

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 21. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) - BEHAVIORAL HEALTH SERVICES FOR PERSONS WITH SERIOUS MENTAL ILLNESS

PREAMBLE

1. Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:

June 4, 2024

2. Article, Part, or Section Affected (as applicable)

Rulemaking Action

R9-21-301	Amend
R9-21-302	Amend
R9-21-303	Amend
R9-21-304	Amend
R9-21-305	Amend
R9-21-306	Amend
R9-21-307	Amend
R9-21-308	Amend
R9-21-309	Amend
R9-21-310	Amend
R9-21-311	Amend
R9-21-312	Amend
R9-21-313	Amend
R9-21-314	Amend

3. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statute: A.R.S. § 36-502

Implementing statute: A.R.S. §§ 36-504-546.01, 41-3803, Laws 2022, Chapter 299

4. Citations to all related notices published in the Register that pertain to the current record of the proposed rule:

Notice of Rulemaking Docket Opening: (volume #) A.A.R. (page #), Issue Date: (date published), Issue Number: (number), File number: (R2#-###)

5. The agency's contact person who can answer questions about the rulemaking:

Name: Sladjana Kuzmanovic
Title: Sr. Rules Analyst
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Phoenix, AZ 85034

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6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

The current Chapter 21 rules regarding individuals with serious mental illness outline the standards, procedures, and regulations for their treatment, admission, transfer, and absences within mental health facilities, excluding the state hospital. The proposed rulemaking will amend and clarify rules to provide a better understanding of AHCCCS's responsibilities and oversight related to persons who hold a designation of seriously mentally ill. In particular, this rulemaking is requested to allow AHCCCS to remove the references to Regional Behavioral Health Authority (RBHA) and replace with a more inclusive term to show changes from AHCCCS Complete Care (ACC) integration. The rulemaking will also clarify existing timeline and processes related to grievance and appeals rights for persons who hold a designation of seriously mentally ill, and assist applicants and contractors to better understand and navigate programs. It will promote compliance, reduce confusion, improve efficiency, and align rules with State provisions. Failure to amend the current rules will likely increase compliance issues and ambiguity.

7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The Administration did not review or rely on any study for this rulemaking.

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The preliminary summary of the economic, small business, and consumer impact:

The AHCCCS Administration does not anticipate that these rulemaking changes will have an economic, small business or consumer financial impact due to the technical and conforming nature of them. The authority for all of these changes is legislative or current agency practice, therefore the rules are being brought into alignment with already authorized practices and will not require a change to agency practice or financial impact.

10. The agency's contact person who can answer questions about the economic, small business and consumer impact statement:

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11. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Written comments about this proposed rulemaking will be accepted in person at the address provided under Item #5, Monday through Friday from 8 a.m. to 5 p.m. except for state holidays. Comments will also be accepted via email at the email address provided under Item #5. Mailed written comments shall be postmarked within 30 days of this published notice.

An oral proceeding is scheduled on this proposed rulemaking.

Date: December 2, 2024

Time: 2:00 p.m.

Location: (meet.google.com/txj-ytqj-gfa)

Nature: Public Hearing

Public comment period ends: December 2, 2024 at 5:00 p.m.

Close of record: December 2, 2024 at 5:00 p.m.

12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

There are no other matters prescribed by statute applicable specifically to the Administration or this specific rulemaking.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rule does not require the issuance of a regulatory permit. Therefore, a general permit is not applicable.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

The rules are not more stringent than federal law.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

Not applicable

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

Not applicable

14. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 21. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) - BEHAVIORAL HEALTH SERVICES FOR PERSONS WITH SERIOUS MENTAL ILLNESS

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

Section

- R9-21-301. General Provisions
- R9-21-302. Identification, Application, and Referral for Services of People Persons with Serious Mental Illness
- R9-21-303. Eligibility Determination and Initial Assessment
- R9-21-304. Interim and Emergency Services
- R9-21-305. Assessments
- R9-21-306. Identification of Potential Service Providers
- R9-21-307. The Individual Service Plan
- R9-21-308. Acceptance or Rejection of the Individual Service Plan
- R9-21-309. Selection of Service Providers
- R9-21-310. Implementation of the Individual Service Plan
- R9-21-311. Alternative Services
- R9-21-312. Inpatient Treatment and Discharge Plan
- R9-21-313. Periodic Review of Individual Service Plans
- R9-21-314. Modification or Termination of Plans

