

**ARTICLE 3. INDIVIDUAL SERVICE PLANNING FOR BEHAVIORAL HEALTH SERVICES FOR
SERIOUS MENTAL ILLNESS**

R9-21-301. General Provisions

A. Responsibilities of the regional authority, clinical team, and case manager.

1. The regional authority is responsible for providing, purchasing, or arranging for all services identified in
 - a. The regional authority shall perform all intake and case management for its region. The regional authority may allow a mental health agency to perform intake or case management but only with the written approval of the regional authority. Approval may be given in its sole discretion.
 - b. Other services may be provided directly by programs operated by the Department or by the regional authority with service providers that are licensed or approved by the Department, or through arrangements with generic providers.
2. The regional authority and the clinical team shall work diligently to ensure equal access to generic services and shall integrate the client into the mainstream of society.
3. The initial clinical team shall work to meet the individual's needs from the date of application or referral as eligibility is established and an Individual Service Plan (ISP) is developed.
4. The assigned clinical team shall be primarily responsible for providing continuous treatment, outreach and identifying appropriate behavioral health services or community services, and for developing, implementing and monitoring individual service plans for clients.
5. The case manager, in conjunction with the clinical team, shall:
 - a. Locate services identified in the ISP;
 - b. Confirm the selection of service providers and include the names of such providers in the ISP;
 - c. Obtain a written client service agreement from each provider;
 - d. Be responsible for ensuring that services are actually delivered in accordance with the ISP; and
 - e. Monitor the delivery of services rendered to clients. Monitoring shall consider, at a minimum, the quality of services with the goals and objectives of the ISP.
6. The case manager shall also be responsible to:

- a. Initiate and maintain close contact with clients and service providers;
 - b. Provide support and assistance to a client, with the client's permission and consistent with the client
 - c. Ensure that each service provider participates in the development of the ISP for each client of the se
 - d. Ensure that each inpatient facility, according to R9-21-312, develops an Inpatient Treatment and D
integrated in and consistent with the ISP;
 - e. Assess progress toward, and identify impediments to, the achievement of the client's goals and obje
 - f. Promote client involvement in the development, review, and implementation of the ISP;
 - g. Attempt to resolve problems and disagreements with respect to any component of the ISP;
 - h. Assist in resolving emergencies concerning the implementation of the ISP;
 - i. Attend all periodic reviews of the ISP and ITDP meetings;
 - j. Assist in the exploration of less restrictive alternatives to hospitalization or involuntary commitment
 - k. Otherwise coordinate services provided to the client.
7. If a case manager is assigned to a client who, at any time, is admitted to an inpatient facility, the cas
development, modification or revision of a client's ISP and the integration of the ITDP according to th
- a. The inpatient facility clinician responsible for coordinating the ITDP shall immediately notify the
time of the admission and ensure that all treatment and discharge planning includes the case man
 - b. The case manager shall be provided notice of all treatment and discharge meetings, shall particip
inpatient facility treatment team in such meetings, shall receive periodic and other reports conce
and shall be responsible for identifying and securing appropriate community services to facilitate
 - c. If no case manager has been assigned, the inpatient facility clinician primarily responsible for the
within three days of admission, make a referral to the appropriate regional authority for the appoi
 - d. Delays in the assignment of a case manager or in the development or modification of an ISP or ITI
prevent the clinically appropriate discharge of a client from an inpatient facility.
 - e. Inpatient facilities shall establish a mechanism for the credentialing of case managers and other mer
order that they may participate in ITDP meetings.
- B. Client participation in service planning.
1. It is the responsibility of the regional authority and its service providers to engage in service planning
assessments, case management, ISPs, ITDPs, and service referrals, according to the provisions of th
clients requesting, receiving or referred for behavioral health services or community services. Client
may refuse to participate in or to receive any service planning. In the event of such refusal, service pl
unless:
 - a. There is an emergency in which a qualified clinician determines that immediate intervention is r
harm to the client or others; or
 - b. The client is subject to court-ordered evaluation or treatment.
 2. A client's refusal to accept a particular service, including case management services, or a particular m
shall not be grounds for refusing a client's access to other services that the client accepts.
 3. A physical examination shall not be conducted over a client's refusal unless the examination is consented
or the examination is otherwise required by court order.
 4. A decision to provide services, including assessment, service planning, and case management services
such services, or a decision not to provide such services to such an individual, may be appealed ac
R9-21-401. This subsection does not limit the rights of a client to accept, reject, or appeal parti
planning process as identified in other applicable provisions of these rules.
- C. Clients with special needs.
1. Whenever, according to an assessment or in the development or review of any plan prepared under this .
a client is a client who needs special assistance or a client who needs counsel or advice in makin
enforcing the client's rights, the case manager shall:
 - a. Notify the regional authority, the Office of Human Rights, and the appropriate human rights comm
that the client can be provided special assistance from the human rights advocate or special i
committee; and
 - b. If the client does not have a guardian, identify a friend, relative, or other person who is willir
representative of the client.
 2. The clinical team shall make arrangements to have qualified interpreters or other reasonable accommo

interpreters for the deaf, present at any assessment, meeting, service delivery, notice, review, or grievance conversation adequately in spoken English.

3. Clients who are incarcerated in jails shall receive ISPs in accordance with R9-21-307. If legitimate security concerns in which a client is incarcerated require a reasonable modification of a specific procedure set forth in this Article, the regional authority may modify the method for preparing the ISP only to the extent necessary to accommodate the legitimate security concerns.
 - a. No modification may unreasonably restrict the client's right to participate in the ISP process;
 - b. No modification may alter the standards for developing an ISP, the client's right to obtain services provided in this Article, or the client's right to appeal any aspect of treatment planning according to the decision to modify the process for security reasons.

