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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

The following definitions apply in this Article:

1. ~~“AHCCCS provider type” means the descriptive category of service types assigned to a provider by AHCCCS during the registration process for individuals or agencies providing services to ALTCS clients.~~

2. ~~“Applicant” means an agency or individual that has applied to the Division to become certified or to renew a certificate as an HCBS service provider.~~
3. ~~“Certified instructor” means an individual who has a current certificate to provide instruction for CPR, First Aid, or client intervention techniques.~~
4. ~~“Client intervention techniques” means methods which provide an individual with defensive skills for dealing with aggressive behaviors and is designed to reduce the chance of physical injury and property destruction and to prevent reinforcement of those aggressive behaviors.~~
5. ~~“Compliance audit” means an examination of service provider records and interviews which the Division conducts to assess compliance with HCBS certification.~~
6. ~~“Corrective action plan” means a specific activity prescribed by the Division which directs the service provider to remedy violations of HCBS certification requirements within a specific period of time.~~
7. ~~“Direct services” means services provided specifically for the benefit of an individual client.~~
8. ~~“Direct care” means those services provided to a client which result in attention to personal needs and supervision of the client.~~
9. ~~“HCBS” or “Home and Community based Services” means one or more of the following services provided to clients:~~
 - a. ~~Attendant Care,~~
 - b. ~~Day Treatment and Training for Children or Adults,~~
 - c. ~~Habilitation,~~
 - d. ~~Home Health Aide,~~
 - e. ~~Home Health Nurse,~~
 - f. ~~Hospice Care,~~
 - g. ~~Housekeeping Chore/Homemaker,~~
 - h. ~~Non-Emergency Transportation,~~
 - i. ~~Occupational Therapy,~~
 - j. ~~Personal Care,~~
 - k. ~~Physical Therapy,~~
 - l. ~~Respiratory Therapy,~~
 - m. ~~Respite services,~~
 - n. ~~Speech/Hearing Therapy,~~
 - o. ~~Supported Employment,~~
 - p. ~~Other comparable services as approved by the AHCCCS Director.~~
10. ~~“HCBS certificate” means the document the Division issues to a service provider or applicant as evidence the service provider has met the Home and Community based Service standards in this Article.~~

11. ~~“HCBS certification” means the process by which the Division ensures that an applicant or service provider meets the standards in this Article for Home and Community-based Services.~~
12. ~~“Housekeeping” means providing assistance in the performance of activities related to routine household maintenance at a client’s residence but does not include any direct care for the client.~~
13. ~~“Immediate relative” means natural parent, stepparent, adoptive parent, natural child, natural sibling, adoptive child, adoptive sibling, stepchild, stepbrother, stepsister, spouse, father in law, mother in law, son in law, daughter in law, brother in law, or sister in law.~~
14. ~~“Medicare certified” means having received Medicare certification through the Arizona Department of Health Services.~~

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

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

<u>“Division”</u>	A.R.S. § 36-551
<u>“Exploitation”</u>	A.R.S. § 46-451
<u>“Fitness”</u>	R6-6-1501(B)
<u>“Group Home”</u>	A.R.S. § 36-551
<u>“Habilitation”</u>	A.R.S. § 36-551
<u>“HCBS Agency”</u>	R6-6-1501(B)
<u>“HCBS Agency Roster”</u>	R6-6-1501(B)
<u>“HCBS Certification”</u>	R6-6-1501(B)
<u>“HCBS Provider”</u>	R6-6-1501(B)
<u>“HCBS Site Certification”</u>	R6-6-1501(B)
<u>“Hearing Officer”</u>	R6-6-1501(B)
<u>“Home and Community-Based Service” or “HCBS”</u>	R6-6-1501(B)
<u>“Home Health Agency”</u>	A.R.S. § 36-151
<u>“Home Health Aide Service”</u>	R6-6-1501(B)
<u>“Home Health Nurse Service”</u>	R6-6-1501(B)
<u>“Immediate Relative”</u>	R6-6-1501(B)
<u>“Incident”</u>	R6-6-1501(B)
<u>“Key Staff”</u>	R6-6-1501(B)
<u>“Level One Fingerprint Clearance Card”</u>	R6-6-1501(B)
<u>“Life Safety Inspection”</u>	R6-6-1501(B)
<u>“Medicare-certified”</u>	R6-6-1501(B)
<u>“Member”</u>	R6-6-1501(B)
<u>“Neglect”</u>	R6-6-1501(B)
<u>“Occupational Therapy”</u>	A.R.S. § 32-3401
<u>“Overall Time Frame”</u>	A.R.S. § 41-1072
<u>“Physical Therapy”</u>	A.R.S. § 32-2001
<u>“Planning Document”</u>	R6-6-1501(B)
<u>“Practical Nurse”</u>	A.R.S. § 32-1601
<u>“Premises”</u>	R6-6-1501(B)
<u>“Protective Services”</u>	R6-6-1501(B)
<u>“Provider Type”</u>	R6-6-1501(B)
<u>“Qualified Vendor Agreement”</u>	R6-6-1501(B)
<u>“Registered Nurse”</u>	A.R.S. § 32-1601
<u>“Respiratory Therapy”</u>	R6-6-1501(B)
<u>“Respite Service”</u>	A.R.S. § 36-551

<u>“Responsible Person”</u>	A.R.S. § 36-551
<u>“Safe Operating Condition”</u>	R6-6-1501(B)
<u>“Service Provider”</u>	A.R.S. § 36-551
<u>“Speech-language Pathologist”</u>	R6-6-1501(B)
<u>“Substantive Review”</u>	R6-6-1501(B)
<u>“Substantive Review Time Frame”</u>	A.R.S. § 41-1072
<u>“Vulnerable Adult”</u>	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 [A.A.C. 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 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 ~~an individual~~ a person or agency that provides or wishes to provide ~~Home and Community-based Services to clients.~~ an HCBS to a Member.

