

Title 6. Economic Security, Chapter 6. Department of Economic Security - Developmental Disabilities

Article 15. Standards for Certification of Home and Community-Based Service (HCBS) Providers

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Article 15. Standards for Certification of Home and Community Based Service (HCBS) Providers

R6-6-1501. Definitions and Location of Definitions

A. Location of definitions. The following definitions applicable to Article 15 are found in the following Section or Citation:

Definition	Section or Citation
“Abuse”	R6-6-1501(B)
“Administrative Completeness Review”	R6-6-1501(B)
“Administrative Completeness Review Time Frame”	Arizona Revised Statute (A.R.S.) § 41-1072
“Administrative Review”	R6-6-101
“Adult Household Member”	A.R.S. § 36-551
“AHCCCS”	R6-6-101(B)
“ALTCS”	R6-6-101(B)
“Applicant”	R6-6-1501(B)
“Application”	R6-6-1501(B)
“Attendant Care Service”	R6-6-1501(B)
“Behavior Plan” or “Behavior Treatment Plan”	R6-6-1501(B)
“Behavioral Health Professional”	R6-6-1501(B)
“Business Day”	R6-6-1501(B)
“Certificate Holder”	R6-6-1501(B)
“Chief Executive Officer” or “CEO”	R6-6-1501(B)
“Compliance Audit”	R6-6-1501(B)
“Corrective Action Plan”	R6-6-1501(B)
“Criminal History Self-Disclosure Affidavit”	R6-6-1501(B)
“Department”	A.R.S. § 36-551
“Developmental Disability”	A.R.S. § 36-551
“Direct-care Service”	R6-6-1501(B)
“Direct Support Professional”	R6-6-1501(B)
“Disqualifying Act”	R6-6-1501(B)
“Division”	A.R.S. § 36-551
“Exploitation”	A.R.S. § 46-451
“Fitness”	R6-6-1501(B)

“Group Home”	A.R.S. § 36-551
“Habilitation”	A.R.S. § 36-551
“HCBS Agency”	R6-6-1501(B)
“HCBS Agency Roster”	R6-6-1501(B)
“HCBS Certification”	R6-6-1501(B)
“HCBS Provider”	R6-6-1501(B)
“HCBS Site Certification”	R6-6-1501(B)
“Hearing Officer”	R6-6-1501(B)
“Home and Community-Based Service” or “HCBS”	R6-6-1501(B)
“Home Health Agency”	A.R.S. § 36-151
“Home Health Aide Service”	R6-6-1501(B)
“Home Health Nurse Service”	R6-6-1501(B)
“Immediate Relative”	R6-6-1501(B)
“Incident”	R6-6-1501(B)
“Key Staff”	R6-6-1501(B)
“Level One Fingerprint Clearance Card”	R6-6-1501(B)
“Life Safety Inspection”	R6-6-1501(B)
“Medicare-certified”	R6-6-1501(B)
“Member”	R6-6-1501(B)
“Neglect”	R6-6-1501(B)
“Occupational Therapy”	A.R.S. § 32-3401
“Overall Time Frame”	A.R.S. § 41-1072
“Physical Therapy”	A.R.S. § 32-2001
“Planning Document”	R6-6-1501(B)
“Practical Nurse”	A.R.S. § 32-1601
“Premises”	R6-6-1501(B)
“Protective Services”	R6-6-1501(B)
“Provider Type”	R6-6-1501(B)
“Qualified Vendor Agreement”	R6-6-1501(B)
“Registered Nurse”	A.R.S. § 32-1601
“Respiratory Therapy”	R6-6-1501(B)
“Respite Service”	A.R.S. § 36-551
“Responsible Person”	A.R.S. § 36-551
“Safe Operating Condition”	R6-6-1501(B)
“Service Provider”	A.R.S. § 36-551

“Speech-language Pathologist”	R6-6-1501(B)
“Substantive Review”	R6-6-1501(B)
“Substantive Review Time Frame”	A.R.S. § 41-1072
“Vulnerable Adult”	A.R.S. § 46-451

B. The following definitions apply to Article 15:

1. “Abuse” means:
 - a. For a child, the same as “Abuse” as defined in [A.R.S. § 8-201](#); and
 - b. For an adult, the same as “Abuse” as defined in [A.R.S. § 46-451](#).
2. “Administrative Completeness Review” means the process to determine if an Application contains all components required by this Article for HCBS Certification or HCBS Site Certification.
3. “Applicant” means a person petitioning the Department on behalf of the person or on behalf of an HCBS Agency to become certified or to renew an HCBS Certification for an HCBS Provider. When applying on behalf of an HCBS Agency, the Applicant shall be either the owner or the Chief Executive Officer of the HCBS Agency.
4. “Application” means the documentation and information required by the Department to initiate the HCBS Certification process and to authorize the Department to conduct assessments and investigations to verify an Applicant’s qualifications and compliance with HCBS Certification requirements.
5. “Attendant Care Service” means general supervision of, or providing assistance to, a Member that enables a Member to remain in the Member’s place of residence and participate in community activities by developing or maintaining skills for personal cleanliness, activities of daily living, and keeping safe and sanitary living conditions.
6. “Behavior Plan” or “Behavior Treatment 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, that includes one or more treatment goals and one or more treatment methods.
7. “Behavioral Health Professional” means:
 - a. A person licensed under [A.R.S. Title 32, Chapter 33](#), whose scope of practice allows the person to:
 - i. Independently engage in the practice of behavioral health, as defined in [A.R.S. § 32-3251](#); or