D. Notices to the individual.

1. Any individual or mental health agency required to give notice to an individual of any document, determination, assessment reports, ISPs, and ITDPs according to this rule shall do so by:
 - a. Providing a copy of the document to the individual;
 - b. Providing copies to any designated representative and guardian;
 - c. Personally explaining to the individual and designated representative and/or guardian any right to the contents of the document and the procedures for doing so under this Article.
2. Individuals requesting or receiving behavioral health services or community services shall be informed:
 - a. Of the right to request an assessment;
 - b. Of the right to have a designated representative assist the client at any stage of the service planning;
 - c. Of the right to participate in the development of any plan prepared under this Article, including the meetings;
 - d. Of the right to appeal any portion of any assessment, plan, or modification to an assessment or plan;
 - e. Of the authority of the Department to require necessary and relevant information about the individual's resources;
 - f. Of the availability of assistance from the regional authority in obtaining information necessary for behavioral health services or community services;
 - g. Of the authority of the Department or mental health agency to charge for services and assessments;
 - h. That if the individual declines the services of a case manager or an ISP, the individual has the right to request a meeting at a subsequent time;
 - i. That if the individual declines any particular service or treatment modality, it will not jeopardize other services.

E. Extensions of time.

1. The time to initiate or complete eligibility determinations, assessments, ISPs, and other actions according to this Article shall be extended if:
 - a. There is substantial difficulty in scheduling a meeting at which all necessary participants can attend;
 - b. The client fails to keep an appointment for assessment, evaluation, or any other necessary meeting;
 - c. The client is capable of but temporarily refuses to cooperate in the preparation of the plan or completion of the evaluation;
 - d. The client or the client's guardian and/or designated representative requests an extension of time or a meeting;
 - e. Additional documentation has been requested but has not yet been received.
 2. An extension under this rule shall not exceed the number of days incurred by the delay and in no event shall exceed the whereabouts of the client are unknown.
 3. For an SMI eligibility determination, an extension of time shall only apply if an applicant agrees to the extension.
- F. Meeting attendance through telecommunications link. Attendance by any person at any meeting that is required by this Article may be accomplished through a telecommunications link that is contemporaneous with the meeting.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 2003, Ch. 301, § 61, effective June 30, 2003 (Supp. 03-2).

R9-21-302. Identification, Application, and Referral for Services of Persons with Serious Mental Illness

- A. Each regional authority shall develop and implement outreach programs that identify individuals within the

including persons who reside in jails, homeless shelters, or other settings, who are seriously mentally ill.

1. Inpatient facilities shall identify individuals in their respective facilities who are seriously mentally ill.
2. An individual identified under this subsection shall be referred in writing to the appropriate regional authority for eligibility as provided in this Article.

- B. An individual desiring behavioral health services or community services under this Article may apply for a determination of eligibility. Application may be made by the individual or on the individual's behalf by a guardian, designated representative, or other appropriate individuals such as a family member or staff member. Individuals may apply for behavioral health services or community services regardless of whether they are currently in an inpatient facility, a county jail, a homeless shelter, or any other location within the state of Arizona.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 14, 1992 (Supp. 92-4). Amended by exempt rule 3296, effective June 30, 2003 (Supp. 03-2).

R9-21-303. Eligibility Determination and Initial Assessment

- A. Upon receipt of a request or referral for a determination of whether an individual is eligible for services under this Chapter, the regional authority shall schedule an appointment for an initial meeting with the applicant by a qualified clinician, within ten days after the regional authority receives the request or referral.
- B. During the initial meeting with an applicant by a qualified clinician, the qualified clinician shall:
1. Obtain consent to an assessment of the applicant from the applicant or, if applicable, the applicant's guardian;
 2. Provide to the applicant and, if applicable, the applicant's guardian, the information required in R9-21-303 brochure, and the notice required by R9-21-401(B);
 3. Determine whether the applicant is competent, according to R9-21-206;
 4. If, during the initial meeting with an applicant by a qualified clinician, the qualified clinician is unable to determine whether the applicant is eligible for services under this Chapter:
 - a. Obtain authorization from the applicant or, if applicable, the applicant's guardian, for release of information;
 - b. Request the additional information the qualified clinician needs in order to make a determination of whether the applicant is eligible for services under this Chapter; and
 5. Initiate an assessment according to R9-21-305.
- C. The qualified clinician in subsection (B) shall obtain information necessary to make an eligibility determination under this Chapter, including:
1. Identifying data and residence, including a social security number if available;
 2. The reasons for the request or referral for services;
 3. The individual's psychiatric diagnosis;
 4. The individual's present level of functioning, based upon the criteria set forth in the definition of R9-21-101;
 5. The individual's history of mental health treatment;
 6. The individual's abilities, needs, and preferences for services; and
 7. A preliminary determination as to the individual's need for special assistance as defined by R9-21-101(B).
- D. If at any time during the course of the eligibility process the qualified clinician determines that the individual is not eligible for services under this Chapter, the clinician shall notify the client's case manager and terminate the eligibility process.
- E. To be eligible for behavioral health services or community services according to this Chapter the individual must:
1. Be a resident of the state of Arizona, and
 2. Be seriously mentally ill as defined in R9-21-101.
- F. The qualified clinician in subsection (B) shall determine whether an applicant is eligible for services under this Chapter and provide written notice of the SMI eligibility determination to the applicant or, if applicable, the applicant's guardian. The notice shall include the following time-frames:
1. If the qualified clinician obtains sufficient information during the initial meeting with the applicant to determine whether the applicant is eligible for services under this Chapter, within three days of the initial meeting with the applicant by the qualified clinician;
 2. If the qualified clinician does not obtain sufficient information during the initial meeting with the applicant to determine whether the applicant is eligible for services under this Chapter, at the earliest of:
 - a. Within three days of obtaining sufficient information to determine whether the applicant is eligible for services under this Chapter;