ARTICLE 3. INDIVIDUAL SERVICE PLANNING FOR BEHAVIORAL HEALTH SERVICES FOR PEOPLE PERSONS WITH SERIOUS MENTAL ILLNESS

R9-21-301. GENERAL PROVISIONS

- A. Responsibilities of the ~~health plan regional authority~~, clinical team, and case manager.
1. The ~~health plan regional authority~~ is responsible for providing, purchasing, or arranging for all services identified in ISPs.
 - a. The ~~health plan regional authority~~ shall ~~be responsible for the provision of~~ perform all ~~services intake~~ and case management for its ~~geographic service area (GSA), region~~. The ~~health plan regional authority~~ may contract with ~~an a mental health agency to perform intake or case management but only with the written approval of the Administration, which may be given in its sole discretion.~~
 - b. Other services may be provided directly by programs operated by the Administration or by the ~~health plan regional authority~~ through contracts with service providers, or through arrangements with other agencies or generic ~~service~~ providers.
 2. The ~~health plan regional authority~~ and the clinical team shall work diligently to ensure equal access to ~~routine and specialty generic~~ services for its clients in order to ~~assist integrate the client to reach their recovery and resiliency goals in the least restrictive and clinically appropriate environment, into the mainstream of society.~~
 3. The initial clinical team shall work to meet the ~~client's individual's~~ needs from the date of application, ~~or referral, or request~~ for services until such time as eligibility is established and an ISP is developed.
 4. The assigned clinical team shall be ~~primarily~~ responsible for:
 - a. ~~Providing~~ providing continuous treatment, outreach and support to a client and if applicable the client's guardian and desired by the client, their family, for identifying appropriate behavioral health ~~services~~ or ~~other community~~ services, and for developing, implementing ~~a~~ and monitoring ISPs for clients;
 - b. Identifying and presenting to the client and if applicable, the client's guardian and/or if desired by the client, their family, the covered service options, member identified and preferred method of service delivery, including but not limited to: where and how services are delivered, available to assist the client to reach their goals and needs, while considering their preferences and interests;
 - c. Ensuring the provision of all services that are identified in the individual service plan;
 - d. Soliciting and actively encouraging the participation of the client and, if applicable, the client's guardian or other individuals requested by the client, in service planning and treatment;
 - e. Informing the client of the right to have a designated representative throughout the ISP process and to invite family members or other individuals who could contribute to the development of the ISP; and
 - f. Advising the relevant Independent Oversight committee that the client has been determined to need or has requested special assistance.
 5. The case manager, in conjunction with the clinical team, shall:
 - a. ~~Share with the client, their guardian, and any other designated representative identified and requested by the client, the specific services that are available to meet the client's goals, needs, and interests. Identify and explain to the client the specific services available to meet the client's goals, needs, and interests and locate services identified in the ISP;~~
 - a. ~~Locate services identified in the ISP;~~
 - b. Confirm the selection of service providers and include the names and contact information for each provider ~~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 a timely manner and in accordance with the ISP; and
 - e. Regularly monitor ~~e. — Monitor~~ the delivery of services rendered to clients. Monitoring shall include ~~consider~~, at a minimum, evaluation of the consistency of the services to ensure services are focused on assisting the client attain and work toward ~~with~~ the goals and objectives of the ISP.
6. The case manager shall also be responsible to:
- a. Initiate and maintain regular, consistent ~~close~~ contact with clients, guardians, and if desired by the client, their family or other support individual(s), and service providers;
 - b. Provide consistent and ongoing support and assistance to a client, with the client's permission, that is ~~and~~ consistent with the client's individual needs and preferences; ~~needs~~;
 - c. Ensure that each service provider participates in the development of the ISP for the ~~each~~ client; ~~of the service provider~~;
 - d. Ensure that each inpatient facility, according to R9-21R021-312, develops a preliminary ~~an~~ ITDP within 3 days of admission and finalizes the ITDP within seven days of the client's admission to the facility that is integrated in and consistent with the ~~ISP~~;
 - e. Regularly monitor and assess ~~Assess~~ progress toward, and identify impediments to, the achievement of the client's goals, desired outcomes, and needs as ~~objectives~~ identified in the ISP;
 - f. Promote and encourage client involvement in the development, review, and implementation of the ISP;
 - g. Assist in resolving emergencies concerning the implementation of the ISP; ~~Attempt to resolve problems and disagreements with respect to any component of the ISP~~;
 - h. Facilitate resolution of differences among service providers and, if resolution is not achieved, shall refer the matter to the health plan, which shall resolve the matter in accordance with the Administration's policy and in accordance with Articles 2 and 4 of this Chapter. ~~Assist in resolving emergencies concerning the implementation of the ISP~~;
 - i. Attend all periodic reviews of the ISP and ITDP meetings;
 - j. Regularly evaluate and assist ~~Assist~~ in the exploration of less restrictive alternatives to hospitalization or involuntary commitment; ~~and~~
 - k. Seek to obtain a representative for clients who need special assistance or otherwise have limited capacity to articulate their own preferences and to protect their own interests in the ISP process by notifying the Office of Human Rights; and if applicable the client's legal guardian. ~~Otherwise coordinate services provided to the client.~~
 - l. 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 case manager shall ensure the development, modification or revision of a client's ISP and the integration of the ITDP according to this Article.
- a. The inpatient facility clinician responsible for coordinating the ITDP shall immediately notify the client's case manager of the time of the admission and ensure that all treatment and discharge planning includes the case manager.
 - b. The case manager shall be provided notice of all treatment and discharge meetings, shall participate as a full member of the inpatient facility treatment team in such meetings, shall receive periodic and other reports concerning the client's treatment, and shall be responsible for identifying and securing appropriate services to facilitate the client's discharge.

- c. If no case manager has been assigned, the inpatient facility clinician primarily responsible for the client's inpatient care shall, within three days of admission, make a referral to the appropriate health plan regional authority for the appointment of a case manager.
- d. Delays in the assignment of a case manager or in the development or modification of an ISP or ITDP shall not prevent the clinically appropriate discharge of a client from an inpatient facility. ~~Be construed to 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 members of the clinical team in order that they may participate in ITDP meetings.