- ii. Engage in the practice of behavioral health, as defined in [A.R.S. § 32-3251](#) under direct supervision, as defined in [R4-6-101](#), excluding a licensed substance abuse technician;
 - b. A psychiatrist, as defined in [A.R.S. § 36-501](#);
 - c. A psychologist, as defined in [A.R.S. § 32-2061](#);
 - d. A physician, as defined in [A.R.S. § 32-1401](#);
 - e. A registered nurse practitioner, as defined in [A.R.S. § 32-1601](#) who is licensed as an adult psychiatric and mental health nurse;
 - f. A behavior analyst, as defined in [A.R.S. § 32-2091](#); or
 - g. A registered nurse as defined in [A.R.S. § 32-1601](#) with:
 - i. A psychiatric-mental health nursing certification; or
 - ii. One year of experience providing behavioral health services.
8. “Business Day” means Monday through Friday, excluding Arizona state holidays as described in [A.R.S. § 1-301](#).
 9. “Certificate Holder” means a person or HCBS Agency that has met the requirements and been granted an HCBS Certification.
 10. “Chief Executive Officer” or “CEO” means the highest-ranking corporate officer, administrator, corporate administrator, executive, or executive officer in charge of total management of a corporation, company, organization or agency.
 11. “Compliance Audit” means an interview with an HCBS Provider that has an HCBS Certification and examination of HCBS Provider records that the Department conducts to assess compliance with HCBS Certification.
 12. “Corrective Action Plan” means a written document outlining the actions necessary to remedy a violation of HCBS Certification requirements within a specific time period.
 13. “Criminal History Self-Disclosure Affidavit” means an individual’s statement of self-disclosing criminal history made under penalty of perjury on the designated form provided by the Department.
 14. “Direct-care Service” means a service provided by a Direct Support Professional to assist a Member to live as independently as possible at home or in the community.
 15. “Direct Support Professional” means a person who delivers direct support in an HCBS setting and meets all training, certification, and licensing requirements for the HCBS provided. This includes direct-care workers when the HCBS involve assistance with activities of daily living.
 16. “Disqualifying Act” means a type of substantiated finding of Abuse or Neglect identified by the Department of Child Safety, under [A.R.S. § 8-804\(M\)](#), that prohibits a person from working

with children or Vulnerable Adults unless the person obtains a central registry exception from the Board of Fingerprinting under [A.R.S. § 41-619.57](#).

17. "Fitness" means an Applicant's ability to:
 - a. Meet the physical, emotional, social, psychological, educational, and medical needs of a Member; and
 - b. Follow the licensing requirements.
18. "HCBS Agency" means an entity that has the legal authority to conduct business in the state of Arizona and intends to provide an HCBS to a person with an intellectual or Developmental Disability as defined at [A.R.S. § 36-551](#).
19. "HCBS Agency Roster" means a listing of all Direct Support Professionals, supervisors of Direct Support Professionals, and CEOs, directors, and authorized signatories of an HCBS Agency.
20. "HCBS Certification" means the process by which the Department ensures that an Applicant meets the standards in this Chapter to provide an HCBS to a Member and that results in the issuance of an HCBS Certificate to the Applicant.
21. "HCBS Provider" means a Service Provider, including an HCBS Agency that delivers an HCBS to a Member.
22. "HCBS Site Certification" means the process by which the Department ensures an Applicant or HCBS Provider meets the requirements in this Article to provide an HCBS at a specific location leased or owned by the Applicant or HCBS Provider.
23. "Hearing Officer" means any person selected to hear and render a decision in an appeal under Article 22 of this Chapter.
24. "Home and Community-Based Service" or "HCBS" means a service provided under [A.R.S. § 36-2939\(B\)\(2\)](#).
25. "Home Health Aide Service" means a medically necessary, intermittent care and assistance delivered in a Member's home to maintain or improve the Member's health, support daily living needs, and implement a plan of care authorized by the Department's health care services. Service is provided under the supervision of a licensed Registered Nurse by a qualified aide employed by a licensed Home Health Agency.
26. "Home Health Nurse Service" means a skilled nursing care delivered in a Member's Home pursuant to a plan of care authorized by the Member's primary care provider. Services are provided by a nurse licensed under [42 Code of Federal Regulations \(CFR\) 484.80](#), [A.R.S. § 36-2939](#), [A.R.S. §32-1601](#) et seq, [A.R.S. § Title 32, Chapter 15](#), [42 CFR 440.70](#), and [AMPM 1240-A](#) and may include any nursing function within the provider's legal scope of practice that is necessary to meet the Member's assessed needs.