Chapter, or

- b. The time provided according to R9-21-301(E).
- G. At the time a qualified clinician provides an applicant with written notice of an SMI eligibility determination (F), the qualified clinician shall:
1. Provide written notice to the applicant:
 - a. That the applicant has the right to appeal the SMI eligibility determination according to R9-21-40 administrative hearing according to A.R.S. § 41-1092.03; and
 - b. That, if the applicant is not eligible for services according to this Chapter, the applicant may reapply.
 2. If the applicant is eligible for services under this Chapter:
 - a. Serve as the client's case manager or arrange for the provision of case management services for the client.
 - b. Initiate with the client the development of a clinical team that may include:
 - i. Behavioral health professionals,
 - ii. Professionals other than behavioral health professionals,
 - iii. Behavioral health technicians,
 - iv. Family members,
 - v. Paraprofessionals, and
 - vi. Any individual whom the qualified clinician and the client deem appropriate and necessary to provide services that are comprehensive and meets the needs of the client.
- H. Nothing in this rule shall be construed to require the qualified clinician to make the determination of whether the applicant is eligible for services under the Arizona Health Care Cost Containment System Administration (AHCCCSA) according to R9-21-301.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 14, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended at 9 A.A.R. 3296, effective June 30, 2003 (Supp. 03-2).

R9-21-304. Interim and Emergency Services

- A. At an applicant's first visit with a qualified clinician and after a determination of eligibility the qualified clinician shall:
1. Determine whether the applicant or client needs interim services prior to the development and acceptance of services;
 2. If the applicant or client needs interim services, identify the interim services that are consistent with the applicant's or client's preferences and needs and the findings in the assessment;
 3. Arrange for the provision of the interim services identified by the qualified clinician; and
 4. Document in the client's record the interim services that shall be provided to the applicant or client.
- B. If a qualified clinician determines that an emergency exists necessitating immediate intervention, emergency services shall be provided immediately.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 14, 1992 (Supp. 92-4). Amended by exempt rule 3296, effective June 30, 2003 (Supp. 03-2).

R9-21-305. Assessments

- A. The following individuals may participate in and contribute to the assessment of a client:
1. The client;
 2. The qualified clinician in R9-21-303(B);
 3. The client's case manager;
 4. Each individual on the client's clinical team, including:
 - a. Behavioral health professionals,
 - b. Professionals other than behavioral health professionals,
 - c. Behavioral health technicians,
 - d. Family members,
 - e. Paraprofessionals, and

- f. Any individual whom the qualified clinician and the client deem appropriate and necessary to er comprehensive and meets the needs of the client.
- B. The individuals contributing to the assessment of a client shall not consider the availability of services, b circumstances and evaluate all available information including.
 1. The information obtained during the initial meeting with the client by a qualified clinician according to F
 2. Written information such as the client's clinical history, records, tests, and other evaluations;
 3. Information from family, friends, and other individuals.
- C. An assessment shall include:
 1. An evaluation of the client's:
 - a. Presenting concerns;
 - b. Behavioral health treatment;
 - c. Medical conditions and treatment;
 - d. Sexual behavior and, if applicable, sexual abuse;
 - e. Substance abuse, if applicable;
 - f. Living environment;
 - g. Educational and vocational training;
 - h. Employment;
 - i. Interpersonal, social, and cultural skills;
 - j. Developmental history;
 - k. Criminal justice history;
 - l. Public and private resources;
 - m. Legal status and apparent capacity;
 - n. Need for special assistance; and
 - o. Language and communication capabilities;
 2. A risk assessment of the client;
 3. A mental status examination of the client;
 4. A summary, impressions, and observations;
 5. Recommendations for next steps;
 6. Diagnostic impressions of the qualified clinician; and
 7. Other information determined to be relevant.
- D. Within 45 days of a request or referral for an SMI eligibility determination, a qualified clinician shall prepare on the information obtained according to R9-21-303 and this Section, including:
 1. The development of a long-term view by the client with assistance from the clinical team that establishes living, employment and social conditions that the client wishes to achieve over the next three years;
 2. A summary of the information gathered during the eligibility and assessment processes;
 3. An identification of the client's legal status, resources, and assessed strengths and actual needs, rega services to meet that need, in each area of assessment identified in subsection (C) above;
 4. An analysis of the major findings of the mental health assessment, including a description of the nature and a diagnosis in terms set forth in the DSM;
 5. The client's preferences regarding services to be provided;
 6. A description of any additional interim services which are required and plans for the referral of the services or the continuation of interim services already provided;
 7. An identification of further evaluations which the clinical team deem necessary to determine the service needs;
 8. An identification of information that could not be obtained due to the client's circumstances or unavailab
 9. A functional assessment of the client's current status in terms of independent living, employment integration and analysis of the support or skills, if any, necessary to achieve the client's long-term view
- E. The qualified clinician shall arrange for any further evaluations recommended by the clinical team. If the cl area beyond the ability or expertise of the clinical team, such assessment shall be conducted by pro credentials, with the client's consent. The need for further evaluations shall not unreasonably delay the prep
- F. If a qualified clinician determines that the client is a client who needs special assistance, the case manager sh
 1. Notify the regional authority, the Office of Human Rights, and the appropriate human rights committee

the client can be provided special assistance from the human rights advocate or special review by tl and

2. If the client does not have a guardian, identify a friend, relative or other person who is willing representative of the client.
- G. Upon completion of the assessment report, copies shall be sent to the client, the designated representative, service providers who have been identified by the case manager or regional authority to serve the client.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective received in the Office of the Secretary of State October 14, 1992 (Supp. 92-4). Amended under an exempt 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended at 9 A.A.R. 3296, effective June 30, 2003 (Supp. 03-2).

