

Arizona

Agency	Arizona Department of Health Services, Division of Public Health Licensing Services, Bureau of Residential Facilities Licensing
Contact	Dawn Butler, Bureau Chief Assisted Living
E-mail	dawn.butler@azdhs.gov
Web Site	https://www.azdhs.gov/licensing/residential-facilities/index.php#providers-home

Opening Statement The Division of Public Health Licensing Services, Bureau of Residential Facilities Licensing, licenses assisted living facilities. The license is sub-classified based on size and level of services provided. All facilities are required to comply with resident rights, food service requirements, administration requirements, abuse reporting, and resident agreements. Training requirements vary depending upon level of care. Physical plant requirements vary depending upon size.

Licensure Term Assisted Living Facilities

Definition Assisted Living Facility means a residential care institution, including Adult Foster Care, that provides or contracts to provide supervisory care services, personal care services, or directed care services on a continuing basis.

Regulatory and Legislative Update Recent changes were made that require Memory Care Services Training Program that includes significant hours and prescriptive areas of memory care training as well as requirements for who is qualified to perform the training. R9-10 has several other areas of change including some definitions. Other changes include memory care medication services policies and procedures, admissions limitations and elopement drill updated requirements.

Move-in Requirements Including Required Disclosures/Notifications A facility must not accept or retain a resident who requires physical or chemical restraints; medical services; nursing services unless the facility complies with specified requirements; behavioral health residential services; or services that the assisted living facility is not licensed or able to provide.

Residents in facilities licensed to provide Personal Care Services or Directed Care Services may not be bed bound, have stage III or IV pressure sores, or require continuous nursing services unless the resident is under the care of a licensed hospice service agency or continuous nursing services are provided by a private duty nurse.

Assisted living facilities licensed to provide Personal Care Services

may also not admit or retain residents who are unable to direct selfcare. Additionally, these facilities may only retain residents who are bed bound or have stage III or IV pressure sores in limited specified circumstances. Before or at the time of a resident's acceptance by a facility, the manager must provide a copy of:

- (1) the residency agreement that includes information such as a list of services to be provided, list of services available at an additional fee, policy for refunding fees, and policy and procedure for terminating residency;
- (2) resident's rights; and
- (3) the policy and procedure on health care directives.

Facility Scope of Care

There are three licensed levels of care.

1. "Supervisory Care Services" means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis, and assistance in the self-administration of medications.

2. "Personal Care Services" means assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medications and treatments by a licensed nurse. A facility licensed to provide Personal Care Services may not accept or retain residents unable to direct their own care.

3. "Directed Care Services" means programs and services provided to persons who are incapable of recognizing danger, summoning assistance, expressing need, or making basic care decisions

The assisted living facility shall only admit or retain residents whose cognitive and physical care needs can be safely managed within the area or areas in an assisted living facility where memory care services are provided.

An assisted living facility authorized to provide directed care services and is providing memory care services shall incorporate evidence-based specialized environmental features that:

1. Use clear, easy-to-understand signage and visual cues to help residents navigate their surroundings;
2. Reduce environmental factors that may cause confusion or distress, such as loud noises or overly bright lighting;
3. Prevent residents from accessing materials, furnishings,

equipment, activities, or treatments that may pose a health or safety risk;

4. Support resident movement and engagement;
5. Promote independence and overall well-being;
6. Ensure easy access and intuitive wayfinding; and
7. Facilitate engagement and encourage participation in meaningful daily tasks and activities.

Limitations of Services

A facility must not accept or retain a resident who requires physical or chemical restraints; medical services; nursing services unless the facility complies with specified requirements; behavioral health residential services; or services that the assisted living facility is not licensed or able to provide.

Residents in facilities licensed to provide Personal Care Services or Directed Care Services may not be bed bound, have stage III or IV pressure sores, or require continuous nursing services unless the resident is under the care of a licensed hospice service agency or continuous nursing services are provided by a private duty nurse.

Assisted living facilities licensed to provide Personal Care Services may also not admit or retain residents who are unable to direct selfcare. Additionally, these facilities may only retain residents who are bed bound or have stage III or IV pressure sores in limited specified circumstances.

Resident Assessment Requirements and Frequency

A resident assessment and service plan must be initiated at the time of resident move-in and completed within 14 days of acceptance. The service plan must be updated every three months for directed care, every six months for personal care, and annually for supervisory care. Service plans must be updated, for any resident, with any change of condition.

For a resident who requests or receives behavioral care from the assisted living facility, an evaluation must occur within 30 days before acceptance, or the resident begins receiving behavioral care. An evaluation must occur again at least once every six months throughout the duration of the resident's need for behavioral care.