27. "Immediate Relative" means a natural parent, stepparent, adoptive parent, natural child, natural sibling, adoptive child, adoptive sibling, stepchild, stepsibling, spouse, parent-in-law, child-in-law, sibling-in-law, grandparent, grandchild, spouse of a grandparent or grandchild, or natural or adoptive parent's sibling.
28. "Incident" means an occurrence that may potentially affect the health and well-being of a Member or pose a risk to the community.
29. "Key Staff" means an owner, director, administrator, CEO, or supervisor of a Direct Support Professional of an HCBS Agency.
30. "Level One Fingerprint Clearance Card" means the card issued by the Arizona Department of Public Safety described under [A.R.S. § 41-1758.07](#).
31. "Life Safety Inspection" means the Department's examination of a Premises to verify compliance with standards intended to safeguard a Member from fire and other hazardous conditions.
32. "Medicare-certified" means Medicare certification received from the Centers for Medicare and Medicaid Services.
33. "Member" means the same as client, as defined in [A.R.S. § 36-551](#).
34. "Neglect" means:
 - a. For a child, the same as "Neglect" as defined in [A.R.S. § 8-201](#); and
 - b. For an adult, the same as "Neglect" as defined in [A.R.S. § 46-451](#).
35. "Planning Document" means a written plan developed through an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important to the Member in meeting the identified needs and preferences for the delivery of such services and supports.
36. "Premises" means the home, property, and any other structures surrounding the home that are owned, leased, or controlled by an Applicant or Certificate Holder.
37. "Protective Services" means the Department's Adult Protective Services, the Arizona Department of Child Safety, and similar agencies in other states.
38. "Provider Type" means the descriptive category of services assigned by AHCCCS to a Service Provider during the registration process for a person or agency providing services to ALTCS Members.
39. "Qualified Vendor Agreement" means the valid, executed contract between a Qualified Vendor and the Department which includes the service requirements, scope of work, the terms and conditions, the service specifications, the schedules, the exhibits, the attachments, and any Request for Qualified Vendor Agreement attachments.

40. “Respiratory Therapy” means treatment services to restore, maintain, or improve respiratory function and improve the functional capabilities and physical well-being of a Member and are provided by, or under the supervision of, a respiratory therapist licensed according to [A.R.S. Title 32, Chapter 35](#).
41. “Safe Operating Condition” means a vehicle that:
- a. Is available and ready for use at the site;
 - b. Is equipped with working heating and air conditioning;
 - c. Is clean, safe, and in working order;
 - d. Has a current license plate, registration, and insurance;
 - e. Has a first aid kit that does not include medication;
 - f. Has operational seatbelts, including those for wheelchairs;
 - g. Has operational tie downs for all wheelchairs;
 - h. Has an operational lift, if applicable; and
 - i. Has copies of vehicle maintenance records and inspections for the last two years.
42. “Speech-language Pathologist” means a person who is licensed according to [A.R.S. § 36-1940.04](#) to engage in the practice of speech-language pathology as defined in [A.R.S. § 36-1901](#).
43. “Substantive Review” means the process to determine if an Application or Applicant meets all substantive criteria required by this Article for an HCBS Certification or HCBS Site Certification.

R6-6-1502. Applicability

This Article applies to a person or agency that provides or wishes to provide an HCBS to a Member.

R6-6-1503. HCBS Certification Prohibitions

- A. An HCBS Provider shall not provide an HCBS to a Member unless the Department has certified the HCBS Provider under the provisions of this Article.
- B. An HCBS shall not be provided to a Member at an HCBS site unless the Department has issued an HCBS Site Certification under the provisions of this Article.
- C. The Department shall not discriminate against any HCBS Provider as provided in federal and state nondiscrimination laws and regulations in relation to applying for or maintaining an HCBS Certification.

R6-6-1504. HCBS Certification – Agency

- A. Initial Certification.