R6-6-1503. Requirements for an HCBS Certificate Certification Prohibitions

- ~~A. No individual shall provide Home and Community-based Services to clients unless the Division has certified the individual in accordance with this Article and, if providing services through ALTCS, registered the applicant with AHCCCS.~~
- ~~B. The Division shall register the applicant with AHCCCS, if required, as part of HCBS certification.~~
- 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. Application for an Initial HCBS Certificate HCBS Certification – Agency

- ~~A. To become certified to provide a Home and Community-based Service to a client, an applicant shall file an application for an HCBS certificate with the Division and meet the requirements of this Article.~~
- ~~B. The applicant shall complete application for an initial HCBS certificate on a form prescribed by the Division. The form shall contain the following information:~~
 - 1. ~~Name,~~
 - 2. ~~Home and business address,~~
 - 3. ~~Specific services for which application is made,~~
 - 4. ~~Phone number,~~
 - 5. ~~Social security number or tax identification number,~~
 - 6. ~~Self declaration regarding criminal history of offenses listed in R6-6-1514(B),~~
 - 7. ~~Description of work experience, and~~
 - 8. ~~Description of educational background.~~
- ~~C. The applicant shall provide a copy of any other license or certificate required by this Article to provide a specific service.~~

- ~~D. Except as provided by R6-6-1521, the applicant shall provide forms for three letters of reference to individuals who are not the applicant's family members and who have personal knowledge about the applicant's employment history, education, or character. The letters will be on forms provided by the Division. The individual giving the reference shall send the completed reference form to the Division.~~
- ~~E. The Division shall be in receipt of a completed application and three letters of reference before considering certification of the applicant.~~
- ~~F. The applicant shall provide the Division with written documentation signed by the person performing the inspection of the completion of the requirements of R6-6-1505.~~
- ~~G. Within 60 days of receipt of an application, the Division shall notify the applicant of any missing documents or information. The Division shall allow 30 days from the date of notification to the applicant for submission of the remaining documents or information and, if not received at that time, may close the record.~~
- ~~H. The Division shall conduct background checks with Child Protective Services and Adult Protective Services on applicants when information in the application indicates a past history of child or elder abuse. The Division shall utilize the background check information when determining whether to certify an applicant.~~

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.

R6-6-1504.01. Time Frame for Granting or Denying an HCBS Certificate Repealed

For the purpose of A.R.S. § 41-1073, the Division establishes the following HCBS certificate time frames:

1. ~~Administrative completeness review time frame:~~

- a. ~~For an initial certificate, 60 days;~~
- b. ~~For a renewal certificate, 25 days; and~~
- c. ~~For an amended certificate, 25 days.~~

2. ~~Substantive review time frame:~~

- a. ~~For an initial certificate, 60 days;~~
- b. ~~For a renewal certificate, 5 days; and~~
- c. ~~For an amended certificate, 5 days.~~

3. ~~Overall time frame:~~

- a. ~~For an initial certificate, 120 days;~~
- b. ~~For a renewal certificate, 30 days; and~~
- c. ~~For an amended certificate, 30 days.~~

~~R6-6-1504.03. Contents of a Complete Application Package—Initial Certificate Repealed~~

An initial application package is complete when the Division has all of the following information:

1. From the applicant, a completed application form as prescribed in R6-6-1504(B); and
2. From the applicant, the following documents listed on the application form:
 - a. ~~A completed AHCCCS provider participation agreement form as prescribed in R6-6-1503 which contains the following information:~~
 - i. ~~The applicant's name, social security number or tax identification number, and business address;~~
 - ii. ~~Terms of the agreement between the provider and AHCCCS; and~~
 - iii. ~~Signature of the applicant.~~
 - b. ~~A completed declaration of criminal history as prescribed in R6-6-1504(B)(6) on a Division form which contains the following information:~~
 - i. ~~Name of the applicant;~~
 - ii. ~~Social security number;~~
 - iii. ~~Date of birth;~~
 - iv. ~~Applicant address;~~
 - v. ~~A declaration of whether or not the applicant has committed any of the crimes listed in R6-6-1514, and~~
 - vi. ~~Dated signature.~~
 - e. ~~Documentation showing that fingerprints have been taken as prescribed in R6-6-1506;~~
 - d. ~~Documentation showing current CPR training as prescribed in R6-6-1520;~~
 - e. ~~Documentation showing current First Aid training as prescribed in R6-6-1520;~~
 - f. ~~Documentation showing Article 9 review as prescribed in R6-6-1520;~~
 - g. ~~Documentation showing that the applicant has a current driver's license, vehicle registration, and liability insurance as prescribed in R6-6-1520(D);~~
 - h. ~~Copies of any applicable professional license or certification as prescribed in R6-6-1504(C); and~~
 - i. ~~AHCCCS provider registration form as prescribed in R6-6-1503 which contains the following information:~~
 - i. ~~Name, social security number, and Federal Employer Identification (FEI) number of the applicant;~~
 - ii. ~~Physical and mailing address of the applicant;~~
 - iii. ~~Telephone number and telefaesimile number, if applicable for the applicant;~~
 - iv. ~~Categories of service provided;~~
 - v. ~~Changes from the prior year, if necessary;~~
 - vi. ~~AHCCCS provider identification number;~~
 - vii. ~~Districts and counties served;~~
 - viii. ~~Place and date of birth; and~~

