1	HOUSE BILL NO. 65
2	INTRODUCED BY MCKEE
3	BY REQUEST OF THE DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING THE LAWS GOVERNING COMMITMENT
6	TO RESIDENTIAL FACILITIES FOR PERSONS WHO ARE SERIOUSLY DEVELOPMENTALLY DISABLED;
7	DISCONTINUING THE FUNCTION OF THE EASTMONT HUMAN SERVICES CENTER AT GLENDIVE AS A
8	RESIDENTIAL FACILITY FOR PERSONS WITH DEVELOPMENTAL DISABILITIES; SETTING QUALIFICATIONS
9	FOR A PERSON TO BE COMMITTED TO A RESIDENTIAL FACILITY; AMENDING SECTIONS 53-1-202,
10	53-1-402,53-20-102,53-20-104,53-20-106,53-20-107,53-20-112,53-20-113,53-20-114,53-20-116,
11	53-20-118, 53-20-121, 53-20-125, 53-20-126, 53-20-127, 53-20-128, 53-20-129, 53-20-130,
12	53-20-133, 53-20-146, 53-20-161, AND 53-20-501, MCA; REPEALING SECTIONS 53-20-105, 53-20-111,
13	AND 53-20-502, MCA, AND SECTION 27, CHAPTER 381, LAWS OF 1991; AND PROVIDING EFFECTIVE
14	DATES."
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16	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
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18	Section 1. Section 53-1-202, MCA, is amended to read:
19	"53-1-202. Department of corrections and human services. (1) The following components are
20	included in the department of corrections and human services to carry out the purposes of the department:
21	(a) adult corrections services consisting of the following institutional components to incarcerate
22	and rehabilitate felons pursuant to Title 46, chapter 18:
23	(i) Montana state prison;
24	(ii) the Montana women's correctional center; and
25	(iii) appropriate community-based programs for the placement, supervision, and rehabilitation of
26	adult felons who meet the criteria developed by the department for placement:
27	(A) in prerelease centers;
28	(B) under intensive supervision;
29	(C) under parole or probation pursuant to Title 46, chapter 23, part 2; or
30	(D) in other appropriate programs;



•	(b) Hierital hearth services consisting of the following institutional components for care and
2	treatment of the mentally ill pursuant to Title 53, chapter 21:
3	(i) Montana state hospital;
4	(ii) Montana center for the aged; and
5	(iii) a community services component consisting of appropriate services for the care and treatment
6	of the mentally ill pursuant to Title 53, chapter 21, part 2;
7	(c) chemical dependency services consisting of appropriate detoxification, inpatient, intensive
8	outpatient, outpatient, prevention, education, and other necessary chemical dependency services pursuant
9	to Title 53, chapter 24;
10	(d) institutional and residential components of the developmental disabilities system for those
11	developmentally disabled persons with developmental disabilities who require that care according to Title
12	53, chapter 20, consisting of:
13	(ii) the Montana developmental center; and
14	(ii) Eastment human services center; and
15	(e) veterans' nursing homes for the nursing home and domiciliary care of honorably discharged
16	veterans as provided by law, consisting of:
17	(i) Montana veterans' home; and
18	(ii) eastern Montana veterans' home at Glendive.
19	(2) A state institution may not be moved, discontinued, or abandoned without prior consent of the
20	legislature."
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22	Section 2. Section 53-1-402, MCA, is amended to read:
23	"53-1-402. Residents subject to per diem and ancillary charges. (1) The department shall assess
24	and collect per diem and ancillary charges for the care of residents in the following institutions:
25	(a) Montana state hospital;
26	(b) Montana developmental center;
27	(c) Montana veterans' home;
28	(d) eastern Montana veterans' home; and
29	(e) Montana center for the aged;
30	(f) Eastmont human services center.



(2) This section does not apply to the eastern Montana veterans' home if the department contract
with a private vendor to operate the facility as provided for in 10-2-416."