B. Client participation in service planning.

- 1. It is the responsibility of the health plan regional authority and its service providers to engage in service planning, including, but not limited to, the provision of assessments, case management, ISPs, ITDPs, an ~~service~~ referrals, according to the provisions of these rules for the benefit of a client's clients requesting, receiving, or referred for behavioral health or other services, ~~or community services.~~ Clients and the clients' guardians may refuse to participate in or to receive any service planning. In the event of such refusal, the clinical team shall attempt to engage the client on an on-going basis to try to develop a service plan. Planning shall not be provided against the expressed wishes of the client unless: service planning shall not be provided unless:
 - a. There is an emergency in which a qualified clinician determines that immediate intervention is necessary to prevent serious harm to the client or others according to the provisions of R-9-501 and R-9-502; or
 - b. The client is subject to court-ordered evaluation or treatment according to the provisions of R-9, Article 5;
- 2. A client's refusal to accept a particular service, including case management services, or a particular mode or course of treatment, shall not be grounds for refusing or discouraging 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 to by the client's guardian or the examination is otherwise required by court order.
- 4. A decision to provide services, including assessment, service planning, and case management services; to a client who is refusing such services, or a decision not to provide ~~such~~ services to ~~such~~ an individual, may be appealed according to the provisions of R9-21-401. This subsection does not limit the rights of a client to accept, reject, or appeal part(s) or all of the particular results of the service planning process as identified in other applicable provisions of these rules.

C. Clients with special needs.

- 1. When it is determined during ~~Whenever, according to~~ an assessment or in the development or review of any plan prepared under this Article, ~~it is determined~~ that a client ~~is a client who~~ needs or requests special assistance or a client who needs or requests counsel or advice in making treatment decisions or in enforcing the client's rights, the case manager shall:
 - a. Notify the health plan regional authority, the Office of Human Rights, and the appropriate Independent Oversight human rights committee of the client's need or request so that the client can be provided special assistance from the human rights advocate or ~~special~~ review by the Independent Oversight human rights committee; and
 - b. If the client does not have a guardian, identify a natural support (friend, relative, or other person identified by the client) who is willing to serve as a designated representative in support of or on behalf of the client.
- 2. The clinical team shall arrange ~~make arrangements~~ to have qualified interpreters or other reasonable accommodations, including qualified interpreters for clients who are the deaf and/or hard of hearing, present at any assessment, meeting, service delivery,

notice, review, or grievance for clients who cannot converse adequately in spoken English.

3. Clients who are incarcerated in county jails shall receive ISPs in accordance with R9-21-307. If legitimate security requirements of any county jail in which a client is incarcerated require a reasonable modification of a specific procedure set forth in this rule, the clinical team 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 identified in the ISP, as provided in this Article, or the client's right to appeal any aspect of treatment planning according to R9-21-401, including 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 documents, including eligibility determinations, assessment reports, ISPs, and ITDPs according to this rule shall do so by:
 - a. Providing a copy of the document to the client; individual;
 - b. Providing copies to any designated representative and guardian;
 - c. Personally explaining to the client; individual and designated representative and/or guardian any right to accept, reject, or appeal, in whole or in part, the contents of the document and the procedures for doing so under this Article.
2. Individuals requesting or receiving behavioral health ~~services~~ or other 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 process;
 - c. Of the right to participate in the development of any plan prepared under this Article, including the right to attend all planning meetings;
 - d. Of the right to reject or appeal any portion of any assessment, plan, or modification to an assessment or plan, according to R9-21-401;
 - e. Of the Administration's authority to require disclosure of necessary and relevant information about the individual's needs, income, and resources;
 - f. Of the availability of assistance from the health plan regional authority in obtaining information necessary to determine the need for behavioral health or other services; ~~or community services;~~
 - g. Of the Administration's or ~~mental health~~ agency's authority 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 apply for services at a subsequent time; and
 - i. That if the individual declines any particular service or treatment modality, it will not jeopardize other accepted services.

E. Extensions of time.

1. The time to initiate or complete eligibility determinations, assessments, ISPs, and other actions according to this Chapter may 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 an assessment or evaluation;
 - d. The client or the client's guardian and/or designated representative requests an extension of time;
 - 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 may exceed 20 days, unless 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.

1. Attendance by any person at any meeting that is required or recommended according to this Article may be accomplished through a telecommunications link that is contemporaneous with the meeting.

R9-21-302. IDENTIFICATION, APPLICATION, AND REFERRAL FOR SERVICES OF PEOPLE PERSONS WITH SERIOUS MENTAL ILLNESS

- A.** Each health plan regional authority shall develop and implement outreach programs that identify individuals within the health plan's ~~authority's~~ geographic service area (GSA), including individuals ~~persons~~ who reside in county jails, homeless shelters, or other settings, who are or may be seriously mentally ill.
1. Inpatient facilities shall identify individuals in their respective facilities who are or may be seriously mentally ill.
 2. An individual identified under this subsection shall be referred in writing to the appropriate health plan regional authority for a determination of eligibility as provided in this Article.
- B.** An individual desiring behavioral health ~~services~~ or other community services under this Article may apply to the appropriate health plan regional authority for an assessment to determine a determination of eligibility. ~~A request for an application~~ Application may be made by the individual or on the individual's behalf by their ~~the person's~~ guardian, designated representative, or other appropriate individuals such as a family member or staff of an a mental health agency. Individuals may apply for behavioral health ~~services~~ or other community services regardless of whether they reside in the community, an inpatient facility, a county jail, a homeless shelter, or any other location within the state of Arizona.

