

SENATE BILL NO. 120

INTRODUCED BY FRANKLIN
BY REQUEST OF THE DEPARTMENT OF CORRECTIONS
AND HUMAN SERVICES

IN THE SENATE

JANUARY 11, 1993	INTRODUCED AND REFERRED TO COMMITTEE ON PUBLIC HEALTH, WELFARE, & SAFETY.
	FIRST READING.
FEBRUARY 16, 1993	COMMITTEE RECOMMEND BILL DO PASS AS AMENDED. REPORT ADOPTED.
FEBRUARY 17, 1993	PRINTING REPORT.
FEBRUARY 18, 1993	SECOND READING, DO PASS.
FEBRUARY 19, 1993	ENGROSSING REPORT.
	THIRD READING, PASSED. AYES, 50; NOES, 0.
	TRANSMITTED TO HOUSE.

IN THE HOUSE

FEBRUARY 23, 1993	INTRODUCED AND REFERRED TO COMMITTEE ON HUMAN SERVICES & AGING.
	FIRST READING.
MARCH 9, 1993	COMMITTEE RECOMMEND BILL BE CONCURRED IN AS AMENDED. REPORT ADOPTED.
MARCH 11, 1993	ON MOTION, CONSIDERATION PASSED FOR THE DAY.
MARCH 12, 1993	ON MOTION, CONSIDERATION PASSED FOR THE DAY.
MARCH 13, 1993	SECOND READING, CONCURRED IN.
MARCH 16, 1993	THIRD READING, CONCURRED IN. AYES, 98; NOES, 2.
MARCH 17, 1993	RETURNED TO SENATE WITH AMENDMENTS.

IN THE SENATE

MARCH 19, 1993

RECEIVED FROM HOUSE.

ON MOTION, CONSIDERATION PASSED
TILL 64TH LEGISLATIVE DAY.

MARCH 22, 1993

SECOND READING, AMENDMENTS
CONCURRED IN.

MARCH 23, 1993

THIRD READING, AMENDMENTS
CONCURRED IN.

SENT TO ENROLLING.

REPORTED CORRECTLY ENROLLED.

1 Senate BILL NO. 120
 2 INTRODUCED BY Franklin
 3 BY REQUEST OF THE DEPARTMENT OF CORRECTIONS
 4 AND HUMAN SERVICES

5
 6 A BILL FOR AN ACT ENTITLED: "AN ACT RELATING TO TREATMENT
 7 AND DISCHARGE OF PATIENTS ADMITTED TO A MENTAL HEALTH
 8 FACILITY; REVISING THE REQUIREMENTS GOVERNING THE
 9 ESTABLISHMENT AND PERIODIC REVIEW OF PATIENT TREATMENT
 10 PLANS, THE KEEPING OF PATIENT RECORDS, AND THE DEVELOPMENT
 11 OF INDIVIDUALIZED DISCHARGE PLANS; AMENDING SECTIONS
 12 53-21-162 AND 53-21-165, MCA; AND REPEALING SECTION
 13 53-21-163, MCA."

14
 15 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

16 **Section 1.** Section 53-21-162, MCA, is amended to read:

17 "53-21-162. Establishment of patient treatment plan --
 18 patient's rights. (1) Each patient admitted as an inpatient
 19 to a mental health facility ~~shall~~ must have a comprehensive
 20 physical and mental examination and review of behavioral
 21 status within 48 hours after admission to the mental health
 22 facility.

23 (2) Each patient ~~shall~~ must have an individualized
 24 treatment plan. This plan ~~shall~~ must be developed by
 25 appropriate professional persons, including a psychiatrist,

1 and ~~shall~~ must be implemented no later than 10 days after
 2 the patient's admission. Each individualized treatment plan
 3 ~~shall~~ must contain:

4 (a) a statement of the nature of the specific problems
 5 and specific needs of the patient;

6 (b) a statement of the least restrictive treatment
 7 conditions necessary to achieve the purposes of ~~commitment~~
 8 hospitalization;

9 (c) a description of ~~intermediate---and---long-range~~
 10 treatment goals, with a projected timetable for their
 11 attainment;

12 (d) a statement and rationale for the plan of treatment
 13 for achieving these ~~intermediate-and-long-range~~ goals;

14 (e) a specification of staff responsibility ~~and--a~~
 15 ~~description--of--proposed-staff-involvement-with-the-patient~~
 16 ~~in-order-to-attain-these-treatment-goals; for attaining each~~
 17 treatment goal; and

18 ~~{f}--criteria-for-release-to-less-restrictive--treatment~~
 19 ~~conditions-and-criteria-for-discharge--and~~

20 ~~{g}{f}~~ a notation of any therapeutic tasks and labor to
 21 be performed by the patient.