R9-21-306. Identification of Potential Service Providers

- A. As soon as needs of the client for particular services are identified through the eligibility determinat evaluation processes, the clinical team in conjunction with the client shall begin considering and choosing to participate in the development of the client's ISP.
1. Within five days of the completion of the assessment report, the clinical team and the client shall co service providers most appropriate to meet the client's needs.
 2. The case manager shall promptly contact the identified providers to determine their ability to serve the d
 3. Within 10 days of the completion of the assessment report, the case manager shall request identified client to participate in the development of the client's Individual Service Plan. All identified providers the time and place of the ISP meeting.
- B. The clinical team, in conjunction with the client, shall determine which provider(s) are the most appropri determination of appropriateness shall consider:
1. The client's preferences for the type, intensity, and location of services;
 2. The capacity and experience of the provider in meeting the client's assessed needs;
 3. The proximity of the provider to the client's family and home community;
 4. The availability and quality of services offered by the provider; and
 5. Other factors deemed relevant by the case manager and clinical team.
- C. The clinical team shall provide sufficient information to the identified service providers to allow their long-term view, strengths, needs, and required services and to take an active role in the ISP meeting.
- D. All mental health agencies currently providing services to the client shall bring to the ISP meeting a writte type, and frequency of services provided or to be provided by the agency.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective received in the Office of the Secretary of State October 14, 1992 (Supp. 92-4). Amended under an exempt 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended at 9 A.A.R. 3296, effective June 30, 2003 (Supp. 03-2).

R9-21-307. The Individual Service Plan

- A. General provisions.
1. An individual service plan (ISP) shall be developed by the clinical team and each client.
 2. The ISP shall include the most appropriate and least restrictive services, consistent with the client's identified in the assessment conducted according to R9-21-305, and without regard to the availability.
 3. The ISP shall identify those services which maximize the client's strengths, independence, and integratio
 4. Generic services available to the general public should be utilized, to the maximum extent possible, client's needs and if access can be arranged by the case manager or client.
 5. If all needed services are not available, a plan for alternative services shall detail those services which possible, adequate, appropriate, consistent with the client's needs, and least restrictive of the client's fir
 6. The clinical team shall solicit and actively encourage the participation of the client and guardian.
 7. The clinical team shall inform the client of the right to have a designated representative throughout th family members or other persons who could contribute to the development of the ISP. The case ma

representative for clients who need special assistance or otherwise have limited capacity to articulate and protect their own interests in the ISP process and shall advise the relevant human rights committee if the client is determined to need special assistance.

8. The ISP shall contain goals and objectives which are measurable and which facilitate meaningful evaluation of the client in attaining those goals and objectives.
 9. The ISP shall incorporate a specific description of the client objectives, services, and interventions for which the client will receive services to the client. Each existing service provider will bring to the ISP a description of the objectives and services currently in effect for the client.
 10. For residents of an inpatient facility, the facility's treatment and discharge plan shall be developed and the plan shall be incorporated in the ISP.
 11. Prior to the planned discharge of a new client from an inpatient facility, the clinical team shall develop a plan for community services, including alternative housing and residential supports, that will be provided to the client at the facility.
 12. The ISP shall be written in language which can be easily understood by a lay person.
 13. In developing the ISP, the case manager shall facilitate resolution of differences among service providers. If resolution is not achieved, shall refer the matter to the regional authority, which shall resolve the matter in accordance with the rules.
- B. The individual service plan meeting.
1. Within 20 days of the completion of the assessment report, the case manager shall convene an ISP meeting to take place for the client, guardian, clinical team, and potential service providers.
 2. The case manager shall arrange for the client's transportation, if needed, to the ISP meeting.
 3. The case manager shall notify in writing the following persons of the time, date and location of the meeting prior:
 - a. The client, any designated representative and guardian, including an invitation to submit relevant information if attendance is impossible;
 - b. Clinicians involved in the assessment or further evaluation;
 - c. All current and potential service providers;
 - d. All members of the client's clinical team;
 - e. Family members, with the client's permission;
 - f. Other persons familiar with the client whose presence at the meeting is requested by the client;
 - g. Any other person whose participation is not objected to by the client and who, in the judgment of the case manager, will contribute to the ISP.
 4. The case manager shall chair the ISP meeting which shall include a discussion of:
 - a. The client's supports or skills necessary to achieve the client's long-term view in each of the areas listed in R9-21-305(C);
 - b. The findings and conclusions obtained during the assessment, further evaluations, including a list of services provided, completed, and any interim services provided;
 - c. Any existing ITDP according to R9-21-312;
 - d. The client's preferences regarding services;
 - e. Recommended long-term or alternative services;
 - f. Current or proposed service providers, including the need to have service providers with strong communication skills other than English if necessary to communicate with the client;
 - g. Recommended dates for commencement of each service or date each service commenced;
 - h. The methods and persons to ensure that services are provided as set forth in the ISP, adequately monitored for effectiveness;
 - i. The procedure for completion and implementation of the ISP process, including the procedures for appealing the ISP; and
 - j. The procedure for clients or service providers to request changes in the ISP.
- C. The individual service plan shall include:
1. A description of the client's long-term view and the client's preferences, strengths, and needs in accordance with R9-21-305(C), including present functioning level and medical condition, with documentation of any services which requires regular monitoring or intervention.
 2. A description of the most appropriate and least restrictive services consistent with the client's needs and existing resources.