R9-21-303. ELIGIBILITY DETERMINATION AND INITIAL ASSESSEMENT

- A.** Upon receipt of a request or referral for a determination of whether an individual is eligible for services under this Chapter, a health plan regional authority shall schedule an appointment for an initial meeting with the applicant by a qualified clinician, to occur no later than seven days after the health plan 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 informed consent to complete an assessment of the applicant from the applicant or, if applicable, the applicant's guardian;
 2. ~~3. 4. 5. 2.~~ Provide to the applicant and, if applicable, the applicant's guardian, the information required in R9-21-301(D)(2), a client rights brochure, and the notice required by R9-~~21-401~~ 21401(B);
 3. Make a clinical judgment as to ~~Determine~~ whether the applicant is competent enough to participate in an assessment, ~~according to R9-21-206;~~
 4. If, during the initial meeting with an applicant by a qualified clinician, the qualified clinician is unable to obtain sufficient information 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, if applicable that would assist in the determination of the applicant’s eligibility for SMI services; and applicable;
 - 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. Conduct an assessment if one has not been completed within the last six months in accordance with AAC R9-10, Article 10; Initiate an assessment according to R9-21-305.
 6. Initiate and complete an assessment according to R9-21-305.
 7. Complete the SMI eligibility determination form; and
 8. Upon completion of the initial evaluation, submit all information to the determining entity within one day.
- C. The qualified clinician in subsection (B) shall obtain information necessary to make an eligibility determination, including:
1. Identifying demographic data and residence, including an individual’s location of residence and if available a social security number; if available;
 2. The reasons for the request or referral for services;
 3. The individual’s psychiatric diagnosis, if available;
 4. The individual’s present level of functioning, based upon the criteria set forth in the definition of “seriously mentally ill”;
 5. The individual’s history of mental/behavioral 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.
- D. If at any time during the course of the eligibility process the qualified clinician determines that the individual has a current case manager, a current assessment, or an ISP, the clinician shall notify the client’s health plan case manager and terminate the eligibility process.
- E. To be eligible for behavioral health ~~services or other community~~ services according to this Chapter the individual must be:
1. A resident of the state of Arizona; and
 2. Be determined seriously F. Seriously mentally ill by the contracted eligibility determining entity.
- F. The qualified clinician in subsection (B) shall submit all information to the determining entity to establish ~~determine~~ whether an applicant is eligible for services under this Chapter and the determining entity shall provide written notice of the SMI eligibility determination to the applicant or, if applicable, the applicant’s guardian according to the following time-frames:
1. If the qualified clinician obtains sufficient information during the initial meeting with the applicant to allow the determining entity to establish ~~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 the referral for further evaluation will be provided to the determining entity;
 2. If the qualified clinician does not obtain sufficient information during the initial meeting with the applicant to allow the determining entity to establish ~~determine~~ whether the applicant is eligible for services under this Chapter, the referral for further evaluation will be provided to the determining entity at the earliest of:
 - a. Within three days of obtaining sufficient information to determine whether the applicant is eligible for services under this Chapter, or
 - b. The time provided according to R9-21-301(E).
- G. At the time the determining entity a qualified clinician provides an applicant with written notice of an SMI eligibility determination

according to subsection (F), the determining entity ~~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 R9-21-401, including the right to an 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 at any time. ~~and~~
2. If the applicant is eligible for services under this Chapter:
 - a. ~~The clinical team shall serve a.~~ ~~Serve~~ as the client's case manager or arrange for the provision of case management services for the client; and
 - b. Initiate with the client the development of a clinical team as defined in R-9-21-101 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 other/additional individual(s) whom the qualified clinician and/or the client deem appropriate and necessary to ensure that the assessment is comprehensive and meets the needs of the client.

H. Nothing in this rule shall be construed to ~~indicate a require the~~ qualified clinician or any other individual who is not employed by the determining entity makes to make the determination of whether the applicant is eligible for services under the Arizona Health Care Cost Containment System (AHCCCS Administration (AHCCCSA)) according to A.R.S. Title 36, Chapter 29.

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 the ISP;
 2. If the applicant or client needs interim services, identify the interim services that are consistent with the client's preferences and needs in addition to the findings in the assessment; ~~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, client, and/or clinical team; 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 or crisis services shall be provided immediately.