22 ~~{3}--As--part--of-his-treatment-plan, each-patient-shall~~
 23 ~~have-an-individualized-aftercare-plan--This--plan--shall--be~~
 24 ~~developed--by--a--professional-person-as-soon-as-practicable~~
 25 ~~after-the-patient's-admission-to-the-facility.~~

~~{4}~~--In the interests of continuity of care, whenever possible one professional person {who need not have been involved with the development of the treatment plan} shall be responsible for supervising the implementation of the treatment plan, integrating the various aspects of the treatment program, and recording the patient's progress. This professional person shall also be responsible for ensuring that the patient is released, where appropriate, into a less restrictive form of treatment.

~~{5}~~--The treatment plan shall be continuously reviewed by the professional person responsible for supervising the implementation of the plan and shall be modified if necessary. Moreover, at least every 90 days each patient shall receive a mental examination from and his treatment plan shall be reviewed by a professional person other than the professional person responsible for supervising the implementation of the plan.

(3) Overall development, implementation, and supervision of the treatment plan must be assigned to an appropriate professional person.

(4) The inpatient mental health facility shall periodically reevaluate the patient and revise the individualized treatment plan based on changes in the patient's condition. At a minimum, the treatment plan must be reviewed:

- (a) at the time of any transfer within the facility;
- (b) at the time of discharge;
- (c) upon any major change in the patient's condition;
- (d) at the conclusion of the initial estimated length of stay and subsequent estimated lengths of stay; and
- (e) no less than every 90 days.

~~{6}~~(5) A patient has the right:

(a) to ongoing participation, in a manner appropriate to the patient's capabilities, in the planning of mental health services to be provided and in the revision of the plan;

(b) to a reasonable explanation of the following, in terms and language appropriate to the patient's condition and ability to understand:

(i) the patient's general mental condition and, if given a physical examination, the patient's physical condition;

(ii) the objectives of treatment;

(iii) the nature and significant possible adverse effects of recommended treatments;

(iv) the reasons why a particular treatment is considered appropriate;

(v) the reasons why access to certain visitors may not be appropriate; and

(vi) any appropriate and available alternative

1 treatments, services, or providers of mental health
2 services; and

3 (c) not to receive treatment established pursuant to
4 the treatment plan in the absence of the patient's informed,
5 voluntary, and written consent to the treatment, except
6 treatment:

7 (i) during an emergency situation if the treatment is
8 pursuant to or documented contemporaneously by the written
9 order of a responsible mental health professional; or

10 (ii) permitted under the applicable law in the case of a
11 person committed to a facility by a court.

12 ~~(7)(6)~~ In the case of a patient who lacks the capacity
13 to exercise the right to consent to treatment described in
14 subsection ~~(6)(c)~~ (5)(c), the right must be exercised on
15 behalf of the patient by a guardian appointed pursuant to
16 the provisions of Title 72, chapter 5.

17 ~~(8)(7)~~ The department shall develop procedures for
18 initiating limited guardianship proceedings in the case of a
19 patient who appears to lack the capacity to exercise the
20 right to consent described in subsection ~~(6)(c)~~ (5)(c)."

21 **Section 2.** Section 53-21-165, MCA, is amended to read:

22 **"53-21-165. Records to be maintained.** Complete patient
23 records ~~shall~~ must be kept by the mental health facility for
24 the length of time required by rules established by the
25 department of health and environmental sciences. All records

1 kept by the mental health facility ~~shall~~ must be available
2 to any person authorized by the patient in writing to
3 receive these records and upon approval of the authorization
4 by the board. The records ~~shall~~ must also be made available
5 to any attorney charged with representing the patient or any
6 professional person charged with evaluating or treating the
7 patient. These records ~~shall~~ must include:

8 (1) identification data, including the patient's legal
9 status;

10 (2) a patient history, including but not limited to:

11 (a) family data, educational background, and employment
12 record;

13 (b) prior medical history, both physical and mental,
14 including prior hospitalization;

15 (3) the chief complaints of the patient and the chief
16 complaints of others regarding the patient;

17 (4) an evaluation ~~which~~ that notes the onset of
18 illness, the circumstances leading to admission, attitudes,
19 behavior, estimate of intellectual functioning, memory
20 functioning, orientation, and an inventory of the patient's
21 assets in descriptive rather than interpretative fashion;

22 (5) a summary of each physical examination ~~which~~ that
23 describes the results of the examination;

24 (6) a copy of the individual treatment plan and any
25 modifications ~~thereto~~ to the plan;

(7) a detailed summary of the findings made by the reviewing professional person after each periodic review of the treatment plan which, required under 53-21-162(4), that analyzes the successes and failures of the treatment program and directs whatever modifications are necessary includes recommendations for appropriate modification of the treatment plan;

(8) a copy of the individualized aftercare discharge plan and any modifications thereto to the plan and a summary of the steps that have been taken to implement that plan;

(9) a medication history and status which that includes the signed orders of the prescribing physician. The staff person administering the medication shall indicate by signature that orders have been carried out.