3. A statement of whether the client requires service providers with staff who are competent in any language order to communicate with the client.
 4. Target dates for commencement of each service or date each service commenced and their anticipated dates.
 5. Long range goals for each service which will assist the client in attaining the most self-fulfilling, age-appropriate style of living possible for the client, consistent with the client's preference, stated in terms which allow for progress and which the client, to the maximum extent possible, both understands and adopts.
 6. Short-term objectives that lead to attainment of overall goals stated in terms which allow objective measurement which the client, to the maximum extent possible, both understands and accepts.
 7. Expected dates of completion for each objective;
 8. Persons and service providers responsible for each objective.
 9. Identification of each generic or service provider responsible for providing the specific service required by the client's needs, including the name and address and telephone number of the provider and the location where the service will be provided.
 10. A detailed description of the client objectives and services for each mental health agency which will provide the services.
 11. Identification of any need for alternative housing or residential setting, including the support and monitoring of any change in housing or residential setting as provided in R9-21-310(D).
 12. Based upon assessments and other available information, a determination of:
 - a. The client's capacity to:
 - i. Make competent decisions on matters such as medical and mental health treatment, finances and legal information;
 - ii. Participate in the development of the ISP; and
 - iii. Independently exercise the client's rights under this Chapter.
 - b. The client's need for guardianship or other protective services or assistance.
 - c. The client's need for special assistance.
 13. A list of the assessments which were not completed due to the client's current mental or physical condition or the clinical team's inability to access records together with a statement of the causes and plans to obtain these assessments.
 14. A description of the methods and persons responsible for ensuring that services are:
 - a. Provided as set forth in the ISP;
 - b. Adequately coordinated; and
 - c. Regularly monitored for effectiveness.
 15. A statement of the right of the client, designated representative, or guardian to accept or reject the ISP or to appeal the ISP or any aspect of the ISP.
 16. A statement that the client's acceptance of the ISP constitutes consent to the services enumerated in the ISP.
- D. Preparation and distribution of the individual service plan.
1. Within seven days of the ISP meeting, but no later than 90 days from the date of a referral or recommendation determination, the case manager shall prepare and distribute the ISP as provided herein.
 2. The case manager or other clinical team member shall personally deliver to and review the ISP with the client.
 3. The ISP shall be mailed or otherwise distributed to the following persons:
 - a. The client's designated representative and/or guardian;
 - b. The members of the clinical team; and
 - c. All existing or potential service providers.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1992 received in the Office of the Secretary of State October 14, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 2003, Ch. 301, § 61, effective June 30, 2003 (Supp. 03-2).

R9-21-308. Acceptance or Rejection of the Individual Service Plan

- A. Within seven days of the distribution of the ISP, the case manager shall contact the client concerning acceptance or rejection of any portion of the ISP, or request for other services, if there has not been acceptance, rejection or a request for other services.
- B. If the client or guardian does not object to the ISP within 30 days of receipt of the plan, the client shall be deemed to have accepted the ISP.
- C. If the client or guardian rejects some or all of the services identified in the ISP, or requests other services, the case manager shall

- written notice to the client or guardian of the right to immediately appeal the ISP according to R9-21-401 team within seven days of the rejection to discuss the plan and suggest modifications. The case manager shall convene at a convenient time and place for the client, any designated representative and/or guardian, and the clinical team.
- D. If the client's proposed modifications are adopted by the clinical team, the case manager shall arrange for approval by all service providers.
- E. If the matter is not resolved to the client's or guardian's satisfaction, the case manager shall again inform the client of the right to appeal the ISP.
- F. A client or guardian who rejects the ISP may accept some or all of the identified services pending the outcome of the clinical team or an appeal.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective June 30, 2003 (Supp. 03-2).

R9-21-309. Selection of Service Providers

- A. Within seven days of the distribution of the ISP to the service providers identified in the ISP, the case manager shall convene a meeting with the clinical team and the provider, shall determine whether each of these providers are capable of serving the client.
1. A service provider shall not refuse to serve a client except for good cause related to the inability of the provider to professionally meet the client's needs as identified in the ISP, or except for Department contractual limitations.
 2. If a service provider believes it is incapable of meeting the client's needs or of implementing the ISP, the provider shall inform the case manager in writing within five days of receipt of the ISP. A service provider shall specify the reasons for the inability to meet the client's needs.
- B. If the clinical team determines that a housing, residential or vocational service provider identified in the ISP is unable to serve the client, the case manager shall, with the approval of the clinical team, identify another provider who is qualified to serve the client. The case manager shall introduce the client to the new service provider, and modify the ISP as needed.
- C. If the clinical team determines that an identified provider, other than a housing, residential or vocational service provider, is unable to serve a client, the case manager shall, with the approval of the clinical team, identify another provider qualified to provide the services identified in the client's ISP. The case manager shall promptly distribute the ISP to the alternate provider.
- D. All selected service providers shall sign the ISP and implement the identified services.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1992 (Supp. 92-4). Amended by exempt rule 92-10, effective September 30, 1993 (Supp. 93-3). Amended by exempt rule 03-1, effective June 30, 2003 (Supp. 03-2).