- Section 3. Section 53-20-102, MCA, is amended to read:
- 5 "53-20-102. (Temporary) Definitions. As used in this part, the following definitions apply:
 - (1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors created by 2-15-211.
 - (2) "Community-based facilities" or "community-based services" includes means those services facilities and facilities which services that are available for the evaluation, treatment, and habilitation of the developmentally disabled persons with developmental disabilities in a community setting, including but not limited to outpatient facilities, special education services, group homes, foster homes, day care facilities, sheltered workshops, and other community based services and facilities.
 - (3) "Court" means a district court of the state of Montana.
 - (4) "Developmentally disabled" "Developmental disabilities professional" means a licensed psychologist, a licensed psychiatrist, or a person with a master's degree in psychology, who:
 - (a) has training and experience in psychometric testing and evaluation;
 - (b) has experience in the field of developmental disabilities; and
 - (c) is certified, as provided in 53-20-106, by the department of social and rehabilitation services and the department of corrections and human services.
 - (5) "Developmental disability" means suffering from a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to mental retardation and requiring that requires treatment similar to that required by mentally retarded individuals, if the A developmental disability is a disability that originated before the individual attained age 18, that has continued or can be expected to continue indefinitely, and that constitutes a substantial handicap of such the individual.
 - (5)(6) "Habilitation" means the process by which a person who is developmentally disabled has a developmental disability is assisted to acquire in acquiring and maintain maintaining those life skills which that enable him the person to cope more effectively with personal needs and the demands of his own person and the environment and to raise in raising the level of his the person's physical, mental, and social efficiency. Habilitation includes but is not limited to formal, structured education and treatment.



1	(6)(7) "Individual treatment planning team" means the interdisciplinary team of persons involved
2	in and responsible for the habilitation of a person committed to resident a residential facility. The committed
3	person <u>resident</u> is a member of the team.
4	$\frac{7}{8}$ "Next of kin" includes but need is not be limited to the spouse, parents, adult children, and
5	adult brothers and sisters of a person.
6	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with
7	a master's degree in psychology, who:
8	(a) has training and experience in psychometric testing and evaluation;
9	(b) has experience in the field of developmental disabilities; and
10	(c) is certified as provided for in 53-20-106 by the department of social and rehabilitation services
11	and the department of corrections and human services.
12	(9) "Qualified mental retardation professional" means a person who has at least 1 year of
3	experience working directly with persons with mental retardation or other developmental disabilities and
4	who is:
15	(a) a licensed physician or esteopath;
16	(b) a registered nurse; or
17	(e) a professional program staff person for the residential facility who the department of corrections
18	and human services determines meets the professional requirements necessary for federal certification of
19	the facility.
20	(10) "Resident" means a person admitted committed to a residential facility for a course of
21	evaluation, treatment, or habilitation.
22	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont
23	human services center.
24	(12) "Residential facility screening team" means a team of persons, appointed as provided in
25	53-20-133, who are responsible for screening a respondent to determine if the commitment of the
26	respondent to a residential facility is appropriate.
27	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be seriously



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(14) "Responsible person" means $\frac{1}{2}$ person willing and able to assume responsibility for a person

developmentally disabled and in need of developmental disability services in a residential facility.

who is seriously developmentally disabled or alleged to be seriously developmentally disabled.

1	(15) "Seriously developmentally disabled" means a person who:
2	(a) is developmentally disabled has a developmental disability;
3	(b) is impaired in cognitive functioning; and
4	(c) has behaviors that pose an imminent risk of serious harm to self or others or self-help deficits
5	so severe as to require total care or near total care and who because of those behaviors or deficits, cannot
6	be safely and effectively habilitated in community-based services. (Terminates September 30, 1995 sec.
7	27, Ch. 381. L. 1991.)
8	53-20-102. (Effective October 1, 1895) Definitions. As used in this part, the following definitions
9	apply:
10	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors
11	created by 2-15-211.
12	(2) "Community based facilities" or "community based sorvices" includes these services and
13	facilities which are available for the evaluation, treatment, and habilitation of the developmentally disabled
14	in a community sotting, including but not limited to outpationt facilities, special education services, group
15	homes, foster homes, day care facilities, sheltered workshops, and other community based services and
16	facilities.
17	(3) "Court" means a district court of the state of Montana.
18	(4) "Developmentally disabled" means suffering from a disability attributable to mental retardation,
19	corebral palsy, opilopsy, autism, or any other neurologically handicapping condition closely related to mental
20	retardation and requiring treatment similar to that required by mentally retarded individuals if the disability
21	originated before the individual attained age 18, has continued or can be expected to continue indefinitely,
22	and constitutes a substantial handicap of such individual.
23	(5)- "Habilitation" means the process by which a person who is developmentally disabled is assisted
24	to acquire and maintain those life skills which enable him to cope more effectively with the demands of his
25	own person and environment and to raise the level of his physical, mental, and social efficiency. Habilitation
26	includes but is not limited to formal, structured education and treatment.
27	(6)- "Individual treatment planning team" means the interdisciplinary team of persons involved in
28	and responsible for the habilitation of a person committed to a residential facility. The committed person
29	is-a member of the team.