1. An Applicant applying on behalf of an HCBS Agency for an initial HCBS Certification shall:
 - a. Be at least 18 years old;
 - b. Reside in Arizona and be lawfully present in the United States; and
 - c. Declare that the Applicant:
 - i. Has not committed a crime specified in [A.R.S. § 41-1758.07](#) as a precluding crime for the issuance of a Level One Fingerprint Clearance Card; and
 - ii. Is not a registered sex offender.
2. An Applicant shall complete an Application for an initial HCBS Certification on Department-provided forms. The Application shall include:
 - a. The HCBS Agency's name;
 - b. The HCBS Agency owner's or CEO's date of birth;
 - c. The HCBS Agency owner's or CEO's Social Security Number;
 - d. The HCBS Agency's mailing address;
 - e. Each location where the HCBS Agency intends to provide HCBS;
 - f. The phone number for each location at which HCBS will be rendered;
 - g. An email address that can be used for official notifications from the Department to the HCBS Agency;
 - h. Any alias of the HCBS Agency owner or CEO, including birth names and any other change to the HCBS owner's or CEO's name, including a change due to marriage;
 - i. Any other business address for the HCBS Agency; and
 - j. The specific HCBS that the HCBS Agency intends to provide.
3. The Applicant shall provide the following documentation:
 - a. A signed "Criminal History Self-Disclosure Affidavit" on a Department-provided form;
 - b. Evidence of a current and valid Level One Fingerprint Clearance Card;
 - c. Documentation demonstrating Arizona residency as required by this Article;
 - d. Documentation demonstrating lawful presence in the United States, as described under [A.R.S. § 1-502](#);
 - e. A written disclosure of the Applicant's history of certification and licensure;
 - f. A written disclosure of the Agency's history of certification and licensure, including current or past licensure or certification issued by any agency of the state of Arizona to provide a Direct-care Service;
 - g. Documentation of training required by this Article if the Applicant intends to provide Direct-care Services;
 - h. A disclosure of court proceedings in which the Applicant has been a party, including criminal proceedings and lawsuits

- i. An HCBS Agency Roster; and
 - j. Proof of authorization of the HCBS Agency to conduct business in the state of Arizona, if requested by the Department.
- 4. An Applicant shall submit to checks through the Protective Services registries maintained by the Department's Adult Protective Services and the Department of Child Safety.
- 5. An Applicant or Direct Support Professional listed on a Protective Services registry with the Department's Adult Protective Services shall not provide HCBS to a Member.
- B. HCBS Certification Renewal.
 - 1. A Certificate Holder applying to renew an HCBS Certification for an HCBS Agency shall:
 - a. Complete and submit a renewal Application on a Department-approved form at least 10 days before the expiration of the current HCBS Certification; and
 - b. Provide updated information to the Department consistent with the requirements for an initial HCBS Certification under subsection (A).
 - 2. The Department shall close an HCBS Certification if it does not receive a renewal HCBS Application by the HCBS Certification's expiration date.
- C. A Certificate Holder shall request in writing that the Department amend an active HCBS Certification at least 30 days before a change in circumstance for the Certificate Holder, including:
 - 1. The HCBS Agency's name;
 - 2. The HCBS Agency's address;
 - 3. The HCBS Agency's email address;
 - 4. Adding or removing an HCBS service site; or
 - 5. Adding or removing an HCBS.
- D. An HCBS Agency that has a change of owner or CEO, shall provide:
 - 1. A signed affidavit regarding the Certificate Holder's criminal history on a Department-provided form;
 - 2. Evidence of a current, valid Level One Fingerprint Clearance Card; and
 - 3. All documentation required under this Article if the Certificate Holder intends to provide HCBS;
- E. A Certificate Holder may use the renewal criteria detailed in subsection (B) to reinstate an HCBS Certification that has been expired or closed for less than 90 days. An HCBS Certification expired or closed for more than 90 days from the expiration or closure shall follow the initial Application process under subsection (A).
- F. During the term of the HCBS Certification, the Certificate Holder shall maintain all requirements, licenses, and other qualifications relied upon to obtain the HCBS Certification, including completions of training requirements under R6-6-1519, the Qualified Vendor Agreement, and [A.R.S. § 35-214](#), if applicable.

- G. During the term of the HCBS Certification, each HCBS Agency shall maintain a current HCBS Agency Roster on file. Each HCBS Agency shall:
1. Add new Direct Support Professionals, agency owners, or CEOs to the HCBS Agency Roster and shall demonstrate the employee's full compliance with the requirements of this Article before providing HCBS;
 2. Update or change staff information on the HCBS Agency Roster at a frequency outlined in Division policy; and
 3. Perform background checks and ensure training for each person on the HCBS Agency Roster.

R6-6-1505. HCBS Site Certification

- A. Initial HCBS Site Certification. An Applicant applying for an initial HCBS Site Certification shall:
1. Hold an active HCBS Certification for the HCBS Agency that is applying to certify the site; and
 2. Submit the following to the Department:
 - a. A license from the Arizona Department of Health Services as required under A.R.S. §§ [36-132\(A\)\(21\)](#) and [36-591](#) for the service site for which the HCBS Agency is applying; or
 - b. A compliant Life Safety Inspection; and
 - c. A completed Application in the form and manner prescribed by the Department.
- B. HCBS Site Certification Renewal. An Applicant applying for a renewal of an HCBS Site Certification shall:
1. Be a certified HCBS Agency; and
 2. Submit to the Department:
 - a. A renewal Application in the form and manner prescribed by the Department; and
 - b. A current license issued by the Arizona Department of Health Services for the service site, as required under A.R.S. §§ [36-132\(A\)\(21\)](#) and [36-591](#); or
 - c. A compliant Life Safety Inspection.
- C. A Certificate Holder may use the renewal criteria detailed in subsection (B) to reinstate an HCBS Certification that has been expired or closed for less than 90 calendar days. An HCBS Certification expired or closed for more than 90 calendar days from the expiration or closure shall follow the initial Application process under R6-6-1504(A).
- D. During the term of the HCBS Certification, the Certificate Holder shall maintain all requirements relied upon to obtain the HCBS Certification, including completion of training requirements as required under R6-6-1519.