~~{10}-a-detailed-summary-of-each-significant-contact-by-a professional-person-with-the-patient;~~

~~{11}-a--detailed-summary,-on-at-least-a-weekly-basis,-by a-professional-person-involved-in-the--patient's--treatment, of-the-patient's-progress-along-the-treatment-plan;~~

~~{12}-a--weekly--summary--of-the-extent-and-nature-of-the patient's-work-activities-and-the-effect--of--such--activity upon-the-patient's-progress-along-the-treatment-plan;~~

(10) documentation of the implementation of the treatment plan;

(11) documentation of all treatment provided to the

patient;

(12) chronological documentation of the patient's clinical course;

(13) descriptions of any changes in the patient's condition;

~~{13}~~(14) a signed order by a professional person for any restrictions on visitations and communications;

~~{14}~~(15) a signed order by a professional person for any physical restraints and isolation; and

~~{15}~~(16) a detailed summary of any extraordinary incident in the facility involving the patient, to be entered by a staff member noting that he the staff member has personal knowledge of the incident or specifying his any other source of information and-initiated. The summary of the incident must be initialed within 24 hours by a professional person; and

~~{16}-a--summary--by-the-professional-person-in-charge-of the-facility-or-his-appointed-agent-of--his--findings--after the-30-day-review-provided-for-in-53-21-163."~~

NEW SECTION. Section 3. Discharge plan. Each patient admitted as an inpatient to a mental health facility must have an individualized discharge plan developed within 10 days after admission. The discharge plan must be updated as necessary. Each individualized discharge plan must contain:

(1) an anticipated discharge date;

1 (2) identification of the facility staff member
2 responsible for discharge planning;

3 (3) identification of the community-based agency or
4 individual that is assisting in arranging postdischarge
5 services; and

6 (4) other information necessary to ensure an
7 appropriate discharge and adequate postdischarge services.

8 NEW SECTION. **Section 4.** Repealer. Section 53-21-163,
9 MCA, is repealed.

10 NEW SECTION. **Section 5.** Codification instruction.
11 [Section 3] is intended to be codified as an integral part
12 of Title 53, chapter 21, part 1, and the provisions of Title
13 53, chapter 21, part 1, apply to [section 3].

-End-

APPROVED BY COMMITTEE
ON PUBLIC HEALTH, WELFARE
& SAFETY

SENATE BILL NO. 120

INTRODUCED BY FRANKLIN

BY REQUEST OF THE DEPARTMENT OF CORRECTIONS

AND HUMAN SERVICES

A BILL FOR AN ACT ENTITLED: "AN ACT RELATING TO TREATMENT AND DISCHARGE OF PATIENTS ADMITTED TO A MENTAL HEALTH FACILITY; REVISING THE REQUIREMENTS GOVERNING THE ESTABLISHMENT AND PERIODIC REVIEW OF PATIENT TREATMENT PLANS, THE KEEPING OF PATIENT RECORDS, AND THE DEVELOPMENT OF INDIVIDUALIZED DISCHARGE PLANS; AND AMENDING SECTIONS 53-21-162 AND 53-21-165, MCA; ~~AND--REPEALING--SECTION 53-21-163, MCA.~~"

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 53-21-162, MCA, is amended to read:

"53-21-162. Establishment of patient treatment plan -- patient's rights. (1) Each patient admitted as an inpatient to a mental health facility ~~shall~~ must have a comprehensive physical and mental examination and review of behavioral status within 48 hours after admission to the mental health facility.

(2) Each patient ~~shall~~ must have an individualized treatment plan. This plan ~~shall~~ must be developed by appropriate professional persons, including a psychiatrist,

and ~~shall~~ must be implemented no later than 10 days after the patient's admission. Each individualized treatment plan ~~shall~~ must contain:

(a) a statement of the nature of the specific problems and specific needs of the patient;

(b) a statement of the least restrictive treatment conditions necessary to achieve the purposes of ~~commitment~~ hospitalization;

(c) a description of ~~intermediate---and---long-range~~ treatment goals, with a projected timetable for their attainment;

(d) a statement and rationale for the plan of treatment for achieving these ~~intermediate-and-long-range~~ goals;

(e) a specification of staff responsibility and ~~a description--of--proposed-staff-involvement-with-the-patient in-order-to-attain-these-treatment-goals; for attaining each treatment goal; and~~

~~(f)--criteria-for-release-to-less-restrictive--treatment conditions-and-criteria-for-discharge;--and~~

~~(g)~~(f) CRITERIA FOR RELEASE TO LESS RESTRICTIVE TREATMENT CONDITIONS; AND

(G) a notation of any therapeutic tasks and labor to be performed by the patient.