ix. ~~Dated signature.~~

3. ~~From sources other than the applicant, the documents listed on the application form as follows:~~
 - a. ~~Three letters of reference as prescribed in R6-6-1504(D), and~~
 - b. ~~Documentation showing that the applicant's home or office has passed:~~
 - i. ~~A fire inspection as prescribed in R6-6-1505, and~~
 - ii. ~~A health and safety inspection as prescribed in R6-6-1505.~~

~~R6-6-1504.04. Contents of a Complete Application Package—Renewal Certificate Repealed~~

~~A renewal application is complete when the Division has all the following information:~~

1. ~~From the applicant, the following items:~~
 - a. ~~AHCCCS provider registration form;~~
 - b. ~~Documentation of current CPR and First Aid training, current driver's license, and applicable professional licenses and certifications, if prior documentation has expired;~~
 - c. ~~A completed declaration of criminal history every three years since the date of initial certification; and~~
 - d. ~~Documentation that fingerprints have been taken at three year intervals.~~
2. ~~From sources other than the applicant, documentation that the applicant's home or office has passed a fire inspection every two years since the date of initial certification.~~

~~R6-6-1504.05. Contents of a Complete Request for an Amended Certificate Repealed~~

~~A request for an amended HCBS certificate is complete when the Division has the following information:~~

1. ~~AHCCCS provider registration form, and~~
2. ~~Documentation to support the requested change.~~

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.

R6-6-1507. — Application for an HCBS Certificate Renewal Repealed

~~A. The Division shall send a notice of renewal to the service provider 60 days prior to the expiration of the HCBS certificate.~~

~~B. Not more than 30 days and not less than 10 days prior to the expiration date of a current HCBS certificate, an applicant shall apply to the Division for renewal on a form provided and prescribed by the Division. The form shall contain the following information:~~

- ~~1. Name;~~
- ~~2. Home and business address;~~
- ~~3. Social security number or tax identification number;~~
- ~~4. AHCCCS registration number;~~
- ~~5. Phone number; and~~
- ~~6. Any services which the applicant wishes to:
 - ~~a. Provide in addition to services currently on the HCBS certificate; or~~
 - ~~b. Delete from services currently on the HCBS certificate.~~~~

~~C. The applicant shall include a copy of current licenses and training as required by this Article.~~

R6-6-1504.2.R6-6-1506. Administrative Completeness and Substantive Review Process

~~A. The Division shall send the applicant a written notice within the administrative completeness review time-frame indicating that the application package is either complete or incomplete.~~

~~B. If the application package is incomplete, the Division shall list the missing information in the notice and ask the applicant to supply the missing information within 30 days from the date of notice. If the applicant fails to do so, the Division may close the file.~~

~~C. An applicant whose file has been closed and who later wishes to become certified may reapply to the Division. The administrative completeness time frame starts over when the Division receives the written request to reapply.~~

~~D. When the application is complete, the Division shall complete a substantive review of the applicant's qualification. The Division shall:~~

- ~~1. Review the application form and all required documents to ensure compliance with this Article,~~
- ~~2. Conduct CPS/APS background checks, and~~

- 3. ~~Verify previous licensure or certification.~~
- ~~E. If an HCBS certificate is denied, the Division shall send a notice to the applicant and include the following information:~~
 - 1. ~~The reason for the denial with citation to supporting statutes or rules,~~
 - 2. ~~The applicant's right to appeal the denial, and~~
 - 3. ~~The time periods for appealing the denial.~~
- ~~F. An applicant shall submit an HCBS certificate application package to DES/DDD, P.O. Box 6123, Site Code 791A, Phoenix, Arizona 85005-6123, Attention: HCBS Certification Unit.~~
- 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.

~~R6-6-1508.~~R6-6-1507. Issuing an HCBS Certification or an HCBS Site Certification

- ~~A. The Division shall issue a new or renewal HCBS certificate to the applicant when it determines that:~~
 - 1. ~~The applicant meets the fingerprinting requirements provided by R6-6-1506;~~
 - 2. ~~Each applicant and the direct care staff of a contracted agency possess any license, have completed any training, and have the professional experience required by this Article; and~~
 - 3. ~~The applicant demonstrates the ability, knowledge, experience, and fitness through personal references and past history to provide these services.~~

- ~~B. The HCBS certificate shall specify the services the applicant is certified to provide.~~
- 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.