R6-6-1506. Administrative Completeness and Substantive Review Process

- A. Within 30 days of receiving an Application, the Department shall conduct an Administrative Completeness Review and a Substantive Review to determine if all required documentation has been submitted and to evaluate the Applicant's Fitness for certification.
 - 1. If the Application is incomplete or additional information is required, the Department shall issue a request for information to the Applicant that includes a comprehensive list of items and information necessary to complete and determine Fitness of the Application.
 - a. The Applicant shall submit the missing items and information to the Department within 30 days from the Department's request.
 - b. If the Applicant does not submit the requested items and information within 30 days of receiving the request for information, the Department shall close the file.
 - 2. The Department shall make the decision to issue an HCBS Certification, as described under R6-6-1507, or deny the HCBS Certification as described under R6-6-1516.
- B. Within an Overall Time Frame of 60 days from receipt of an Application, the Department shall:
 - 1. Complete an Administrative Completeness Review and Substantive Review of whether the Applicant meets the criteria for certification; and
 - 2. Notify the Applicant of the Department's decision to grant or deny an HCBS Certification.
- C. The Department's decision to deny an HCBS Certificate shall be effective the date the Department made the decision.
- D. The same time frames used for initial certification also apply to renewing and amending an HCBS Certificate or HCBS Site Certificate.

R6-6-1507. Issuing an HCBS Certification or an HCBS Site Certification

- A. The Department shall issue an HCBS Certification or an HCBS Site Certification to the Certificate Holder when the Department determines that the Certificate Holder:
 - 1. Meets all applicable certification requirements specified in this Article for the type of HCBS Certification or HCBS Site Certification applied for;
 - 2. Demonstrates the ability, knowledge, experience, and Fitness as described under R6-6-1506(A), if applicable; and
 - 3. Demonstrates a past history of providing the HCBS.
- B. The HCBS Certificate issued by the Department shall include:
 - 1. The Agency's name;
 - 2. The Certificate Holder's name;
 - 3. The approved HCBS;
 - 4. The expiration date; and

5. Any other requirements as outlined in Division policy.

R6-6-1508. Duration and Expiration of a Certification or an HCBS Site Certification

- A. An HCBS Certification or HCBS Site Certification shall be valid for one year from the date of issuance or a lesser period if specified on the HCBS Certificate.
- B. The Department shall allow an HCBS Certification and HCBS Site Certification to expire when a renewal Application is not submitted before the HCBS Certification end date.

R6-6-1509. Setting Requirements for HCBS Service Sites Other than Group Homes

- A. An Applicant shall cooperate with an initial Life Safety Inspection, and the Certificate Holder shall cooperate with a Life Safety Inspection annually thereafter, by ensuring the residence or facility that the Applicant or Certificate Holder owns, rents, or leases, and the location where the HCBS are to be provided, if other than the Member's home, are fully accessible to the Department's inspector.
- B. The Department's inspector shall conduct the Life Safety Inspection pursuant to the requirements of this Chapter.
- C. The Applicant or Certificate Holder shall ensure that the HCBS service site remains in compliance with the requirements for HCBS Certification and the requirements for HCBS service sites at all times.

R6-6-1510. Fingerprinting Requirements

- A. The following persons shall apply for and maintain a valid Level One Fingerprint Clearance Card at the time of initial Application for HCBS Certification or at the time of initial employment with an HCBS Agency, and shall maintain the Level One Fingerprint Clearance Card for the duration of the HCBS Certification or employment with the HCBS Agency:
 1. An Applicant;
 2. Direct-care Staff;
 3. A Supervisor of Direct-care staff; and
 4. An Adult Household Member in the Applicant's or Certificate Holder's home, when HCBS is to be delivered in the Applicant's or Certificate Holder's home.
- B. The requirements of subsection (A) do not apply to an Immediate Relative of a Member and an Adult Household Member when the Immediate Relative resides in the same home as the Member and is providing Attendant Care Service only.