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/or the client deem appropriate and necessary to ensure that the assessment is 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, but shall consider the client's circumstances, preferences, and needs and evaluate all available information including:-
- 1. The information obtained during the initial meeting with the client and by a qualified clinician according to R9-21--303(B);
 - 2. Written information such as the client's clinical history, records, tests, and other evaluations;
 - 3. Information from family, friends, and other individuals identified by the client or clinical team.
- C.** An assessment shall include:
- 1. An evaluation of the client's:
 - a. Presenting concerns;
 - b. Current and if applicable, previous behavioral ~~Behavioral~~ health treatment;
 - c. Current and if applicable, previous medical ~~Medical~~ conditions and treatment;
 - d. History of physical, emotional, psychological, or sexual trauma at any stage of life ~~Sexual behavior and, if applicable, sexual abuse;~~
 - e. Current, and ~~Substance abuse,~~ if applicable, previous history of substance use disorder or addiction;
 - f. Current living ~~Living~~ environment;
 - g. Educational and vocational training;
 - h. Current and if applicable/relevant, previous employment; ~~h. Employment;~~
 - i. Interpersonal, and social, ~~and cultural~~ skills and supports;
 - j. Developmental history;
 - k. Current and if applicable, previous criminal ~~Criminal~~ justice history;
 - l. Public and private resources;
 - m. Legal status and apparent capacity;
 - n. History of physical, emotional, psychological, or sexual trauma at any stage of life, if applicable;
 - o. Cultural background, traditions, needs, and preferences;
 - p. ~~n.~~—Need for special assistance; and
 - q. ~~o.~~—Language and communication capabilities;
 - 2. A risk assessment of the client that includes social determinants of health;
 - 3. A mental status examination of the client;
 - 4. A summary, of the assessment including but not limited to client self-report, qualified clinician impressions, and observations, and reports and/or observations from other involved parties;
 - 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 an assessment report based on the information obtained according to R9-21-303 and this Section, including:
1. The development of a long-term plan view by the client with assistance from the clinical team that establishes a method of integration for living, employment and social functioning and 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, regardless of the availability of 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 severity of any illness 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 client to additional interim services or the continuation of interim services already provided;
 7. Identification and explanation ~~An identification~~ of further evaluations which the clinical team deem necessary to determine the services appropriate to the client's needs;
 8. Identification and explanation ~~An identification~~ of information that could not be obtained due to the client's circumstances or unavailability; and
 9. A functional assessment of the client's current status in the areas ~~terms~~ of independent living, employment (or retirement), and social integration and analysis of the support or skills, if any, necessary to achieve the client's long-term plan view.
- E. The qualified clinician shall arrange for any further evaluations recommended by the clinical team. If the client needs assessment in an area beyond the ability or expertise of the clinical team, such assessment shall be conducted by professionals with appropriate credentials and; with the client's or guardian's consent. The need for further evaluations shall not ~~unreasonably~~ delay the preparation of the ISP.
- F. If a qualified clinician determines that the client is a client who needs special assistance, the case manager shall: ~~1. Notify the regional authority, the Office of Human Rights, and the appropriate human rights committees of the client's need so that the client can be provided special assistance from the human rights advocate or special review by the human rights committee; and 2. If the client does not have a guardian, identify a friend, relative or other person who is willing to serve as a designated representative of the client.~~
1. Notify the health plan, the Office of Human Rights, and the appropriate Independent Oversight Committees of the client's need so that the client can be provided special assistance from the human rights advocate or review by the Independent Oversight Committee; and
 2. If the client does not have a guardian, identify a friend, relative, or other person who is willing to serve as a designated representative of the client.
- G. Upon completion of the assessment report, copies shall be sent to the client, the designated representative, if any, the guardian, and all service providers who have been identified by the case manager or health plan ~~regional authority~~ to serve the client.

R9-21-306. IDENTIFICATION OF POTENTIAL SERVICE PROVIDERS

- A. ~~When the~~ As soon as needs of the client for particular services are identified through the eligibility determination, assessment, or other Notice of Proposed Rulemaking

Further evaluation processes, the clinical team in conjunction with the client shall immediately begin considering and choosing potential service providers to participate in the development of the client's ISP as referenced in R9-21-304.

1. Within five days of the completion of the assessment report, the clinical team and the client shall complete the identification of service providers most appropriate to meet the client's needs and in accordance with the client's preferences.
 2. The case manager shall promptly contact the identified providers to determine their ability and capacity to serve the client.
 3. Within 10 days of the completion of the assessment report, the case manager shall request identified providers able to serve the client to participate in the development of the client's ~~ISP Individual Service Plan~~. All identified providers shall be provided notice of the time and place of the ISP meeting.
- B.** The clinical team, in conjunction and to the greatest extent possible, consultation with the client, shall determine which provider(s) are the most appropriate to serve the client. The 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 them to understand the client's long term plan 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 written description of the nature, type, and frequency of services provided or to be provided by the agency.

R9-21-307. THE INDIVIDUAL SERVICE PLAN

- A.** General provisions.
1. An individual service plan (ISP) for each client shall be developed by the clinical team and include the client in all phases of plan to the greatest extent the client is able to participate. ~~each client.~~
 2. The ISP shall include the most appropriate and least restrictive services, consistent with the client's needs and preferences, as identified in the assessment conducted according to R9-21-305, and without regard to the availability of services or resources.
 3. The ISP shall identify those services which maximize the client's strengths, independence, and integration into the community.
 4. Routine ~~Generic~~ services available to the general public should be utilized, to the maximum extent possible, when adequate to meet the 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 are, to the maximum extent possible, adequate, appropriate, consistent with the client's needs, and least restrictive of the client's freedom.
 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 the ISP process and to invite family members or other people the client feels ~~persons who~~ could contribute to the development of the ISP. The case manager shall seek to obtain a representative for clients who need special assistance or otherwise have limited capacity to articulate their own preferences and to protect their own interests in the ISP process and shall advise the relevant Independent Oversight Committee that the client has been determined to need or has requested special assistance. ~~human rights committee that the client has~~