R6-6-1509, R6-6-1508. Duration and Expiration of a Certification or an HCBS Site Certification

- ~~A. An initial HCBS certificate is valid for one year from the date of issuance or a lesser period if so specified on the HCBS certificate.~~
- ~~B. A renewal HCBS certificate is valid for one year from the date of issuance or a lesser period if so specified on the HCBS certificate.~~
- 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.

R6-6-1510. — Amending an HCBS Certificate Repealed

- ~~A. A service provider shall request an amendment to the HCBS certificate when any of the following information or circumstances change:~~
 - ~~1. Name, address, or telephone number;~~
 - ~~2. Addition of a service to the Division's service contract;~~
 - ~~3. Deletion of a service to the Division's service contract;~~
 - ~~4. Change in the Tax ID#; or~~
 - ~~5. Change in AHCCCS provider type.~~
- ~~B. The service provider shall file a request for amendment not more than 30 days after the change by sending a written request to the Division.~~
- ~~C. The Division shall mail the service provider written notice of amendment approval or denial within 30 days of receipt of the written request.~~

R6-6-1505.R6-6-1509. Setting Requirements for HCBS Service Providers Sites Other than Group Homes

- ~~A. Except as provided by R6-6-1521, the applicant shall cooperate with an initial health and safety inspection by ensuring the residence or facility which the applicant owns, rents, or leases, and in which the services are to be provided, if other than the client's home is fully accessible to an inspector approved by the Division. The health and safety inspection focuses on such areas as general appearance and cleanliness of the residence or facility, heating and cooling, ventilation, lighting, safety hazards, swimming pools, yard, and the storage of toxic materials and medicines.~~
- ~~B. Except as provided by R6-6-1521, the applicant shall have a fire department or individual approved by the Division perform a fire inspection at the time of initial application and every two years after, on each residence or facility which the applicant owns, rents, or leases, and in which services are to be provided, unless the services are provided in the client's home. The applicant shall maintain the results of the fire inspection on file.~~
- 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.

R6-6-1511. — Maintenance of an HCBS Certificate Repealed

During the term of the HCBS certificate, each service provider shall keep the following requirements current:

- ~~1. Fingerprinting as provided by R6-6-1506;~~
- ~~2. Licensure, training, and professional experience as required in this Article; and~~
- ~~3. Records, as provided by R6-6-1519.~~

R6-6-1506.R6-6-1510. Fingerprinting Requirements

- ~~A. Except as otherwise provided by R6-6-1521, each applicant shall be fingerprinted by:
 - ~~1. Filing a request with the Department on a form prescribed by the Department and paying the applicable fees; or~~
 - ~~2. Filing a request with an agency authorized by state or federal statute to obtain fingerprints, paying the applicable fees, and having the fingerprints forwarded to the Department of Economic Security's Office of Special Investigations, located in Phoenix, Arizona.~~~~

- ~~**B.** Except as otherwise provided by R6-6-1521, the following individuals shall be fingerprinted for a criminal record check at the time of initial application or initial employment, and every three years from the date of clearance, thereafter:~~
- ~~1. All applicants, including individuals and agency administrators;~~
 - ~~2. Direct care staff;~~
 - ~~3. Supervisors of direct care staff; and~~
 - ~~4. All individuals age 18 and above who reside in the home when services are to be delivered in the applicant or service provider's home.~~
- ~~**C.** Each applicant who has been fingerprinted shall maintain a file which includes:~~
- ~~1. A clearance letter from the Department dated within six months of the date the fingerprints were taken;~~
~~or~~
 - ~~2. A copy of a letter sent by the service provider to the Division stating that the clearance letter was not received within the required six months.~~
- 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.

R6-6-1513. — Complaints Repealed

~~A. Any person who has a complaint about an HCBS service provider may register an oral or written complaint with the Division.~~

~~B. If the complainant provides his or her name and address at the time the complaint is registered, the Division shall, within 30 days, send the complaining party notice that the complaint was received and of the action to be taken on the complaint.~~

~~C. The Division shall investigate complaints about the HCBS service provider within 10 calendar days from the receipt of the complaint. The Division shall notify the service provider that an investigation is in progress and provide an opportunity for the service provider to relate any information known regarding the complaint. If the Division has reasonable cause to believe that imminent danger exists, the Division shall conduct the investigation immediately, report to the appropriate authorities, if applicable, and provide notice to the service provider that an investigation is in progress.~~

~~D. The Division shall notify the service provider of the results of an investigation through a summary of the investigative findings conducted pursuant to this rule and any corrective action. The Division may release the summary investigative findings by request to the responsible person or client, unless prohibited by A.R.S. §§ 41-1959 and 36-568.01.~~

~~E. Complaints are not considered a formal grievance. A grievance may be filed with the Division pursuant to R6-6-1801 et seq.~~

R6-6-1517, R6-6-1512. Reporting Obligations of HCBS Service Providers

~~A. If the following types of incidents occur while a client is in the direct care of a service provider, the service provider shall immediately report to the Division:~~

- ~~1. The death of a client;~~
- ~~2. Alleged neglect or abuse of a client;~~
- ~~3. An incident related to a client that involves law enforcement personnel, emergency services, emergency medical care, the media, or emergency medical techniques;~~
- ~~4. Suicide attempts by a client; and~~
- ~~5. Community complaints about a client.~~

~~B. The service provider shall report a missing client to law enforcement officials and the Division as soon as the service provider determines that the client is missing.~~

~~C. The service provider shall cooperate in any investigation by obtaining and providing any available information related to the incident to the Department or a law enforcement agency conducting the investigation.~~

~~D. The report shall include at a minimum:~~

- ~~1. The full name of the client,~~
- ~~2. The name and phone number of the individual making the report, and~~
- ~~3. A summary of the circumstances.~~

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.