~~(3)--As-part-of-his-treatment-plan,each--patient--shall have--an--individualized--aftercare-plan.--This-plan-shall-be~~

1 developed-by-a-professional-person-as-soon-as-practicable
2 after-the-patient's-admission-to-the-facility;

3 (4) In the interests of continuity of care, whenever
4 possible one professional person (who need not have been
5 involved with the development of the treatment plan) shall
6 be responsible for supervising the implementation of the
7 treatment plan, integrating the various aspects of the
8 treatment program, and recording the patient's progress.
9 This professional person shall also be responsible for
10 ensuring that the patient is released, where appropriate,
11 into a less restrictive form of treatment;

12 (5) The treatment plan shall be continuously reviewed
13 by the professional person responsible for supervising the
14 implementation of the plan and shall be modified if
15 necessary. Moreover, at least every 90 days each patient
16 shall receive a mental examination from and his treatment
17 plan shall be reviewed by a professional person other than
18 the professional person responsible for supervising the
19 implementation of the plan;

20 (3) Overall development, implementation, and
21 supervision of the treatment plan must be assigned to an
22 appropriate professional person.

23 (4) The inpatient mental health facility shall
24 periodically reevaluate the patient and revise the
25 individualized treatment plan based on changes in the

1 patient's condition. At a minimum, the treatment plan must
2 be reviewed;

3 (a) at the time of any transfer within the facility;
4 (b) at the time of discharge;
5 (c) upon any major change in the patient's condition;
6 (d) at the conclusion of the initial estimated length
7 of stay and subsequent estimated lengths of stay; and
8 (e) no less than every 90 days; AND

9 (F) BY A TREATMENT TEAM THAT INCLUDES AT LEAST ONE
10 PROFESSIONAL PERSON WHO IS NOT PRIMARILY RESPONSIBLE FOR THE
11 PATIENT'S TREATMENT PLAN.

12 (6)(5) A patient has the right:

13 (a) to ongoing participation, in a manner appropriate
14 to the patient's capabilities, in the planning of mental
15 health services to be provided and in the revision of the
16 plan;

17 (b) to a reasonable explanation of the following, in
18 terms and language appropriate to the patient's condition
19 and ability to understand;

20 (i) the patient's general mental condition and, if
21 given a physical examination, the patient's physical
22 condition;

23 (ii) the objectives of treatment;

24 (iii) the nature and significant possible adverse
25 effects of recommended treatments;

(iv) the reasons why a particular treatment is considered appropriate;

(v) the reasons why access to certain visitors may not be appropriate; and

(vi) any appropriate and available alternative treatments, services, or providers of mental health services; and

(c) not to receive treatment established pursuant to the treatment plan in the absence of the patient's informed, voluntary, and written consent to the treatment, except treatment:

(i) during an emergency situation if the treatment is pursuant to or documented contemporaneously by the written order of a responsible mental health professional; or

(ii) permitted under the applicable law in the case of a person committed to a facility by a court.

~~(7)(6)~~ In the case of a patient who lacks the capacity to exercise the right to consent to treatment described in subsection ~~(6)(c)~~ (5)(c), the right must be exercised on behalf of the patient by a guardian appointed pursuant to the provisions of Title 72, chapter 5.

~~(8)(7)~~ The department shall develop procedures for initiating limited guardianship proceedings in the case of a patient who appears to lack the capacity to exercise the right to consent described in subsection ~~(6)(c)~~ (5)(c)."

Section 2. Section 53-21-165, MCA, is amended to read:

"53-21-165. Records to be maintained. Complete patient records ~~shall~~ must be kept by the mental health facility for the length of time required by rules established by the department of health and environmental sciences. All records kept by the mental health facility ~~shall~~ must be available to any person authorized by the patient in writing to receive these records and upon approval of the authorization by the board. The records ~~shall~~ must also be made available to any attorney charged with representing the patient or any professional person charged with evaluating or treating the patient. These records ~~shall~~ must include:

(1) identification data, including the patient's legal status;

(2) a patient history, including but not limited to:

(a) family data, educational background, and employment record;

(b) prior medical history, both physical and mental, including prior hospitalization;

(3) the chief complaints of the patient and the chief complaints of others regarding the patient;

(4) an evaluation ~~which~~ that notes the onset of illness, the circumstances leading to admission, attitudes, behavior, estimate of intellectual functioning, memory functioning, orientation, and an inventory of the patient's

assets in descriptive rather than interpretative fashion;

(5) a summary of each physical examination which that describes the results of the examination;

(6) a copy of the individual treatment plan and any modifications thereto to the plan;

(7) a detailed summary of the findings made by the reviewing professional person after each periodic review of the treatment plan which, required under 53-21-162(4), that analyzes the successes and failures of the treatment program and ~~directs whatever modifications are necessary~~ includes recommendations for appropriate modification of the treatment plan;

(8) a copy of the individualized aftercare discharge plan and any modifications thereto to the plan and a summary of the steps that have been taken to implement that plan;

(9) a medication history and status which that includes the signed orders of the prescribing physician. The staff person administering the medication shall indicate by signature that orders have been carried out.