Medication Management

Medication administration is permitted by licensed nurses. Certified assisted living managers and trained caregivers may also provide medication assistance to residents and may provide medication administration with a physician order and proper training. The state has specific requirements for opioid prescribing and treatment.

Policies and procedures for medication services shall also include

**Staff Scheduling
Requirements**

procedures for administering medication to residents receiving memory care services.

Facilities must follow directed care rules. An overview of Alzheimer's disease and other dementia is required for directed care.

Assisted living facilities must have a designated manager who is responsible for daily operations. The regulations require that sufficient staff must be present at all times to provide services consistent with the level of service for which the facility is licensed. There are no staffing ratios.

**Administrator/Director
Education and Training
Requirements**

A Certified Manager training program must provide a training program that consists of at least 40 hours of classroom instruction. In addition to this the individual is required to be either a certified caregiver, LPN, or SNF administrator.

In 2025 additional requirements were added for memory care services trainers who are required to be either a RN, CDP or equivalent certification, ADCT or equivalent certification, RN-BC or equivalent specializing in care of older adults, End of Life and Palliative Care Certification or two years experience providing memory care services. All of the aforementioned must also have a current memory care services certificate of completion.

RS-10-25 also lays out the eligibility options for an individual who is not an RN such as other degrees coupled with specific training/certifications required.

**Direct Care Staff
Education and Training**

All staff must be trained in first aid and CPR specific to adults.

Caregivers must: be at least 18 years of age; be trained at the level of service the facility is licensed to provide; and have a minimum of three months of health-related experience. Caregivers, which are staff who provide supervisory care services, personal care services, or directed care services to a resident, must have specified qualifications, such as completing a caregiver training program or having a nurse's license. Assistant caregivers must be at least 16 years of age. Their qualifications, skills, and knowledge are based on the types of services to be provided and the acuity of residents receiving services. In addition, a caregiver training program shall ensure that the training program consists of at least 62 hours of instruction including fifty hours of classroom instruction.

R9-10-122 Adds significant training details for trainers, staff and contractors which includes a department approved certificate program involving 8 hours of training for staff and contractors and at least 4 additional hours for managers. Department approval details are also included in R9-10-122

Quality Requirements

Managers are required to ensure that: a plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:

- (1) A method to identify, document, and evaluate incidents;
- (2) A method to collect data to evaluate services provided to residents;
- (3) A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
- (4) A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
- (5) The frequency of submitting a documented report required in subsection (2) to the governing authority;

A documented report is submitted to the governing authority that includes:

- (1) An identification of each concern about the delivery of services related to resident care, and
- (2) Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care.

The report required above and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Infection Control Requirements

Managers are required to ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a resident that cover infection control.

Emergency Preparedness

Managers are required to ensure that a disaster plan is developed, documented, and maintained in a location accessible to caregivers and assistant caregivers. The plan must include:

- (1) When, how, and where residents will be relocated;
- (2) How a resident's medical record will be available to individuals providing services to the resident during a disaster;
- (3) A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
- (4) A plan for obtaining food and water for individuals present in the assisted living facility or the assisted living facility's relocation site during a disaster.

The disaster plan must be reviewed at least once every 12 months. Additionally, a disaster drill for employees must be conducted on each shift at least once every three months and documented. An evacuation drill for all employees and residents, except any residents whose medical record indicates they would be harmed by

evacuating for the drill and any caregivers necessary to maintain the safety of residents not evacuated, must be conducted at least once every six months. Detailed information on the evacuation drill must be maintained for at least 12 months. The regulations also require that an evacuation path be conspicuously posted in each hallway of each floor of the assisted living facility.

If the assisted living facility is authorized to provide directed care services, an elopement drill for employees:

- a. Conduct an elopement drill every six months on each shift and document the date, time, and description of each drill; and
- b. Immediately investigate any elopement and notify the designated family member(s), legal guardian, or other responsible person within 24 hours.

Medicaid Policy and Reimbursement

<https://humanservices.arkansas.gov/divisions-shared-services/aging-adult-behavioral-health-services/find-home-community-based-services-for-adults-seniors/living-choices/>
Living Choices Assisted Living Waiver 1915(c)

Citations

<http://www.azhca.org>
<https://www.azdhs.gov/licensing/residential-facilities/index.php#providers-home>
https://apps.azsos.gov/public_services/Title_09/9-10.pdf (only Article 8 relevant - download doc, then print to PDF to take certificate off then edit out all other chapters)