~~R6-6-1519;R6-6-1513. Records~~

~~A. Each service provider shall maintain, as required in this Article, the applicable records listed in subsection (B). Each individual service provider shall maintain his or her own records and may do so by making arrangements with the Division to keep current records on file with the Division. Each agency service provider shall maintain these records for all agency employees as required by this Article.~~

~~B. The records shall include the following items:~~

- ~~1. Verification of fingerprints taken as provided by R6-6-1506, a copy of the clearance letter provided by R6-6-1506(C)(1) and the declaration regarding criminal history provided by R6-6-1504(B)(6);~~
- ~~2. Written documentation of a current certificate for CPR and training in First Aid;~~
- ~~3. Current license and any other certificate required by this Article;~~
- ~~4. Written documentation that any training required in this Article has been completed;~~
- ~~5. Proof that each employee is at least 18 years old;~~
- ~~6. Reference letters for each direct care staff and supervisor of direct care staff of an agency;~~
- ~~7. Written documentation that each service provider or direct care staff has the experience required in this Article; and~~
- ~~8. Copies of all other documents required by this Article.~~

~~C. Each individual making a written entry into personnel or client records shall initial the entry. All entries shall be:~~

- ~~1. Legible,~~
- ~~2. Typed or written in ink,~~
- ~~3. Dated, and~~
- ~~4. Factual and correct.~~

~~D. All training documentation shall be signed and dated by the trainer or individual designated to confirm training documentation.~~

- ~~E. If required records are kept in more than one location, the service provider shall maintain a list indicating the location of the 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.

~~R6-6-1518.~~R6-6-1514. Rights of Clients Member Rights

~~All service providers shall observe the rights of clients listed in A.R.S. § 36-551.01 and A.A.C. R6-6-102.~~

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

~~R6-6-1512.~~R6-6-1515. Compliance Audit of an HCBS Service Providers Provider

- ~~A. The Division shall conduct a compliance audit of each HCBS service provider's records at least every two years. The Division shall schedule with the service provider the record audit at least two business days in advance.~~
- ~~B. The Division may conduct an unscheduled compliance audit as a result of a complaint or noncompliance issue.~~
- ~~C. The individual or contracted agency shall cooperate with the compliance audit conducted by the Division by:~~
 - 1. ~~Making available the following information to the Division:~~
 - a. ~~Fingerprint clearance letters for each individual as provided by R6-6-1506(B);~~
 - b. ~~Written documentation of completion of a current Cardiopulmonary Resuscitation (CPR) certificate for each individual service provider and direct care staff as provided by R6-6-1520(A)(1)(b);~~

- e. ~~Written documentation of current First aid training for each individual service provider and direct care staff as provided by R6-6-1520(A)(1)(e);~~
 - d. ~~Written documentation that each individual service provider and direct care staff has reviewed Article 9, except as provided by R6-6-1521;~~
 - e. ~~Copies of three references for each direct care staff as provided by R6-6-1504(D);~~
 - f. ~~Written documentation showing that each individual service provider and direct care staff has completed training in client intervention techniques as provided by R6-6-1520(C);~~
 - g. ~~Written documentation showing that the individual providing service has received an orientation to the specific needs of each client served prior to the delivery of service, as provided by R6-6-1520(A)(1)(a);~~
 - h. ~~A copy of a current valid driver's license, valid registration, and current liability insurance coverage as required by A.R.S. Title 28, Chapter 3, 4, and 7 for each individual providing transportation for a client;~~
 - i. ~~Written documentation of any other training required by this Article; and~~
 - j. ~~Written documentation of the date of hire for each direct care staff of a contracted agency.~~
2. ~~Allowing the Division to interview employees; and~~
 3. ~~Participating in the compliance audit entrance and exit conferences with Division employees.~~
- 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.

