the personally identifiable Member information;
 3. Specify actions to be taken if an employee of the Qualified Vendor violates these policies and procedures; and
 4. Address notification of a breach to the Division in accordance with HIPAA and Division requirements.
- N.** In accordance with the Qualified Vendor Agreement, the Qualified Vendor shall:

1. Incorporate into policies and procedures any revisions required by the Division;
2. Review the policies and procedures annually and make updates, as needed revisions; and
3. Train Direct Support Professionals on policies and procedures and any revisions made to policies and procedures.

R6-6-810. Consent for Release of Personally Identifiable Information

~~A. When consent for the release of personally identifiable information is required pursuant to A.R.S. § 36-568.01 for a client residing in a community residential setting, the licensee shall obtain consent from the responsible person. The consent shall:~~

- ~~1. Be signed and dated;~~
- ~~2. Specify the purposes for the release.~~

~~B. Notwithstanding the provisions of R6-6-105(B) and (C), the consent for a person residing in a community residential setting is valid for a period of one year from date of signature or up to the date specified in the consent, whichever is less.~~

Qualified Vendors shall ensure that the release of personally identifiable information for Members complies with 45 CFR 160 and 164, A.R.S. § 36-568.01, and all other applicable federal and state laws and regulations.

R6-6-811. Exemption Repeal

~~A licensee may submit to the Division a written request for an exemption of a rule contained in this Article. The request shall demonstrate that the intent of the rule will be met by alternate means and that the exemption will not endanger the lives or health of clients or staff.~~