- C. A person applying for a Level One Fingerprint Clearance Card shall indicate in the application that the Applicant intends to provide HCBS to a Member.
- D. While an application for a Level One Fingerprint Clearance Card is pending, a person listed in subsection (A) shall maintain evidence of the application, as well as any written communication associated with the attempt to obtain a Level One Fingerprint Clearance Card.
- E. Direct Support Professional.
 - 1. A Direct Support Professional may provide HCBS directly to a Member for up to 90 days after applying for a Level One Fingerprint Clearance Card while awaiting issuance, denial, or revocation.
 - 2. A Direct Support Professional shall not have direct contact with any Member if a Level One Fingerprint Clearance Card is not issued within the time frame specified in subsection (E)(1) until a valid Level One Fingerprint Clearance Card is issued to the Direct Support Professional.
- F. An HCBS Provider shall notify, in writing, a Member or Responsible Person and the Department when a Direct Support Professional provides HCBS pending issuance of a Level One Fingerprint Clearance Card as outlined in Division policy. The notification shall include:
 - 1. The date of the Level One Fingerprint Clearance Card application; and
 - 2. Notice that the Direct Support Professional has not received fingerprint clearance because the Direct Support Professional's Level One Fingerprint Clearance Card application is pending.
- G. Each Certificate Holder and Direct Support Professional shall apply for renewal of a Level One Fingerprint Clearance Card no later than 60 days before expiration of the current Level One Fingerprint Clearance Card.
- H. Upon notification of the denial, expiration, revocation, or suspension of a Level One Fingerprint Clearance Card for a person listed in subsection (A), the HCBS Provider shall immediately prohibit the individual from providing HCBS directly to or having any contact with any Member.
- I. A person listed in subsection (A) with a driving restriction on the person's Level One Fingerprint Clearance Card shall not drive any vehicle to transport a Member.

R6-6-1511. Transportation Responsibilities

- A. When a Member is transported during the provision of Direct-care Services, the HCBS Provider or Direct Support Professional shall ensure that:
 - 1. The vehicle, at a minimum is:
 - a. Maintained in safe operating condition;
 - b. Registered in the state of Arizona;
 - c. Covered with liability insurance; and

- d. Equipped with passenger safety restraints and that are used under applicable state laws.
- 2. Each Member uses a seat belt or, as applicable:
 - a. The Member is transported in compliance with the Member's Planning Document;
 - b. A Member transported in a wheelchair is properly secured with a floor-mounted seat belt, vehicle-mounted shoulder harness, and the wheelchair is properly immobilized using lock-down devices; or
 - c. Each child is properly secured in the vehicle using a restraining system that is appropriate to the height, weight, and physical condition of the child and complies with all child restraint laws.
- 3. A Member is not left unattended in a vehicle; and
- 4. A Member is not transported by a motorcycle, in a truck bed, in the cargo area of a vehicle, or in a trailer attached to a motor vehicle.
- B. An HCBS Provider or Direct Support Professional with a driving restriction on the HCBS Provider's or Direct Support Professional's Level One Fingerprint Card shall not transport a Member.
- C. An HCBS Provider or Direct Support Professional shall follow any driving restriction on the HCBS Provider's or Direct Support Professional's driver's license.

R6-6-1512. Reporting Obligations of HCBS Providers

- A. An HCBS Provider shall comply with all mandatory reporting laws for reporting an Incident related to a Member.
- B. An HCBS Provider shall report any Incident using the process described in Division policy, as published on the Department's website.

R6-6-1513. Records

- A. Each HCBS Provider shall maintain, within the state of Arizona, all records demonstrating compliance with this Article.
- B. Each record shall include documentation or verification of the identity of the person making the record. All entries shall be:
 - 1. Factual and correct;
 - 2. Legible;
 - 3. Unerasable or unalterable; and
 - 4. Dated.
- C. Each trainer or person designated to confirm training shall sign and date the training documentation and include the date the training occurred.

- D. Each HCBS Provider shall document any restrictions listed in the HCBS Provider's Level One Fingerprint Clearance Card and driver's license records.
- E. If records are kept in more than one location, the HCBS Provider shall maintain a list specifying the location of the records.
- F. Records required under this Article shall be retained according to [A.R.S. § 12-2297](#).
- G. Records required under this Article shall be subject to inspection and audit by the Department upon request. The Certificate Holder shall produce a legible copy of all requested records.

R6-6-1514. Member Rights

The HCBS Provider shall comply with Members' rights under [A.R.S. § 36-551.01](#) and this Chapter.

R6-6-1515. Compliance Audit of an HCBS Provider

- A. The Department shall schedule and conduct a Compliance Audit of each HCBS Provider's records at least once every two years. Except as provided in subsection (B), the Department shall provide the HCBS Provider with at least two Business Days advance notice of the Compliance Audit.
- B. The Department may conduct an unannounced Compliance Audit at the Department's discretion, in addition to the scheduled Compliance Audit under subsection (A).
- C. A Certificate Holder shall cooperate with a Compliance Audit conducted by the Department and:
 - 1. Make available all records and documentation required by this Article;
 - 2. Allow the Department to conduct private interviews with employees and subcontractors; and
 - 3. Participate in Compliance Audit entrance and exit conferences with the Department.