R9-21-310. Implementation of the Individual Service Plan

- A. Upon acceptance of the ISP by the client or as defined in a court order, services shall be initiated in accordance with the ISP.
- B. If all or a portion of the ISP is rejected by the client or guardian, the plan shall not be implemented and services shall be suspended unless the client or guardian consents to specific services.
- C. For each client who is identified as needing alternative housing, a new residential setting, or a residential support, the case manager shall inform the client of the need for an alternative living arrangement and shall use the case manager's best efforts to secure appropriate housing or residential supports. These efforts may include showing the client the house or apartment, introducing the client to other residents of the residential setting, as appropriate, and permit the client to reside in the alternative setting on a trial basis. All clients shall be informed that they may elect to move at any time within the terms of any lease, mortgage, contract, or other legal agreement between the client and the housing provider.
- D. For at least the first two months after a client moves to a new residential setting, the case manager shall coordinate the provision of services, as identified in the client's ISP, in order to foster the maintenance of the client's key relationships, provide necessary orientation, and to ensure a smooth and successful transition into the new setting.
- E. All contracts with service providers shall include:
1. A provision that the service provider shall abide by the rules contained in this Chapter and shall not unilaterally interrupt services required under the ISP except parts of the ISP that have been modified according to the client's ISP.
 2. A provision that the service provider shall cooperate with the Department in collecting data necessary to monitor the client's progress.

- Department is meeting its obligations under this Chapter and A.R.S. Title 36, Chapter 5, Article 10; and
3. A provision that the service provider agrees to maintain current client records that document progress goals and objectives and that meet applicable requirements of law, contract, and professional standard

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective received in the Office of the Secretary of State October 14, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended at 9 A.A.R. 3296, effective June 30, 2003 (Supp. 03-2).

R9-21-311. Alternative Services

- A. If the services identified in the ISP are not currently available, the clinical team shall develop an alternative plan based upon the client's strengths, needs, and preferences as set forth in the assessment conducted according to the ISP. Alternative services shall be developed after the preparation of the ISP.
- B. The plan for alternative services shall be developed according to the same procedures for the preparation of the ISP developed at the same meeting with the ISP if the clinical team is aware that appropriate services are not available. If the clinical team does not know whether the appropriate services are available, the clinical team shall attempt to locate the identified services. If appropriate services are determined to be unavailable, the ISP shall be amended to develop an ISP for alternative services.
- C. The plan for alternative services shall identify those available mental health and generic services which are, as possible, adequate, appropriate, consistent with the client's needs and least restrictive of the client's freedom.
- D. The plan for alternative services shall contain a list of appropriate but unavailable services and the project number for each service.
- E. If the clinical team determines that a recommended service is unavailable or does not exist, it shall forward a report to the director of the regional authority. The director shall:
 1. Use best efforts to locate the needed service through existing services or reallocated resources;
 2. Forward a description of the unmet service need to the deputy director of the Division, if the appropriate service is not developed through existing services or reallocated resources; and
 3. maintain a list of unmet service needs.
- F. The Division shall use information concerning unmet service needs to provide the appropriate service through reallocated resources or, if necessary, to plan for the development of the needed services.
- G. Nothing in this rule shall effect or modify any provision of Arizona law with respect to a client's right to appropriate services.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective received in the Office of the Secretary of State October 14, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended at 9 A.A.R. 3296, effective June 30, 2003 (Supp. 03-2).

R9-21-312. Inpatient Treatment and Discharge Plan

- A. General provisions.
 1. Every client of an inpatient facility shall have an Inpatient Treatment and Discharge Plan (ITDP).
 2. An ITDP shall be developed by the inpatient facility's treatment team, the case manager and other members of the treatment team as appropriate.
 3. The ITDP shall include the most appropriate and least restrictive services available at the inpatient facility to be provided at the client's discharge to the community.
 4. The ITDP shall identify those treatment interventions and services which maximize the client's successful integration into the community.
 5. The ITDP shall be developed with the fullest possible participation of the client and any designated representative.
 6. The ITDP shall contain goals and objectives which are measurable and which facilitate meaningful progress toward attaining those goals and objectives.
 7. The ITDP shall be written in language which can be easily understood by a lay person.
 8. Delays in the assignment of a case manager or in the development or modification of an ISP or ITD shall not prevent the appropriate discharge of a client from an inpatient facility.

B. The individual treatment and discharge plan meeting.

1. The case manager shall encourage the client to have a designated representative assist the client at the persons, including family members, attend the meeting. The case manager shall ensure that the time and date of the ITDP for clients who need special assistance.
2. The following persons shall be invited to attend the ITDP meeting:
 - a. The client;
 - b. Any designated representative and/or guardian;
 - c. Family members, with the client's permission;
 - d. Members of the client's inpatient facility treatment team;
 - e. The case manager and other members of the clinical team, as appropriate;
 - f. Other persons familiar with the client whose presence at the meeting is requested by the client; and
 - g. Any other person whose participation is not objected to by the client and who will, in the judgment, contribute to the ITDP meeting.
3. The ITDP meeting shall include a discussion of:
 - a. A review of the ISP's long-term view;
 - b. If necessary, a new functional assessment of the supports or skills necessary to achieve the client's long-term goals;
 - c. The client's needs in terms of assessed strengths and needs;
 - d. The client's preferences regarding services;
 - e. Existing services if any;
 - f. The procedure for completion and implementation of the ITDP process, including the procedures for appealing the ITDP;
 - g. The procedure for clients or the inpatient facility to request changes in the ITDP; and
 - h. The methods to ensure that services are provided as set forth in the ITDP and regularly monitored and evaluated.