~~(10) a detailed summary of each significant contact by a professional person with the patient;~~

~~(11) a detailed summary, on at least a weekly basis, by a professional person involved in the patient's treatment, of the patient's progress along the treatment plan;~~

~~(12) a weekly summary of the extent and nature of the~~

~~patient's work activities and the effect of such activity upon the patient's progress along the treatment plan;~~

(10) A SUMMARY OF EACH SIGNIFICANT CONTACT BY A PROFESSIONAL PERSON WITH THE PATIENT;

~~(10)(11)~~ documentation of the implementation of the treatment plan;

~~(11)(12)~~ documentation of all treatment provided to the patient;

~~(12)(13)~~ chronological documentation of the patient's clinical course;

~~(13)(14)~~ descriptions of any changes in the patient's condition;

~~(14)(15)~~ a signed order by a professional person for any restrictions on visitations and communications;

~~(15)(16)~~ a signed order by a professional person for any physical restraints and isolation; and

~~(16)(17)~~ a detailed summary of any extraordinary incident in the facility involving the patient, to be entered by a staff member noting that he the staff member has personal knowledge of the incident or specifying his any other source of information and initiated. The summary of the incident must be initialed within 24 hours by a professional person; and.

~~(17) a summary by the professional person in charge of the facility or his appointed agent of his findings after~~

the-30-day-review-provided-for-in-53-21-163

(18) A SUMMARY BY THE PROFESSIONAL PERSON IN CHARGE OF
THE FACILITY OR BY AN APPOINTED AGENT OF THE FINDINGS AFTER
THE 30-DAY REVIEW PROVIDED FOR IN 53-21-163."

NEW SECTION. Section 3. Discharge plan. Each patient
admitted as an inpatient to a mental health facility must
have an individualized discharge plan developed within 10
days after admission. The discharge plan must be updated as
necessary. Each individualized discharge plan must contain:

(1) an anticipated discharge date;

(2) CRITERIA FOR DISCHARGE;

{2}{3} identification of the facility staff member
responsible for discharge planning;

{3}{4} identification of the community-based agency or
individual that is assisting in arranging postdischarge
services; and

{4}{5} other information necessary to ensure an
appropriate discharge and adequate postdischarge services.

~~NEW SECTION. Section 4. Repealer. Section 53-21-163,
MCA, is repealed.~~

NEW SECTION. Section 4. Codification instruction.
[Section 3] is intended to be codified as an integral part
of Title 53, chapter 21, part 1, and the provisions of Title
53, chapter 21, part 1, apply to [section 3].

-End-

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(2) Each patient shall must have an individualized treatment plan. This plan shall must be developed by appropriate professional persons, including a psychiatrist,

and shall must be implemented no later than 10 days after the patient's admission. Each individualized treatment plan shall must contain:

(a) a statement of the nature of the specific problems and specific needs of the patient;

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(c) a description of intermediate---and---long-range treatment goals, with a projected timetable for their attainment;

(d) a statement and rationale for the plan of treatment for achieving these intermediate-and-long-range goals;

(e) a specification of staff responsibility and--a description--of--proposed-staff-involvement-with-the-patient in-order-to-attain-these-treatment-goals; for attaining each treatment goal; and

(f)---criteria-for-release-to-less-restrictive--treatment conditions-and-criteria-for-discharge;--and

(g)(f) CRITERIA FOR RELEASE TO LESS RESTRICTIVE TREATMENT CONDITIONS; AND

(G) a notation of any therapeutic tasks and labor to be performed by the patient.

(3)---As-part-of-his-treatment-plan,each--patient--shall have--an--individualized--aftercare-plan;--This-plan-shall-be

developed by a professional person as soon as practicable after the patient's admission to the facility;

(4) In the interests of continuity of care, whenever possible one professional person (who need not have been involved with the development of the treatment plan) shall be responsible for supervising the implementation of the treatment plan, integrating the various aspects of the treatment program, and recording the patient's progress. This professional person shall also be responsible for ensuring that the patient is released, where appropriate, into a less restrictive form of treatment.

(5) The treatment plan shall be continuously reviewed by the professional person responsible for supervising the implementation of the plan and shall be modified if necessary. Moreover, at least every 90 days each patient shall receive a mental examination from and his treatment plan shall be reviewed by a professional person other than the professional person responsible for supervising the implementation of the plan.

(3) Overall development, implementation, and supervision of the treatment plan must be assigned to an appropriate professional person.

(4) The inpatient mental health facility shall periodically reevaluate the patient and revise the individualized treatment plan based on changes in the

patient's condition. At a minimum, the treatment plan must be reviewed:

(a) at the time of any transfer within the facility;

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(F) BY A TREATMENT TEAM THAT INCLUDES AT LEAST ONE PROFESSIONAL PERSON WHO IS NOT PRIMARILY RESPONSIBLE FOR THE PATIENT'S TREATMENT PLAN.

(6)(5) A patient has the right:

(a) to ongoing participation, in a manner appropriate to the patient's capabilities, in the planning of mental health services to be provided and in the revision of the plan;

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(ii) permitted under the applicable law in the case of a person committed to a facility by a court.

~~(7)(6)~~ In the case of a patient who lacks the capacity to exercise the right to consent to treatment described in subsection ~~(6)(c)~~ (5)(c), the right must be exercised on behalf of the patient by a guardian appointed pursuant to the provisions of Title 72, chapter 5.