R6-6-1516. Denial, Suspension, Revocation, or Withdrawal of an HCBS Certification

- A. The Department may deny, suspend, or revoke an HCBS Certification if an Applicant or HCBS Provider:
 - 1. Refuses to provide records and documentation or materially misrepresents records and documentation-required by this Article;
 - 2. Fails to meet or maintain the requirements of this Article and applicable federal and state laws and statutes;
 - 3. Violates applicable provisions of this Chapter or other Life Safety Inspection laws and rules;
 - 4. Is placed on a Protective Services registry for Abuse, Neglect, or exploitation of a Vulnerable Adult;

5. Has been excluded (debarred, suspended, or otherwise lawfully prohibited) from participation in federally-funded health care programs;
 6. Has had a prior license or certification denied, suspended, or revoked; or
 7. Violates a signed statement indicating acknowledgement of obligations under this Article.
- B. The Department shall deny, revoke, or suspend all HCBS Site Certifications concurrent with a denial, revocation, or suspension of an HCBS Certificate.
- C. An HCBS Provider may continue to provide HCBS to a Member pending completion of an Administrative Review if the reason for denial, suspension, or revocation of an HCBS Certification does not involve a threat to the health, welfare, or safety of a Member.
- D. If the reason for denial, suspension, or revocation of an HCBS Certification involves a threat to the health, welfare, or safety of a Member, the HCBS Provider shall immediately cease providing an HCBS to a Member.
- E. If HCBS Certification is denied, suspended, or revoked, the Department shall issue written notice to the Applicant or Certificate Holder that includes:
1. The reason for the denial, suspension, or revocation with citation to supporting federal or state laws, statutes or rules;
 2. The right to request an Administrative Review of the denial, suspension, or revocation described in Article 18 of this Chapter; and
 3. The time frame for requesting an Administrative Review of the denial, suspension, or revocation.
- F. An HCBS Provider shall request to voluntarily withdraw the HCBS Provider's Certification as outlined in Division policy when the HCBS Provider is no longer providing HCBS.
- G. An HCBS Provider shall request to voluntarily withdraw the HCBS Provider's Certification as outlined in Division policy when:
1. The HCBS Provider voluntarily withdraws the HCBS Provider's Certification as outlined in subsection (E) above; or
 2. When the HCBS Service Site no longer has an HCBS provided at the location.

R6-6-1517. Corrective Action Plan

- A. The Department may require an HCBS Provider to implement a Corrective Action Plan to correct a non-compliance issue instead of revoking or suspending an HCBS Certification if:
1. Allowing the HCBS Provider to continue providing an HCBS is in the best interest of the Member; and
 2. The Member's health, safety, or welfare is not jeopardized.

- B. The Department shall notify the HCBS Provider in writing of each non-compliance issue and the deadlines for all corrective actions.
- C. The HCBS Provider shall develop and submit a Corrective Action Plan to the Department for approval.
- D. If the HCBS Provider does not provide written documentation to the Department verifying completion of each corrective action by the deadline in the notice of non-compliance, the Department may revoke or suspend the HCBS Certification.
- E. The Department's decision to require an HCBS Provider to implement a Corrective Action Plan under this Section is not subject to Administrative Review.

R6-6-1518. Right to an Administrative Review and Appeal Hearing

- A. An Applicant or HCBS Provider may request an Administrative Review under Article 18 of this Chapter when the Department denies, suspends, or revokes an HCBS Certification or HCBS Site Certification.
- B. The Department shall provide written notice to the Applicant or HCBS Provider of the right to an Administrative Review when taking an action subject to Administrative Review.
- C. An appeal of a decision rendered in an Administrative Review shall be conducted pursuant to Article 22 of this Chapter.
- D. An appeal of the decision of a Hearing Officer shall be conducted in accordance with [A.R.S. § 41-1992](#).
- E. When an Applicant or HCBS Provider timely appeals the suspension or revocation of HCBS Certification or HCBS Site Certification under Article 22 of this Chapter, the action shall not become effective until the final administrative or judicial decision is rendered, except for a suspension of an HCBS Certification made under [A.R.S. § 41-1064\(C\)](#).
- F. If the Department denies, suspends, or revokes an HCBS Certification or HCBS Site Certification due to an Applicant's or HCBS Provider's failure to obtain or retain a Level One Fingerprint Clearance Card, the denial, suspension, or revocation of the HCBS Certification or HCBS Site Certification is not appealable.

R6-6-1519. Basic Qualifications, Training, and Responsibilities for a Direct Support Professional

- A. Before providing an HCBS, a Direct Support Professional shall:
 - 1. Provide a signed Criminal History Self-Disclosure Affidavit on a Department-provided form;
 - 2. Provide evidence of a current, valid Level One Fingerprint Clearance Card unless exempted under [A.R.S. § 36-594.01\(D\)](#);