(7) "Next of kin" includes but need not be limited to the spouse, parents, adult children, and adult

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1	brothers and sisters of a person.
2	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with
3	a master's degree in psychology, who:
4	(a) has training and experience in psychometric testing and evaluation;
5	(b) has experience in the field of developmental disabilities; and
6	(e) is cortified as provided for in 53-20-106 by the department of social and rehabilitation services
7	and the department of corrections and human services.
8	(9) "Qualified mental retardation professional" means a person who has at least 1 year of
9	experience working directly with persons with mental retardation or other developmental disabilities and
10	who is:
11	(a) a licensed physician or esteopath;
12	(b) a registered nurse; or
13	(e) a professional program staff person for the residential facility who the department of corrections
14	and human services determines moets the professional requirements necessary for federal certification of
15	the facility.
16	(10) "Resident" means a person admitted to a residential facility for a course of evaluation,
17	treatment, or habilitation.
18	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont
19	human services center.
20	(12) "Residential facility screening team" means a team of persons appointed as provided in
21	53 20 133.
22	(13) "Respondent" means a person alleged in a potition filed pursuant to this part to be
23	developmentally disabled and in need of developmental disability services.
24	(14) "Responsible person" means any person willing and able to assume responsibility for a person
25	who is developmentally disabled or alleged to be developmentally disabled.
26	(15) "Seriously developmentally disabled" means developmentally disabled due to developmental
27	or physical disability or a combination of both, rendering a person unable to function in a community based
28	setting and which has resulted in self-inflicted injury or injury to others or the imminent threat thereof or
29	which has deprived the person afflicted of the ability to protect his life or health."



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Section 4. S	Section	53-20-102.	MCA. i	s amended	to read:
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- "53-20-102. (Temperary) Definitions. As used in this part, the following definitions apply:
- (1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors created by 2-15-211.
- (2) "Community-based facilities" or "community-based services" includes means those services facilities and facilities which services that are available for the evaluation, treatment, and habilitation of the developmentally disabled persons with developmental disabilities in a community setting, including but not limited to outpatient facilities, special education services, group homes, foster homes, day care facilities, sheltered workshops, and other community based services and facilities.
 - (3) "Court" means a district court of the state of Montana.
- (4) "Developmentally disabled" "Developmental disabilities professional" means a licensed psychologist, a licensed psychiatrist, or a person with a master's degree in psychology, who:
 - (a) has training and experience in psychometric testing and evaluation;
 - (b) has experience in the field of developmental disabilities; and
- (c) is certified, as provided in 53-20-106, by the department of social and rehabilitation services and the department of corrections and human services.
- (5) "Developmental disability" means suffering from a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to mental retardation and requiring that requires treatment similar to that required by mentally retarded individuals. if the A developmental disability is a disability that originated before the individual attained age 18, that has continued or can be expected to continue indefinitely, and that constitutes a substantial handicap of such the individual.
- (5)(6) "Habilitation" means the process by which a person who is developmentally disabled has a developmental disability is assisted to acquire in acquiring and maintain maintaining those life skills which that enable him the person to cope more effectively with personal needs and the demands of his own person and the environment and to raise in raising the level of his the person's physical, mental, and social efficiency. Habilitation includes but is not limited to formal, structured education and treatment.
- (6)(7) "Individual treatment planning team" means the interdisciplinary team of persons involved in and responsible for the habilitation of a person committed to resident a residential facility. The committed person resident is a member of the team.