C. Inpatient treatment and discharge plan.

1. The facility treatment team, the case manager, and other representatives of the clinical team, as a preliminary ITDP within three days, and a full ITDP within seven days thereafter, of the client's anticipated stay is less than seven days, an acute inpatient facility shall develop a preliminary ITDP within three days of a client's admission.
2. The ITDP shall be consistent with the goals, objectives, and services set forth in the client's ISP and shall be updated as needed.
3. The ITDP shall include:
 - a. The client's preferences, strengths, and needs;
 - b. A description of appropriate services to meet the client's needs;
 - c. For non-acute facilities, long-range goals which will assist the client in attaining the most self-sufficient independent style of living possible, stated in terms which allow objective measurement of progress to the maximum extent possible, both understood and accepted;
 - d. Short-term objectives that lead to attainment of overall goals stated in terms which allow objective measurement of progress and which the client, to the maximum extent possible, both understands and accepts;
 - e. Expected dates of completion for each objective;
 - f. Persons responsible for each objective;
 - g. The person responsible for ensuring that services are actually provided and are regularly monitored and evaluated;
 - h. The right of the client or guardian to accept or reject the ITDP, request other services, or appeal the ITDP.

D. Preparation and distribution of the ITDP.

1. Within three days of the ITDP meeting, the treatment team coordinator shall prepare and distribute the ITDP.
2. The ITDP shall be personally presented and explained to the client by the case manager.
3. The ITDP shall be mailed or otherwise distributed to the following persons:
 - a. The client's designated representative and guardian, if any;
 - b. The case manager and members of the clinical team; and
 - c. The members of the inpatient facility's treatment team.

E. Acceptance or rejection of the ITDP.

1. Within two days of the date when the ITDP was distributed, the client shall be contacted by the

- acceptance or rejection of the ITDP, if there has not been acceptance or rejection prior to that date.
2. If the client or guardian does not object to the ITDP within 10 days of the date when the ITDP was deemed to have accepted the ITDP.
 3. If the client or guardian rejects some or all of the treatment interventions or services identified in services, the case manager shall provide written notice to the client of the right to meet with the within five days of the rejection to discuss the plan and to suggest modifications, or to immediately R9-21-401.
 4. If modifications are agreed to by the treatment team coordinator and the client or guardian, the treatment team shall arrange for approval of the modifications by all members of the inpatient facility's treatment team members of the clinical team, as appropriate.
 5. If the matter is not resolved to the client's or guardian's satisfaction, the case manager shall again inform the client or guardian of the right to appeal according to R9-21-401. The client or guardian may appeal findings or recommendations within 30 days of receipt of the plan.
 6. A client or guardian who rejects the ITDP may accept some or all of the identified treatment interventions or services, or may accept the outcome of the meeting with the treatment team coordinator or an appeal.
- F. The updated ITDP. The facility treatment team, the case manager, and other representatives of the clinical team shall review the ITDP as frequently as necessary, but at least once within the first 30 days of completing the plan during the first year, and every 90 days thereafter during any subsequent years that the client remains a resident of the facility.
- G. Incorporation into the individual service plan.
1. If the clinical team determines that the ITDP is appropriate to meet the client's needs, least restrictive consistent with the ISP, it shall approve the ITDP by incorporating it into the ISP. If the clinical team determines that the ITDP is not appropriate, the case manager shall convene an ISP meeting, which includes the inpatient facility treatment team, to prepare a revised ITDP.
 2. The clinical team, with the assistance of the inpatient facility's treatment team, shall be responsible for incorporating the ITDP into the client's discharge plan.
 3. The case manager will provide notice to those providers identified in the client's ISP three days prior to the client's discharge, except that the failure to provide such notice shall not delay discharge.
 4. The case manager shall meet with the client within five days of the client's discharge to ensure that the ITDP is incorporated into the client's discharge plan.
 5. The case manager shall review the ISP with the clinical team within 30 days of the discharge to ensure that modifications are appropriate, consistent with the standards and requirements set forth in R9-21-314.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 2003, Ch. 301, § 61, effective June 30, 2003 (Supp. 03-2).

R9-21-313. Periodic Review of Individual Service Plans

A. General provisions.

1. Where an ISP includes residential, vocational, or other primary service providers that do not currently serve the client, a review shall be held within 30 days from the date on which all such providers have initiated service. Each provider shall bring to the review a detailed description of the objectives and services currently in effect.
2. Where the ISP includes only primary service providers that currently serve the client, the first ISP review shall be held within 30 days of the date the ISP is accepted by the client or the date on which any appeal is concluded.
3. Thereafter, ISP reviews shall be conducted at least every six months and more frequently as needed. The review shall be conducted by the case manager.
4. The purpose of the ISP review is to ensure that services continue to be, to the maximum extent possible, appropriate to the client's needs and least restrictive of the client's freedom.
5. The review shall be conducted with the fullest possible participation of the client and any designated representative.