~~R6-6-1514.R6-6-1516. Denial, Suspension, or Revocation, or Withdrawal of an HCBS Certificate Certification~~

- ~~A. The Division may deny, suspend or revoke an HCBS certificate or an amendment to an HCBS certificate for any one or a combination of the following:~~
1. ~~An applicant or service provider refuses to cooperate in providing information as required in this Article; or~~
 2. ~~An applicant or service provider violates applicable provisions of Articles 1, 9, 15, and 16.~~

- B.** ~~The Division may deny or revoke an HCBS certificate if an applicant, individual service provider, or agency administrator has been convicted of, pled no contest to, or is currently awaiting trial on any of the following criminal acts:~~
- ~~1. Sexual abuse of a child or vulnerable adult,~~
 - ~~2. Incest,~~
 - ~~3. First or second degree murder,~~
 - ~~4. Kidnapping,~~
 - ~~5. Arson,~~
 - ~~6. Sexual assault,~~
 - ~~7. Sexual exploitation of a child or vulnerable adult,~~
 - ~~8. Commercial sexual exploitation of a child or vulnerable adult,~~
 - ~~9. Felony offenses within the previous 10 years involving the manufacture or distribution of marijuana or dangerous or narcotic drugs,~~
 - ~~10. Robbery,~~
 - ~~11. Child prostitution as defined in A.R.S. § 13-3206,~~
 - ~~12. Child abuse or abuse of a vulnerable adult,~~
 - ~~13. Sexual conduct with a child,~~
 - ~~14. Molestation of a child or vulnerable adult,~~
 - ~~15. Voluntary manslaughter, or~~
 - ~~16. Aggravated assault.~~
- C.** ~~Upon notification that an agency employee is found to have been convicted of, awaiting trial on, or pled no contest to any of the criminal acts listed in R6-6-1514(B), an agency shall immediately take the following actions:~~
- ~~1. Remove the employee from direct contact with clients; and~~
 - ~~2. Notify the Division, unless the agency initially received notice from the Division.~~
- D.** ~~If an agency fails to comply with R6-6-1514(C), the Division may deny or revoke the agency HCBS certificate.~~
- E.** ~~Upon notification that an individual service provider has been convicted of, pled no contest to, or is currently awaiting trial on any of the criminal acts listed in R6-6-1514(B), the Division shall immediately take the following action to assure that the individual service provider has no direct contact with the client:~~
- ~~1. Prohibit the service provider from rendering services to the client,~~
 - ~~2. Notify the responsible person, and~~
 - ~~3. Prevent further authorization for service with the service provider.~~
- F.** ~~If the criminal records check pursuant to R6-6-1506(B) indicates that an individual service provider, agency administrator, a direct care staff person or the supervisor of a direct care staff person has been convicted of~~

~~or found by a court to have committed, or is reasonably believed to have committed, the offenses listed in A.R.S. § 36-594, other than those listed in R6-6-1514(B), the Division shall consider the following factors when determining what action to take regarding HCBS certification:~~

- ~~1. The extent of the individual's criminal record;~~
- ~~2. Length of time since the commission of the offense;~~
- ~~3. Nature of the offense;~~
- ~~4. Mitigating circumstances surrounding commission of the offense;~~
- ~~5. The degree of the individual's participation in the offense;~~
- ~~6. The extent of the individual's rehabilitation, including but not limited to:~~
 - ~~a. Completion of all terms of probation, and~~
 - ~~b. Payment of all restitution or compensation for the offense, and~~
 - ~~c. Evidence of positive action to change criminal behavior such as completion of a drug treatment program or counseling;~~
 - ~~d. References attesting to the individual's rehabilitation;~~
- ~~7. The individual has the burden of providing evidence of mitigating factors listed in subsection (F).~~

G. ~~If the reason for denial, suspension, or revocation of a certificate involves a threat to the health, welfare, or safety of clients, the service provider shall not render services to a client.~~

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 Division may deny or revoke an HCBS certificate if an applicant, individual service provider, or agency administrator has been convicted of, pled no contest to, or is currently awaiting trial on any of the following criminal acts:~~

- ~~1. Sexual abuse of a child or vulnerable adult;~~
- ~~2. Incest;~~
- ~~3. First or second degree murder;~~
- ~~4. Kidnapping;~~

5. ~~Arson,~~
6. ~~Sexual assault,~~
7. ~~Sexual exploitation of a child or vulnerable adult,~~
8. ~~Commercial sexual exploitation of a child or vulnerable adult,~~
9. ~~Felony offenses within the previous 10 years involving the manufacture or distribution of marijuana or dangerous or narcotic drugs,~~
10. ~~Robbery,~~
11. ~~Child prostitution as defined in A.R.S. § 13-3206,~~
12. ~~Child abuse or abuse of a vulnerable adult,~~
13. ~~Sexual conduct with a child,~~
14. ~~Molestation of a child or vulnerable adult,~~
15. ~~Voluntary manslaughter, or~~
16. ~~Aggravated assault.~~

- 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.

~~R6-6-1515.~~R6-6-1517. Corrective Action Plan

- ~~A. In lieu of revocation or suspension, the Division may require a service provider to implement a corrective action plan to correct HCBS certification deficiencies when:
 - 1. Allowing the service provider to continue services is in the best interest of the clients; and
 - 2. The client's health, safety, or welfare will not be jeopardized.~~
- ~~B. The following conditions may result in a request for corrective action:
 - 1. Certificate in CPR or training in First Aid for an individual service provider or direct care staff is not current;
 - 2. Written documentation of an orientation to the specific needs of each client is not available;
 - 3. Required training is not documented or not completed; or
 - 4. Fire inspection cannot be obtained within the time provided by R6-6-1505(B). The burden is on the service provider to document the inability to obtain a fire inspection.~~
- ~~C. The Division shall notify the service provider in writing of each deficiency, the corrective action to be taken, and the deadlines for all corrective action.~~
- ~~D. The service provider shall develop a corrective action plan and submit it to the Division.~~
- ~~E. If the service provider does not provide the Division with written documentation showing the completion of corrective action by the deadlines in the notice of deficiency, the Division may revoke or suspend the HCBS certificate pursuant to R6-6-1514.~~
- ~~F. The Division's decision to require a corrective action plan is not subject to administrative review pursuant to R6-6-1516.~~
- 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.