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(1) identification data, including the patient's legal status;

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1 assets in descriptive rather than interpretative fashion;

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3 describes the results of the examination;

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5 modifications thereto to the plan;

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7 reviewing professional person after each periodic review of
8 the treatment plan which, required under 53-21-162(4), that
9 analyzes the successes and failures of the treatment program
10 and directs whatever modifications are necessary includes
11 recommendations for appropriate modification of the
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14 plan and any modifications thereto to the plan and a summary
15 of the steps that have been taken to implement that plan;

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17 the signed orders of the prescribing physician. The staff
18 person administering the medication shall indicate by
19 signature that orders have been carried out.

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21 ~~professional-person-with-the-patient;~~

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24 ~~of the patient's progress along the treatment plan;~~

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8 patient;

9 {12}{13} chronological documentation of the patient's
10 clinical course;

11 {13}{14} descriptions of any changes in the patient's
12 condition;

13 {13}{14}{15} a signed order by a professional person for
14 any restrictions on visitations and communications;

15 {14}{15}{16} a signed order by a professional person for
16 any physical restraints and isolation; and

17 {15}{16}{17} a detailed summary of any extraordinary
18 incident in the facility involving the patient, to be
19 entered by a staff member noting that he the staff member
20 has personal knowledge of the incident or specifying his any
21 other source of information and initiated. The summary of
22 the incident must be initialed within 24 hours by a
23 professional person; and.

24 ~~{16}-a--summary--by-the-professional-person-in-charge-of~~
25 ~~the facility or his appointed agent of his findings after~~

the-30-day-review-provided-for-in-53-21-163

(18) A SUMMARY BY THE PROFESSIONAL PERSON IN CHARGE OF
THE FACILITY OR BY AN APPOINTED AGENT OF THE FINDINGS AFTER
THE 30-DAY REVIEW PROVIDED FOR IN 53-21-163."

NEW SECTION. Section 3. Discharge plan. Each patient
admitted as an inpatient to a mental health facility must
have an individualized discharge plan developed within 10
days after admission. The discharge plan must be updated as
necessary. Each individualized discharge plan must contain:

(1) an anticipated discharge date;

(2) CRITERIA FOR DISCHARGE;

~~(2)(3)~~ identification of the facility staff member
responsible for discharge planning;

~~(3)(4)~~ identification of the community-based agency or
individual that is assisting in arranging postdischarge
services; and

~~(4)(5)~~ other information necessary to ensure an
appropriate discharge and adequate postdischarge services.

~~NEW SECTION. Section 4. Repealer. Section 53-21-163,
MCA, is repealed.~~

NEW SECTION. Section 4. Codification instruction.
[Section 3] is intended to be codified as an integral part
of Title 53, chapter 21, part 1, and the provisions of Title
53, chapter 21, part 1, apply to [section 3].

-End-

HOUSE STANDING COMMITTEE REPORT

March 12, 1993

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 120 (third reading copy -- blue) be concurred in as amended.

Signed: Wm E Boharski
Bill Boharski, Chair

And, that such amendments read:

Carried by: Rep. Smith

1. Page 4, line 9.

Following: "(F)"

Insert: "at each of the times specified in subsections (4) (a) through (4) (e),"

2. Page 9, line 3.

Strike: "FINDINGS"

Insert: "determination made"

-END-

Committee Vote:
Yes __, No __.

HOUSE

SB 120 *GH* 3/12/93
561610SC.Hpf 4:33

SENATE BILL NO. 120

INTRODUCED BY FRANKLIN

BY REQUEST OF THE DEPARTMENT OF CORRECTIONS

AND HUMAN SERVICES

A BILL FOR AN ACT ENTITLED: "AN ACT RELATING TO TREATMENT AND DISCHARGE OF PATIENTS ADMITTED TO A MENTAL HEALTH FACILITY; REVISING THE REQUIREMENTS GOVERNING THE ESTABLISHMENT AND PERIODIC REVIEW OF PATIENT TREATMENT PLANS, THE KEEPING OF PATIENT RECORDS, AND THE DEVELOPMENT OF INDIVIDUALIZED DISCHARGE PLANS; AND AMENDING SECTIONS 53-21-162 AND 53-21-165, MCA; ~~AND REPEALING SECTION 53-21-163, MCA.~~"

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 53-21-162, MCA, is amended to read:

"53-21-162. Establishment of patient treatment plan -- patient's rights. (1) Each patient admitted as an inpatient to a mental health facility ~~shall~~ must have a comprehensive physical and mental examination and review of behavioral status within 48 hours after admission to the mental health facility.