~~been determined to need special assistance.~~

8. The ISP shall contain goals and objectives ~~that which~~ are reasonable, meaningful, and measurable and ~~which~~ facilitate meaningful evaluation of the progress toward attaining those goals and objectives.
9. The ISP shall incorporate ~~a specific descriptions~~ description of the client objectives, services, and interventions for each ~~mental health~~ agency which will provide services to the client. Each existing service provider will bring ~~to the ISP meeting~~ a detailed written description of the objectives and services currently in effect for the client to the ISP meeting.
10. For residents of an inpatient facility, the facility's treatment and discharge plan shall be developed according to R9-21-312 and 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 an ISP which describes ~~all the~~ community services, including alternative housing and residential supports, that will be provided when the client leaves the facility.
12. The ISP shall be written in language which can be easily understood by a lay person and to the greatest extent possible, the client and client's designated representative.
13. In developing the ISP, the case manager shall facilitate resolution of differences among service providers and, if resolution is not achieved, shall refer the matter to the health plan regional authority, which shall resolve the matter in accordance with the Administration's policy.

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 at a convenient time and 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 individuals ~~persons~~ of the time, date and location of the ISP meeting at least 10 days prior to the meeting:
 - a. The client, any designated representative and guardian, including an invitation to submit relevant information in writing if their attendance is not possible;
 - 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 individuals 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, 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 plan view in each of the areas listed in R9-21-305(B);
 - b. The findings and conclusions obtained during the assessment, further evaluations, including a list of further evaluations to be completed, and any interim services provided;
 - c. Any existing ITDP according to R9-21-312;

- d. The client's preferences regarding services and service providers;
- e. Recommended long-term or alternative services;
- f. Current or proposed service providers, including the need to have service providers with staff who have language and communications 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 individuals ~~persons~~ to ensure that services are provided as set forth in the ISP, adequately coordinated, and regularly monitored for effectiveness;
- i. The procedure for completion and implementation of the ISP process, including the procedures for accepting, rejecting, or 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 plan ~~view~~ and the client's preferences, strengths, and needs in all relevant areas listed in R9-21-305(C), including present functioning level and medical condition, with documentation of any chronic medical ~~medical~~ condition and a ~~which requires regular monitoring or intervention.~~
- 2. A description of the most appropriate and least restrictive services consistent with the client's needs and without reference to existing resources.
- 23. A statement of whether the client requires a service provider ~~providers~~ with staff who are competent in any language other than English in order to communicate with the client.
- 34. Target dates for commencement of each service or date each service commenced and the their ~~their~~ anticipated duration of the service.
- 45. Long range goals for each service to support ~~which will assist~~ the client in attaining the most self-fulfilling, age-appropriate, and independent style of living possible for the client, ~~consistent with client's preference, stated in the terms which allow objective measurement of progress and which the client,~~ to the maximum extent possible, both understands and adopts.
- 56. Short range goals ~~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.
- 67. Expected dates of completion for each objective.
- 78. Individuals or people ~~Persons~~ and service providers responsible for each objective.
- 89. Identification of each ~~generic or service~~ provider responsible for providing the specific service required to meet each of the client's needs and in accordance with their preferences, including the name, ~~and~~ address, and telephone number of the provider and address of the location where the service will be provided.
- 94. A detailed description of the client objectives and services for each ~~mental health~~ agency that ~~which~~ will provide services to the client.
- 104. Identification of any need for alternative housing or residential setting, including the support and monitoring to be provided after any change in housing or residential setting as provided in R9-21-310(D).
- 114. Based upon assessments and other available information, a determination of the following:
 - a. The client's capacity to:
 - i. Make competent decisions on matters such as medical and mental/behavioral health treatment, finances, and releasing confidential 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; ~~and~~.
- c. The client's need for special assistance.

~~1243.~~A list of the assessments which were not completed due to the client's current mental or physical condition or due to the clinical team's inability to access records together with a statement of the causes and plans to obtain these assessments.

~~1344.~~A description of the methods and ~~people or individuals~~ ~~persons~~ responsible for ensuring that services are:

- a. Provided as set forth in the ISP;
- b. Adequately coordinated; and
- c. Regularly monitored for effectiveness.

~~1445.~~A statement of the right of the client, designated representative, or guardian to ~~accept or reject the ISP~~, request other services, accept, reject, or appeal the ISP or any aspect of the ISP.

~~1546.~~A statement that the client's or guardian'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 request for an SMI eligibility 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 ~~people or individuals;~~ ~~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.

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 all or any portion of the ISP, determine if there is a ~~or~~ request for other services, if there has not been acceptance, rejection, or a request prior to that date.
- B. If the client or guardian does not object to the ISP within 30 days of receipt of the plan, ~~it the client~~ shall be deemed that the client ~~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 provide written notice to the client or guardian of the right to immediately appeal the ISP according to R9-21-401 or to meet with the clinical team within seven days of the rejection to discuss the plan and suggest modifications. The case manager shall arrange the meeting at a convenient time and place for the client, any designated representative and/or guardian, and the clinical team. Services shall be provided during the appeal process if the absence of these services would be an impairment to the functions of daily life or affect the social determinants of health.
- D. If the client's proposed modifications are adopted by the clinical team, the case manager shall arrange for approval of the modifications 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 or guardian 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 meeting with the clinical team or an appeal.