~~R6-6-1516.~~R6-6-1518. Right to an Administrative Review and Appeal Hearing

- ~~A. An applicant or service provider may request an administrative review pursuant to R6-6-1801 et seq. when the Division denies, suspends or revokes an HCBS certificate.~~

- ~~B. The Division shall provide written notice at the time of the action to the applicant or service provider of the right to an administrative review.~~
 - ~~C. An appeal of any decision rendered in an administrative review shall be conducted in accordance with R6-6-2201 et seq., "Appeals and Hearings."~~
 - ~~D. An appeal of the decision of a hearing officer is conducted in accordance with A.R.S. § 41-1992.~~
 - ~~E. When a service provider timely appeals the decision to suspend or revoke an HCBS certificate, pursuant to R6-6-2201 et seq., revocation or suspension shall not become effective until the final administrative or judicial decision is rendered, except for suspensions made under A.R.S. § 41-1064(C).~~
 - 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.
- R6-6-1520, R6-6-1519. Basic Qualifications, Training, and Responsibilities for a Direct Support Professional**

- ~~A. The following minimum requirements apply to all agency service providers:~~
 - ~~1. When a Home and Community-based Service is delivered, a direct care staff who has completed the following required training and orientation shall be present, except as provided by R6-6-1521:

 - ~~a. Orientation to the specific needs of the client being served;~~
 - ~~b. CPR to meet the needs of the client and provided by a certified instructor;~~
 - ~~c. First aid, provided by a certified instructor unless the direct care staff is a licensed registered nurse (R.N.), LPN, Certified Nursing Assistant, or a Physical, Occupational, Respiratory, or a Speech/Hearing therapist; and~~
 - ~~d. Article 9 review.~~~~

2. ~~A direct care staff shall complete the following training before working alone with clients. The training shall occur no later than 90 calendar days from the date of hire with the agency, except as provided by R6-6-1521:~~
 - a. ~~CPR, provided by a certified instructor to meet the needs of the client served;~~
 - b. ~~First aid, provided by a certified instructor, unless the direct care staff is a licensed R.N., LPN, Certified Nursing Assistant, or a Physical, Occupational, Respiratory, or a Speech/Hearing therapist; and~~
 - e. ~~Article 9 Review.~~
- B.** ~~All individual service providers providing direct care to clients shall complete the training and orientation listed in R6-6-1520(A)(1) prior to delivering services, except as provided by R6-6-1521:~~
- C.** ~~Each individual service provider and direct care staff of an agency shall complete client intervention techniques training if indicated in the ISPP or requested by the parent or guardian. CIT training shall be provided by a certified instructor.~~
- D.** ~~Each individual service provider and direct care staff of an agency who transports clients shall maintain a current valid driver's license, valid registration, and current liability insurance coverage as required by A.R.S. Title 28, Chapters 3, 4, and 7.~~
- E.** ~~When providing housekeeping services, an individual or direct care staff is exempt from the requirements of R6-6-1520.~~
- F.** ~~Each service provider and direct care staff shall comply with Article 9, except R6-6-902(B) does not apply when services are provided in the client's home.~~
- 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.

R6-6-1521. — Additional Qualifications for Attendant Care Services Repealed

- ~~A. An individual who wishes to provide Attendant Care services and is not an immediate relative of the client shall comply with this Article in order to obtain an HCBS certificate.~~
- ~~B. The Division shall not compensate a spouse to provide Attendant Care services to the other spouse.~~
- ~~C. Immediate relatives may provide Attendant Care services except as required in subsection (B), and a client's natural, adoptive, or stepparent may only provide Attendant Care services to a client who is 21 years of age or older.~~
- ~~D. When a client is age 21 years or older and a parent provides Attendant Care services, the parent shall apply for an HCBS certificate and shall have:~~
- ~~1. A current CPR certificate,~~
 - ~~2. Current training in First Aid, and~~
 - ~~3. Training in such other subjects as indicated in the ISPP.~~
- ~~E. When a client's immediate relative other than the client's parent, provides the client with Attendant Care services, the immediate relative shall apply for an HCBS certificate and shall have:~~
- ~~1. Current CPR certificate,~~
 - ~~2. Current training in First Aid,~~

3. ~~Written documentation of a health and safety inspection unless the services are provided in the client's home;~~
4. ~~Written documentation of a fire inspection unless the services are provided in the client's home, and~~
5. ~~Such other training as indicated in the ISPP.~~

~~F. An immediate relative shall comply with the fingerprinting requirements in R6-6-1506 when:~~

1. ~~The client is under age 18, and~~
2. ~~The client is age 18 or older and does not live with the immediate relative providing Attendant Care services.~~

R6-6-1522. — Additional Qualifications for Day Treatment and Training Services Repealed

~~In addition to the general requirements in R6-6-1520, each individual who provides Day Treatment and Training services shall:~~

1. ~~Have at least three months' experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience; and~~
2. ~~Have completed training, approved by the Division, in early childhood development when working with children who are under age 6.~~

R6-6-1523;R6-6-1520. Additional Qualifications for Habilitation Services

~~In addition to the general requirements in R6-6-1520, each direct care staff of an agency and each individual service provider who provides Habilitation services shall:~~

1. ~~Have at least three months' experience implementing and documenting performance in individual programs;~~
2. ~~Have both three months' experience in providing either respite or personal care, and have received training, approved by the Division, in implementing and documenting performance; or~~
3. ~~Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation under subsection (1) or (2).~~

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.