(2) Each patient ~~shall~~ must have an individualized treatment plan. This plan ~~shall~~ must be developed by appropriate professional persons, including a psychiatrist,

and ~~shall~~ must be implemented no later than 10 days after the patient's admission. Each individualized treatment plan ~~shall~~ must contain:

(a) a statement of the nature of the specific problems and specific needs of the patient;

(b) a statement of the least restrictive treatment conditions necessary to achieve the purposes of ~~commitment~~ hospitalization;

(c) a description of ~~intermediate---and---long-range~~ treatment goals, with a projected timetable for their attainment;

(d) a statement and rationale for the plan of treatment for achieving these ~~intermediate-and-long-range~~ goals;

(e) a specification of staff responsibility and ~~a description--of--proposed-staff-involvement-with-the-patient in-order-to-attain-these-treatment-goals; for attaining each treatment goal; and~~

~~(f)--criteria-for-release-to-less-restrictive--treatment conditions-and-criteria-for-discharge;-and~~

~~(g)(f)~~ CRITERIA FOR RELEASE TO LESS RESTRICTIVE TREATMENT CONDITIONS; AND

~~(G)~~ a notation of any therapeutic tasks and labor to be performed by the patient.

~~(3)--As-part-of-his-treatment-plan,-each--patient--shall have--an--individualized--aftercare-plan.-This-plan-shall-be~~

1 developed-by-a-professional-person-as-soon-as-practicable
2 after-the-patient's-admission-to-the-facility.

3 (4)--In-the-interests-of-continuity-of-care, whenever
4 possible-one-professional-person-(who-need-not-have-been
5 involved-with-the-development-of-the-treatment-plan)-shall
6 be-responsible-for-supervising-the-implementation-of-the
7 treatment-plan, integrating-the-various-aspects-of-the
8 treatment-program, and-recording-the-patient's-progress.
9 This-professional-person-shall-also-be-responsible-for
10 ensuring-that-the-patient-is-released, where-appropriate,
11 into-a-less-restrictive-form-of-treatment.

12 (5)--The-treatment-plan-shall-be-continuously-reviewed
13 by-the-professional-person-responsible-for-supervising-the
14 implementation-of-the-plan-and-shall-be-modified-if
15 necessary. Moreover, at-least-every-90-days-each-patient
16 shall-receive-a-mental-examination-from-and-his-treatment
17 plan-shall-be-reviewed-by-a-professional-person-other-than
18 the-professional-person-responsible-for-supervising-the
19 implementation-of-the-plan.

20 (3) Overall development, implementation, and
21 supervision of the treatment plan must be assigned to an
22 appropriate professional person.

23 (4) The inpatient mental health facility shall
24 periodically reevaluate the patient and revise the
25 individualized treatment plan based on changes in the

1 patient's condition. At a minimum, the treatment plan must
2 be reviewed:

- 3 (a) at the time of any transfer within the facility;
- 4 (b) at the time of discharge;
- 5 (c) upon any major change in the patient's condition;
- 6 (d) at the conclusion of the initial estimated length
7 of stay and subsequent estimated lengths of stay; and
- 8 (e) no less than every 90 days; AND
- 9 (F) AT EACH OF THE TIMES SPECIFIED IN SUBSECTIONS
10 (4)(A) THROUGH (4)(E), BY A TREATMENT TEAM THAT INCLUDES AT
11 LEAST ONE PROFESSIONAL PERSON WHO IS NOT PRIMARILY
12 RESPONSIBLE FOR THE PATIENT'S TREATMENT PLAN.

13 (6)(5) A patient has the right:

14 (a) to ongoing participation, in a manner appropriate
15 to the patient's capabilities, in the planning of mental
16 health services to be provided and in the revision of the
17 plan;

18 (b) to a reasonable explanation of the following, in
19 terms and language appropriate to the patient's condition
20 and ability to understand:

21 (i) the patient's general mental condition and, if
22 given a physical examination, the patient's physical
23 condition;

24 (ii) the objectives of treatment;

25 (iii) the nature and significant possible adverse

effects of recommended treatments;

(iv) the reasons why a particular treatment is considered appropriate;

(v) the reasons why access to certain visitors may not be appropriate; and

(vi) any appropriate and available alternative treatments, services, or providers of mental health services; and

(c) not to receive treatment established pursuant to the treatment plan in the absence of the patient's informed, voluntary, and written consent to the treatment, except treatment:

(i) during an emergency situation if the treatment is pursuant to or documented contemporaneously by the written order of a responsible mental health professional; or

(ii) permitted under the applicable law in the case of a person committed to a facility by a court.

~~(7)~~(6) In the case of a patient who lacks the capacity to exercise the right to consent to treatment described in subsection ~~(6)~~(c), the right must be exercised on behalf of the patient by a guardian appointed pursuant to the provisions of Title 72, chapter 5.

~~(8)~~(7) The department shall develop procedures for initiating limited guardianship proceedings in the case of a patient who appears to lack the capacity to exercise the

right to consent described in subsection ~~(6)~~(c) (5)(c)."