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, after consultation with the clinical team, the client when applicable, and the provider, shall ~~verify~~ ~~determine~~ whether each of these providers are able to serve ~~capable of serving~~ the client.

1. A contracted service provider shall not refuse to serve a client except for good cause related to the inability of the service provider to safely and professionally meet the client's needs as identified in the ISP.
2. If a contracted service provider ~~believes it is~~ unable to meet ~~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 contracted service provider shall specify the reasons for its conclusion that it can not meet the client's needs.

B. If the clinical team determines that a housing, residential or vocational service provider identified in the ISP is not capable of serving the client, the case manager shall, with the approval of the clinical team and client, identify another provider who is qualified to provide the services identified in the client's ISP, introduce the client to the new service provider and obtain their consent to engage with 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 not capable of serving a client, the case manager shall, with the approval of the clinical team and the client, identify another provider that is qualified to provide the services identified in the client's ISP. The case manager shall promptly distribute the ISP to the alternative service provider.

D. All selected service providers shall indicate agreement with ~~sign~~ the ISP via signing the document or verbal consent documented by the clinical team in the client's record and implement the identified services.

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 timetable identified in 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 not be provided 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 service, 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 obtain appropriate housing or residential supports. These efforts may include showing the client the house or apartment in which the client could reside, introducing the client to other residents of the residential setting, as appropriate, and permitting the client to live in the alternative setting on a trial basis. Clients ~~All clients~~ shall be informed that they may elect to move at any time in the future subject to the terms of any lease, mortgage, contract, or other legal agreement between the client and the housing provider unless limited by court order.

D. For at least the first two months after a client moves to a new residential setting, the case manager shall coordinate and monitor support services, as identified in the client's ISP, in order to foster the maintenance of the client's key relationships with others, to 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 alter, terminate, or otherwise interrupt services required under the ISP except parts of the ISP that have been modified according to R9-21-314;
2. A provision that the service provider shall cooperate with the Administration in collecting data necessary to determine if the Administration 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 toward achievement of ISP goals and objectives and that meet applicable requirements of law, contract, and professional standards.

R9-21-311. ALTERNATIVE SERVICES

- A. If the services identified in the ISP are immediately ~~not currently~~ available, the clinical team shall develop a ~~an alternative~~ plan for alternative services; based upon the client's strengths, needs, and preferences as set forth in the assessment conducted according to R9-21-305. The plan for 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 an ISP and may be developed at the same meeting with the ISP if the clinical team is aware that appropriate services are not immediately ~~currently~~ available. If at an ISP meeting the clinical team does not know whether the appropriate services are immediately available, the clinical team shall use diligent efforts to locate the identified services. If appropriate services are determined to be unavailable, the ISP meeting shall be reconvened within 30 days of the date services were determined to be unavailable to develop an ISP for alternative services.
- C. The plan for alternative services shall identify those available mental/behavioral health and generic services which are, to the maximum extent 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 projected date for the initiation of each service.
- E. If the clinical team determines that a recommended service is unavailable or does not exist, it shall forward a description of that service to the director of the health plan ~~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 Administration, if the appropriate service cannot be located or developed through existing services or reallocated resources; and
 3. Maintain ~~maintain~~ a list of unmet service needs.
- F. The Administration shall use information concerning unmet service needs to provide the appropriate service through existing services or 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.

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 client, the case manager and other members of the clinical team, as appropriate.
 3. The ITDP shall include the most appropriate and least restrictive services available at the inpatient facility, as well as a plan for the client's discharge to the community.
 4. The ITDP shall identify those treatment interventions and services which maximize the client's strengths, independence, and integration into the community.

5. The ITDP shall be developed with the fullest possible participation of the client and any designated representative and/or guardian.
6. The ITDP shall contain goals and objectives which are measurable and which facilitate meaningful evaluation of the progress toward attaining those goals and objectives.
7. The ITDP shall be written in language ~~that 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 ITDP shall not be construed to 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 meeting and to have other ~~people persons~~, including family members when requested by the client, attend the meeting. The case manager shall ensure that the human rights advocate is notified of the time and date of the ITDP for clients who need or request special assistance.
2. The following ~~people 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 ~~people 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 of the case manager, contribute to the ITDP meeting.
3. The ITDP meeting shall include a discussion of:
 - a. A review of the ISP's long-term ~~plan; view;~~
 - b. If necessary, a new functional assessment of the supports or skills necessary to achieve the client's long term plan; term ~~view;~~
 - 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 accepting, rejecting, or appealing all or part of the ITDP;
 - g. The right of the client or guardian to accept or reject the ITDP, request other services, or appeal the ITDP or any aspect of the ITDP;
 - hg. 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 for effectiveness.

C. Inpatient treatment and discharge plan.

1. The facility treatment team, the client, the case manager, and other representatives of the clinical team, as appropriate, shall develop a preliminary ITDP within three days, and a full ITDP within seven days thereafter, of the client's admission. Where a client's anticipated stay is less than seven days, an acute inpatient facility shall develop a preliminary ITDP within one day and

a full ITDP within three days of a client's admission.