R6-6-1524, R6-6-1521. Additional Qualifications for Home Health Aide Services

~~In addition to the general requirements in R6-6-1520 R6-6-1519, only a Medicare-certified home health agency shall perform Home Health Aide services.~~ Home Health Aide Services shall be provided through a Medicare-certified Home Health Agency.

R6-6-1525, R6-6-1522. Additional Qualifications for Home Health Nurse Services

~~A. In this Section, “not available” means that the Division has made an effort to procure Home Health Nurse services through a Medicare-certified home health agency but one cannot be contracted with in the geographic location to provide these services.~~

~~B. In addition to the general requirements in R6-6-1520, Home Health Nurse services shall be provided through:~~

- ~~1. A Medicare-certified home health agency; or~~
- ~~2. A home health agency licensed by the state of Arizona which only allows an R.N. to provide nursing service, if a Medicare-certified home health agency is not available; or~~
- ~~3. An independent R.N. currently licensed to practice professional nursing by the Arizona Board of Nursing, if a Medicare-certified home health agency is not available.~~

~~C. An R.N. or an L.P.N. who is supervised by an R.N. shall provide home health nursing. Services may be provided through a Medicare-certified home health agency, a licensed home health agency, or by an independent nurse currently licensed to practice professional nursing by the Arizona Board of Nursing.~~

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](#).

R6-6-1526. — Additional Qualifications for Hospice Services Repealed

~~In addition to the general requirements in R6-6-1520, services shall be provided by a Hospice:~~

- ~~1. Licensed by the Arizona Department of Health Services, and~~

2. ~~Certified by Medicare.~~

~~R6-6-1528.~~R6-6-1523. Additional Qualification for Occupational Therapy Services

In addition to the general requirements in ~~R6-6-1520~~ R6-6-1519, ~~each individual~~ a person who provides Occupational Therapy services shall be currently licensed as: ~~an Occupational Therapist by the state of Arizona, Board of Occupational Therapy Examiners.~~

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](#).

~~R6-6-1527.~~ — Additional Qualifications for Housekeeping Services Repealed

~~In addition to the general requirements in this Article, each individual who provides housekeeping services shall receive an orientation to the specific housekeeping needs of the client.~~

~~R6-6-1530.~~R6-6-1524. Additional Qualifications for Physical Therapy Services

In addition to the general requirements in ~~R6-6-1520~~ R6-6-1519, ~~each individual~~ a person who provides Physical Therapy services shall be currently: ~~licensed as a Physical Therapist by the state of Arizona, Board of Physical Therapy Examiners.~~

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](#).

~~R6-6-1531.~~R6-6-1525. Additional Qualifications for Respiratory Therapy Services

In addition to the general requirements in ~~R6-6-1520~~ R6-6-1519, ~~each individual~~ a person who provides ~~Occupational Therapy~~ Respiratory Therapy services shall be: ~~currently licensed as an Occupational Therapist by the state of Arizona, Board of Occupational Therapy Examiners.~~

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](#).

~~R6-6-1529.~~ — Additional Qualifications for Personal Care Service Repealed

~~In addition to the general requirements in R6-6-1520, each individual who provides Personal Care services shall:~~

1. ~~Have at least three months experience in providing assistance to an individual to meet essential personal physical needs, such as showering, bathing, toileting, and eating; and~~
2. ~~Complete training approved by the Division in home accident prevention.~~

~~R6-6-1532.~~R6-6-1526. Additional Qualifications for Respite Services

In addition to the general requirements in ~~R6-6-1520~~ R6-6-1519, ~~each individual~~ a person who provides Respite ~~services~~ Services shall have at least three months' experience in providing assistance to an individual to meet

essential personal physical needs ~~as described in R6-6-1529.~~ including showering, bathing, toileting, and eating.

~~R6-6-1533.~~R6-6-1527. Additional Qualifications for ~~Speech/Hearing Therapy~~Speech-language Pathology Services

In addition to the general requirements in ~~R6-6-1520~~ R6-6-1519, ~~each individual~~ a person who provides ~~Speech/Hearing Therapy~~ Speech-language Pathology services shall ~~be~~ currently:

1. ~~Have a Master's degree in speech language pathology, Licensed as a Speech-language Pathologist under~~ [A.R.S. Title 36, Chapter 17](#); or
2. ~~Have a Certificate of Clinical Competence from the American Speech and Hearing Association, and~~ Certified to provide Speech-language Pathology services under the supervision of a licensed Speech-language Pathologist under [A.R.S. § 36-1940.04](#).