3. Provide an employment application or resume;
 4. Provide three references from persons who are not Immediate Relatives of the Direct Support Professional and who have personal knowledge about the Direct Support Professional's employment history, education, or character;
 5. Sign a verification indicating review of the Member's Planning Document and orientation to the Member's needs;
 6. Complete Cardio-Pulmonary Resuscitation (CPR) training taught by an instructor certified by a nationally recognized entity that requires in-person demonstration skills as outlined in Division policy.
 7. Complete first aid training taught by a certified instructor of a nationally recognized entity as outlined in Division policy, unless the Direct Support Professional provides documentation that the Direct Support Professional is exempt under [A.R.S. § 36-594.01\(D\)](#) as a licensed health professional.
 8. Complete training on Article 9 of this Chapter.
 9. Complete training required to implement and maintain a Behavior Plan in compliance with Article 9 of this Chapter.
 10. Complete training regarding:
 - a. The location and content of relevant Department policies;
 - b. Persons with intellectual and Developmental Disabilities; and
 - c. Confidentiality;
 11. Sign a form acknowledging review of Member rights in compliance with [A.R.S. § 36-551.01](#), this Chapter, and in Division policy.
 12. Complete training in the transportation responsibilities, as described under R6-6-1511.
- B. The Department shall conduct ongoing checks of the Protective Services registries for each Direct Support Professional.
1. A Direct Support Professional listed on the Department of Child Safety's central registry for a Disqualifying Act shall not provide an HCBS to a Member unless granted a Department of Child Safety central registry exception as described under [A.R.S. § 8-804](#).
 2. A Direct Support Professional listed on a Protective Services registry with the Department's Adult Protective Services shall not provide an HCBS to a Member.
- C. Each Direct Support Professional who transports a Member shall maintain a current and valid driver's license as outlined in Division policy.

R6-6-1520. Additional Qualifications for Habilitation Services

- A. In addition to the general requirements in R6-6-1519, each Direct Support Professional who provides Habilitation services shall:
1. Have at least three months of experience implementing and documenting performance in individual programs;
 2. Have three months of experience in providing either Respite Services, Attendant Care Service, or personal care and have received Department-approved training in implementing and documenting performance; or
 3. Perform three months of Habilitation services under the direct supervision of a person who is qualified to under R6-6-1520(1) or (2).
- B. To be certified for Habilitation music, each HCBS Agency must have a board certified music therapist credentialed by the certification board for music therapists included on their roster.
- C. To be certified for Habilitation behavioral-supported Group Home, each HCBS Agency must have a clinical professional included on their roster.

R6-6-1521. Additional Qualifications for Home Health Aide Services

In addition to the general requirements in R6-6-1519, Home Health Aide Services shall be provided through a Medicare-certified Home Health Agency.

R6-6-1522. Additional Qualifications for Home Health Nurse Services

- A. In addition to the general requirements in R6-6-1519, Home Health Nurse Services shall be provided through:
1. A Medicare-certified Home Health Agency; or
 2. A state-licensed Home Health Agency that is not Medicare-certified, only if a Medicare-certified Home Health Agency cannot be contracted within the geographic location to provide Home Health Nurse Services and the services are provided by a Registered Nurse employed by or sub-contracted with the state-licensed Home Health Agency.
- B. A Registered Nurse or a licensed Practical Nurse who is supervised by a Registered Nurse shall provide Home Health Nurse Services. A Registered Nurse or licensed Practical Nurse providing Home Health Nurse Services shall hold a current license under [A.R.S. Title 32, Chapter 15](#).

R6-6-1523. Additional Qualification for Occupational Therapy Services

In addition to the general requirements in R6-6-1519, a person who provides Occupational Therapy services shall be currently licensed as:

1. An Occupational Therapist under [A.R.S. Title 32, Chapter 34](#); or

2. An Occupational Therapy Assistant working under the supervision of a licensed Occupational Therapist under [A.R.S. Title 32, Chapter 34](#).

R6-6-1524. Additional Qualifications for Physical Therapy Services

In addition to the general requirements in R6-6-1519, a person who provides Physical Therapy services shall be currently:

1. Licensed as a Physical Therapist under [A.R.S. Title 32, Chapter 19](#); or
2. Certified to provide Physical Therapy under the supervision of a licensed Physical Therapist under [A.R.S. Title 32, Chapter 19](#).

R6-6-1525. Additional Qualifications for Respiratory Therapy Services

In addition to the general requirements in R6-6-1519, a person who provides Respiratory Therapy services shall be:

1. Currently licensed as a Respiratory Therapist by the state of Arizona, Board of Respiratory Care Examiners under [A.R.S. Title 32, Chapter 35](#); or
2. A student enrolled in a Respiratory Therapy training program and under the direct supervision of a licensed Respiratory Therapist under [A.R.S. Title 32, Chapter 35](#).

R6-6-1526. Additional Qualifications for Respite Services

In addition to the general requirements in R6-6-1519, a person who provides Respite Services shall have at least three months' experience in providing assistance to an individual to meet essential personal physical needs, including showering, bathing, toileting, and eating.

R6-6-1527. Additional Qualifications for Speech-language Pathology Services

In addition to the general requirements in R6-6-1519, a person who provides Speech-language Pathology services shall be currently:

1. Licensed as a Speech-language Pathologist under [A.R.S. Title 36, Chapter 17](#); or
2. Certified to provide Speech-language Pathology services under the supervision of a licensed Speech-language Pathologist under [A.R.S. § 36-1940.04](#).