2. The ITDP shall be consistent with the goals, objectives, preferences, and identified ~~and~~ services set forth in the client's ISP and shall be incorporated into the ISP.
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-fulfilling, age-appropriate, and independent style of living possible, stated in terms which allow objective measurement of progress and which the client, to the maximum extent possible, both understands and accepts;
 - 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. Individuals or people ~~Persons~~ responsible for each objective;
 - g. The person responsible for ensuring that services are actually provided and are regularly monitored; and
 - h. The right of the client or guardian to accept or reject the ITDP, request other services, or appeal the ITDP or any aspect of 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 people: ~~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 case manager concerning 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 distributed, ~~it the client~~ shall be deemed that the client or their guardian ~~to have~~ accepted the ITDP.
3. If the client or guardian rejects some or all of the treatment interventions or services identified in the ITDP or requests other services, the case manager shall provide written notice to the client of the right to meet with the treatment team coordinator within five days of the rejection to discuss the plan and to suggest modifications, or to immediately appeal the plan according to R9-21-401.
4. If modifications are agreed to by the treatment team coordinator and the client or guardian, the treatment team coordinator shall arrange for approval of the modifications by all members of the inpatient facility's treatment team, the case manager, and 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 and guardian of the right to appeal according to R9-21-401. The client or guardian may appeal findings or recommendations in the ITDP 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 pending the outcome of the meeting with the treatment team coordinator or an appeal.

F. The updated ITDP.

1. The facility treatment team, the case manager, and other representatives of the clinical team, as appropriate, shall review the ITDP as frequently as necessary, but at least once within the first 30 days of completing the plan, every 60 days thereafter 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 of the client's freedom, and consistent with the ISP, it shall approve the ITDP by incorporating it into the ISP. If the clinical team disapproves of the ITDP, it shall convene an ISP meeting, which includes the inpatient facility treatment team and the client, to prepare a revised ITDP.
2. The clinical team, with the assistance of the inpatient facility's treatment team, shall be responsible for implementing the plan for the client's discharge.
3. The case manager will provide notice to those providers identified in the client's ISP three days prior to the client's actual 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 ISP is being implemented.
5. The case manager shall review the ISP with the clinical team within 30 days of the discharge to determine whether any modifications are appropriate, consistent with the standards and requirements set forth in R9-21-314.

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, the first ISP review shall be held within 30 days from the date on which all such providers have initiated services to the client. Each service provider shall bring to the review a detailed description of the objectives and services currently in effect for the client.
2. Where the ISP includes only primary service providers that currently serve the client, the first ISP review shall be held within six months 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 or when requested by the client. The ISP review shall be chaired 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 preferences, needs, and are 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 and/or guardian.

B. The ISP review.

1. At least 10 days prior to the ISP review meeting, the case manager shall invite, in writing, the following people ~~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, will contribute to the ISP review.
2. The ISP review shall, to the extent possible given the circumstances of the client and the availability of information, consider:
- a. Whether there has been any change in the clinical, social, training, medical, vocational, educational and personal needs or preferences of the client;
 - b. Whether the client needs or requests any further assessment or evaluations;
 - c. Whether the services being provided to the client continue to be appropriate to meet the client's needs, least restrictive of the client's freedom, are consistent with the client's preferences, and are as integrated as possible in the client's home community;
 - d. Whether there has been progress towards attainment of the long-term plan view, and each of the goals and objectives stated in 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 having a guardian or conservator appointed or removed, or in the client's need or request for special assistance;
 - g. Whether any change in the client's circumstances should result in a modification of the client's priority of need for services not currently provided; and
 - h. Whether there has been any change in the availability of services formerly determined to be needed but not then available.
3. The client, any designated representative and/or guardian, and clinical team will review each service provider's detailed description of current objectives and services to determine whether it is consistent with the client's preferences, needs, is least restrictive of the client's freedom, 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 the 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, as revised, 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 includes all of the elements set forth in R9-21-307(C).
- 2. The case manager shall personally meet with the client and/or guardian to explain the updated ISP. The updated ISP shall be mailed or 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 of R9-21-308 and the appeal provisions of R9-21-401.
- 4. The updated ISP shall be implemented consistent with the provisions of R9-21-310.

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 or at any other time 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 providers, and the client's 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 shall be modified where:
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 objectives;
 4. The proposed change will permit the client to receive services which are more consistent with the client's preferences, needs, less restrictive of the client's freedom, more integrated in the community, or more likely to maximize the client's ability to live independently;
 5. The client wants to change the long-term view and the focus of the ISP or no longer needs a service or services; or
 6. The client is no longer eligible for services according to the clinical team 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 soon as possible and always prior to its implementation;
 2. Promptly inform the client and any designated representative and/or guardian of the requested modification and seek the client's 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 only if the request meets the requirements of subsection (D).
 4. Provide written notice of the right to appeal to the client and any designated representative and guardian in accordance with 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 the client, any designated 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 according to R9-21-401.
- G. If the client or any designated representative and/or guardian does not reject or appeal the termination or modification within 30 days of 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 may appeal a 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 the designated representative and/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 and meets the following criteria: ~~to avoid a serious or immediate threat 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 considered unless the standards and procedures set forth in R9-21-210 and the provisions of this rule are satisfied; and.
 - 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 qualified clinician shall make a determination of non-eligibility, move to terminate services under the ISP and this rule, and notify in writing the client of the non-eligibility determination and of the right to appeal such determination, in accordance with R9-21-401. When appropriate, referral and provision for further treatment shall be made by the case manager or clinical team.