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2	adult brothers and sisters of a person.
3	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with
4	a master's degree in psychology, who:
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6	(b) has experience in the field of developmental disabilities; and
7	(c) is certified as provided for in 53-20-106 by the department of social and rehabilitation services
8	and the department of corrections and human services.
9	(9) "Qualified mental retardation professional" means a person who has at loast 1 year of
10	experience working directly with persons with mental retardation or other developmental disabilities and
11	who is:
12	(a) a licensed physician or esteopath;
13	(b) a registered nurse; or
14	(e) a professional program staff person for the residential facility who the department of corrections
15	and human services determines meets the professional requirements necessary for federal certification of
16	the facility.
17	(10) "Resident" means a person admitted <u>committed</u> to a residential facility for a course of
18	evaluation, treatment, or habilitation.
19	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont
20	human services center.
21	(12) "Residential facility screening team" means a team of persons, appointed as provided in
22	53-20-133, who are responsible for screening a respondent to determine if the commitment of the
23	respondent to a residential facility is appropriate.
24	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be seriously
25	developmentally disabled and in need of developmental disability services in a residential facility.
26	(14) "Responsible person" means any <u>a</u> person willing and able to assume responsibility for a person
27	who is seriously developmentally disabled or alleged to be seriously developmentally disabled.
28	(15) "Seriously developmentally disabled" means a person who:
29	(a) is developmentally disabled has a developmental disability;
30	(b) is impaired in cognitive functioning; and

(7)(8) "Next of kin" includes but need is not be limited to the spouse, parents, adult children, and



1	(c) has behaviors that pose an imminent risk of serious harm to self or others or self-help deficits
2	so severe as to require total care or near total care and who because of those behaviors or deficits, cannot
3	be safely and effectively habilitated in community-based services. (Terminates September 30, 1995—see.
4	27, Ch. 381. L. 1991.)
5	63-20-102. (Effective October 1, 1995) Definitions. As used in this part, the following definitions
6	apply:
7	(1) "Board" or "montal disabilities board of visitors" means the montal disabilities board of visitors
8	created by 2 15 211.
9	(2) "Community based facilities" or "community based services" includes those services and
10	facilities which are available for the evaluation, treatment, and habilitation of the developmentally disabled
11	in a community setting, including but not limited to outpatient facilities, special education services, group
12	homos, foster homes, day eare facilities, sheltered workshops, and other community based services and
13	facilities.
14	(3) "Court" means a district court of the state of Montana.
15	(4) "Developmentally disabled" means suffering from a disability attributable to mental retardation,
16	corobral palsy, epilopsy, autism, or any other neurologically handicapping condition closely related to mental
17	retardation and requiring treatment similar to that required by mentally retarded individuals if the disability
18	originated before the individual attained age 18, has continued or can be expected to continue indefinitely,
19	and constitutes a substantial handicap of such individual.
20	(5) "Habilitation" means the process by which a person who is developmentally disabled is assisted
21	to acquire and maintain those life skills which enable him to cope more effectively with the demands of his
22	ewn person and environment and to raise the level of his physical, mental, and social efficiency. Habilitation
23	includes but is not limited to formal, structured education and treatment.
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25	and responsible for the habilitation of a person committed to a residential facility. The committed person
26	is a member of the team.
27	(7) "Next of kin" includes but need not be limited to the spouse, parents, adult children, and adult
28	brothers and sistors of a person.



a master's degree in psychology, who:

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(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with

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1	(a) has training and experience in psychometric testing and evaluation;
2	(b) has experience in the field of developmental disabilities; and
3	(e) is certified as provided for in 53-20-106 by the department of social and rehabilitation services
4	and the department of corrections and human services.
5	(8) "Qualified mental retardation professional" means a person who has at least 1 year of
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16	human services center.
17	(12) "Residential facility screening team" means a team of persons appointed as provided in
18	53-20-133.
19	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be
20	developmentally disabled and in need of developmental disability services.
21	(14) "Responsible person" means any person willing and able to assume responsibility for a person
22	who is developmentally disabled or alloged to be developmentally disabled.
23	(15) "Seriously developmentally disabled" means developmentally disabled due to developmental
24	or physical disability or a combination of both, rendering a person unable to function in a community based
25	setting and which has resulted in self-inflicted injury or injury to others or the imminent threat thereof or
26	which has deprived the person afflicted of the ability to protect his life or health."
27	
28	Section 5. Section 53-20-102, MCA, is amended to read:
29	"53-20-102. (Temperary) Definitions. As used in this part, the following definitions apply:
30	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors



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created by 2-15-211.