B. The ISP review.

1. At least 10 days prior to the ISP review meeting, the case manager shall invite, in writing, the following persons to attend the meeting:
 - a. The client and any designated representative and/or guardian;
 - b. Family members, with the permission of the client;

- c. Members of the client's clinical team;
 - d. Representatives of each of the client's service providers;
 - e. Any other person familiar with the client whose participation is requested by the client; and
 - f. Any other person whose participation is not refused by the client and who, in the judgment of the case manager, is necessary to the ISP review.
2. The ISP review shall, to the extent possible given the circumstances of the client and the availability of information, include the following:
- a. Whether there has been any change in the clinical, social, training, medical, vocational, educational, or other needs of the client;
 - b. Whether the client needs any further assessment or evaluations;
 - c. Whether the services being provided to the client continue to be appropriate to meet the client's needs, consistent with the client's freedom, consistent with the client's preferences, and as integrated as possible in the client's life;
 - d. Whether there has been progress towards attainment of the long-term view, and each of the goals and objectives of the ISP;
 - e. Whether to reaffirm, modify or delete each goal and objective, together with the reasons for these actions;
 - f. Whether there has been any change in the legal status of the client, in the necessity or advisability of a conservator appointed or removed, or in the client's need for special assistance;
 - g. Whether any change in the client's circumstances should result in a modification of the client's present services currently provided; and
 - h. Whether there has been any change in the availability of services formerly determined to be needed.
3. The client, any designated representative and/or guardian, and clinical team will review each service provision of current objectives and services to determine whether it is consistent with client's needs, least restrictive and designed to maximize the client's independence and integration into the community.
- a. If the detailed description is approved and accepted by the client, any designated representative and/or guardian, and clinical team, it shall be incorporated into the updated ISP.
 - b. If the description of services is rejected, it shall be revised with the assistance of the service provider and incorporated into the updated ISP.
- C. The updated ISP.
- 1. Within seven days of the ISP review meeting, the case manager shall prepare an updated ISP which incorporates the findings set forth in R9-21-307(C).
 - 2. The case manager shall personally meet with the client or guardian to explain the updated ISP. The updated ISP shall be otherwise distributed to the other participants of the review meeting.
 - 3. The updated ISP is subject to the client acceptance, rejection, and requests for other service provisions consistent with the provisions of R9-21-401.
 - 4. The updated ISP shall be implemented consistent with the provisions of R9-21-310.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 2003, Ch. 301, § 61, effective June 30, 2003 (Supp. 03-2).

R9-21-314. Modification or Termination of Plans

- A. Requests for modifications or termination of an ISP or any portion of an ISP may be initiated at the ISP review meeting by:
- 1. The client;
 - 2. Any designated representative and/or guardian;
 - 3. A service provider; or
 - 4. Any member of the clinical team.
- B. A request for modification or termination of an ISP shall be directed to the case manager.
- C. The case manager shall give the client, the client's guardian and designated representative, appropriate service provider, and clinical team written notice of any request for modification or termination of the ISP.
- D. An ISP may be modified in order to more appropriately meet the client's needs, goals, and objectives. An ISP may be terminated if:
- 1. The client withdraws consent to the ISP or any portion of the ISP;
 - 2. The client consents to services recommended as more suitable but previously refused by the client;

3. The needs of the client have changed due to progress or lack of progress in meeting the client's goals and
 4. The proposed change will permit the client to receive services which are more consistent with the client's freedom, more integrated in the community, or more likely to maximize the client's ability
 5. The client wants to change the long-term view and the focus of the ISP or no longer needs a service or
 6. The client is no longer eligible for services according to R9-21-303.
- E. The clinical team shall:
1. Be notified by a service provider of any proposed termination or modification of services in the ISP as prior to its implementation;
 2. Promptly inform the client and any designated representative and/or guardian of the requested modification consent to implement such modification or termination; and
 3. Within 20 days of any request for modification or termination of an ISP, approve the request on requirements of subsection (D).
 4. Provide written notice of the right to appeal to the client and any designated representative and guardian R9-21-401(B) whenever service to the client is to be terminated, suspended or reduced.
- F. The case manager shall:
1. Incorporate the approved modification in the current ISP or prepare a revised ISP, as appropriate.
 2. Within five days of any approval by the clinical team, distribute the modified or revised ISP to representative and/or guardian, the members of the clinical team, and all service providers.
 3. Meet with the client or guardian to explain the modification or revision and the client's right to appeal.
- G. If the client or any designated representative and/or guardian does not reject or appeal the termination or modification the date the modified ISP is distributed, the client shall be deemed to have accepted the termination or modification.
- H. The client for whom a modification or termination is proposed or any designated representative and/or guardian shall be notified of the modification or termination according to R9-21-401.
- I. If the clinical team denies the client's or guardian's request to modify or terminate an ISP, the client or guardian may appeal the denial according to R9-21-401.
- J. No modification or termination of an ISP shall be made without the acceptance of the client or any designated representative and/or guardian, unless a qualified clinician determines that the modification or termination is required to avoid a risk to the health or safety of the client or others.
1. Except in an emergency, no requested termination of a client from a particular service or provider may be made unless the standards and procedures set forth in R9-21-210 and the provisions of this rule are satisfied.
 2. The client may not be transferred from one program or location to another while an appeal is pending.
- K. If a qualified clinician determines that the client is no longer eligible for services according to R9-21-303, the clinician shall make a determination of non-eligibility, move to terminate services under the ISP and this rule, and notify the client of the non-eligibility determination and of the right to appeal such determination, in accordance with R9-21-401 and the provision for further treatment shall be made by the case manager or clinical team.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 14, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 2003, Ch. 301, § 61, effective June 30, 2003 (Supp. 03-2).

R9-21-315. Renumbered

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