Section 2. Section 53-21-165, MCA, is amended to read:

"53-21-165. Records to be maintained. Complete patient records ~~shall~~ must be kept by the mental health facility for the length of time required by rules established by the department of health and environmental sciences. All records kept by the mental health facility ~~shall~~ must be available to any person authorized by the patient in writing to receive these records and upon approval of the authorization by the board. The records ~~shall~~ must also be made available to any attorney charged with representing the patient or any professional person charged with evaluating or treating the patient. These records ~~shall~~ must include:

(1) identification data, including the patient's legal status;

(2) a patient history, including but not limited to:

(a) family data, educational background, and employment record;

(b) prior medical history, both physical and mental, including prior hospitalization;

(3) the chief complaints of the patient and the chief complaints of others regarding the patient;

(4) an evaluation which that notes the onset of illness, the circumstances leading to admission, attitudes, behavior, estimate of intellectual functioning, memory

1 functioning, orientation, and an inventory of the patient's
 2 assets in descriptive rather than interpretative fashion;
 3 (5) a summary of each physical examination which that
 4 describes the results of the examination;
 5 (6) a copy of the individual treatment plan and any
 6 modifications thereto to the plan;
 7 (7) a detailed summary of the findings made by the
 8 reviewing professional person after each periodic review of
 9 the treatment plan which, required under 53-21-162(4), that
 10 analyzes the successes and failures of the treatment program
 11 and ~~directs-whatever-modifications--are--necessary~~ includes
 12 recommendations for appropriate modification of the
 13 treatment plan;
 14 (8) a copy of the individualized aftercare discharge
 15 plan and any modifications thereto to the plan and a summary
 16 of the steps that have been taken to implement that plan;
 17 (9) a medication history and status which that includes
 18 the signed orders of the prescribing physician. The staff
 19 person administering the medication shall indicate by
 20 signature that orders have been carried out.
 21 ~~(10)-a-detailed-summary-of-each-significant-contact-by-a~~
 22 ~~professional-person-with-the-patient;~~
 23 ~~(11)-a--detailed-summary, on-at-least-a-weekly-basis, by~~
 24 ~~a-professional-person-involved-in-the--patient's--treatment,~~
 25 ~~of-the-patient's-progress-along-the-treatment-plan;~~

1 ~~(12)-a--weekly--summary--of-the-extent-and-nature-of-the~~
 2 ~~patient's-work-activities-and-the-effect--of--such--activity~~
 3 ~~upon-the-patient's-progress-along-the-treatment-plan;~~
 4 (10) A SUMMARY OF EACH SIGNIFICANT CONTACT BY A
 5 PROFESSIONAL PERSON WITH THE PATIENT;
 6 ~~(10)(11)~~ documentation of the implementation of the
 7 treatment plan;
 8 ~~(11)(12)~~ documentation of all treatment provided to the
 9 patient;
 10 ~~(12)(13)~~ chronological documentation of the patient's
 11 clinical course;
 12 ~~(13)(14)~~ descriptions of any changes in the patient's
 13 condition;
 14 ~~(13)(14)(15)~~ a signed order by a professional person for
 15 any restrictions on visitations and communications;
 16 ~~(14)(15)(16)~~ a signed order by a professional person for
 17 any physical restraints and isolation; and
 18 ~~(15)(16)(17)~~ a detailed summary of any extraordinary
 19 incident in the facility involving the patient, to be
 20 entered by a staff member noting that he the staff member
 21 has personal knowledge of the incident or specifying his any
 22 other source of information and-initialed. The summary of
 23 the incident must be initialed within 24 hours by a
 24 professional person, and.
 25 ~~(16)-a--summary--by-the-professional-person-in-charge-of~~

1 the-facility-or-his-appointed-agent-of--his--findings--after
 2 the-30-day-review-provided-for-in-53-21-163

3 (18) A SUMMARY BY THE PROFESSIONAL PERSON IN CHARGE OF
 4 THE FACILITY OR BY AN APPOINTED AGENT OF THE FINDINGS
 5 DETERMINATION MADE AFTER THE 30-DAY REVIEW PROVIDED FOR IN
 6 53-21-163."

7 NEW SECTION. **Section 3.** Discharge plan. Each patient
 8 admitted as an inpatient to a mental health facility must
 9 have an individualized discharge plan developed within 10
 10 days after admission. The discharge plan must be updated as
 11 necessary. Each individualized discharge plan must contain:

12 (1) an anticipated discharge date;

13 (2) CRITERIA FOR DISCHARGE;

14 (2)(3) identification of the facility staff member
 15 responsible for discharge planning;

16 (3)(4) identification of the community-based agency or
 17 individual that is assisting in arranging postdischarge
 18 services; and

19 (4)(5) other information necessary to ensure an
 20 appropriate discharge and adequate postdischarge services.

21 ~~NEW SECTION.--Section 4.--Repealer.--Section--53-21-163,~~
 22 ~~MCA,--is-repealed.~~

23 NEW SECTION. **Section 4.** Codification instruction.
 24 [Section 3] is intended to be codified as an integral part
 25 of Title 53, chapter 21, part 1, and the provisions of Title

1 53, chapter 21, part 1, apply to [section 3].

-End-