- (2) "Community-based facilities" or "community-based services" includes means those services facilities and facilities which services that are available for the evaluation, treatment, and habilitation of the developmentally disabled persons with developmental disabilities in a community setting, including but not limited to outpatient facilities, special education services, group homes, foster homes, day care facilities, sheltered workshops, and other community based services and facilities.
 - (3) "Court" means a district court of the state of Montana.
- (4) "Developmentally disabled" "Developmental disabilities professional" means a licensed psychologist, a licensed psychiatrist, or a person with a master's degree in psychology, who:
 - (a) has training and experience in psychometric testing and evaluation;
 - (b) has experience in the field of developmental disabilities; and
- (c) is certified, as provided in 53-20-106, by the department of social and rehabilitation services and the department of corrections and human services.
- (5) "Developmental disability" means suffering from a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to mental retardation and requiring that requires treatment similar to that required by mentally retarded individuals. if the A developmental disability is a disability that originated before the individual attained age 18, that has continued or can be expected to continue indefinitely, and that constitutes a substantial handicap of such the individual.
- (5)(6) "Habilitation" means the process by which a person who is developmentally disabled has a developmental disability is assisted to acquire in acquiring and maintain maintaining those life skills which that enable him the person to cope more effectively with personal needs and the demands of his own person and the environment and to raise in raising the level of his the person's physical, mental, and social efficiency. Habilitation includes but is not limited to formal, structured education and treatment.
- (6)(7) "Individual treatment planning team" means the interdisciplinary team of persons involved in and responsible for the habilitation of a person committed to resident a residential facility. The committed person resident is a member of the team.
- (7)(8) "Next of kin" includes but need is not be limited to the spouse, parents, adult children, and adult brothers and sisters of a person.
 - (8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with



1	a master's degree in psychology, who:
2	(a) has training and experience in psychometric testing and evaluation;
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4	(e) is certified as provided for in 53-20-106 by the department of social and rehabilitation services
5	and the department of corrections and human services.
6	(9) "Qualified mental retardation professional" means a person who has at least 1 year of
7	experience working directly with persons with mental retardation or other developmental disabilities and
8	who is:
9	(a) a licensed physician or esteopath;
10	(b) a registered nurse; or
11	(e) a professional program staff person for the residential facility who the department of corrections
12	and human services determines meets the professional requirements necessary for federal certification of
13	the facility.
14	(10) "Resident" means a person admitted committed to a residential facility for a course of
15	evaluation, treatment, or habilitation.
16	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont
17	human services center.
18	(12) "Residential facility screening team" means a team of persons, appointed as provided in
19	53-20-133, who are responsible for screening a respondent to determine if the commitment of the
20	respondent to a residential facility is appropriate.
21	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be seriously
22	developmentally disabled and in need of developmental disability services in a residential facility.
23	(14) "Responsible person" means any <u>a</u> person willing and able to assume responsibility for a person
24	who is seriously developmentally disabled or alleged to be seriously developmentally disabled.
25	(15) "Seriously developmentally disabled" means a person who:
26	(a) is developmentally disabled has a developmental disability;
27	(b) is impaired in cognitive functioning; and
28	(c) has behaviors that pose an imminent risk of serious harm to self or others or self-help deficits
29	so severe as to require total care or near total oare and who because of those behaviors or deficits, cannot



be safely and effectively habilitated in community-based services. (Terminates September 30, 1995 see.

1	27, Ch. 381. L. 1991.)
2	53-20-102. (Effective October 1, 1995) Definitions. As used in this part, the following definitions
3	apρly:
4	(1) "Board" or "montal disabilities board of visitors" means the montal disabilities board of visitors
5	created by 2 15 211.
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8	in a community setting, including but not limited to outpatient facilities, special education services, group
9	homes, foster homes, day care facilities, sheltered workshops, and other community-based services and
10	facilities.
11	(3) "Court" means a district court of the state of Montana.
12	(4) "Developmentally disabled" means suffering from a disability attributable to mental retardation,
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14	retardation and requiring treatment similar to that required by mentally retarded individuals if the disability
15	originated before the individual attained age 18, has continued or can be expected to continue indefinitely,
16	and constitutes a substantial handicap of such individual.
17	(5) - "Habilitation" means the process by which a person who is developmentally disabled is assisted
18	to acquire and maintain those life skills which enable him to cope more effectively with the demands of his
19	own person and environment and to raise the level of his physical, mental, and social efficiency. Habilitation
20	includes but is not limited to formal, structured education and treatment.
21	(6) "Individual treatment planning team" means the interdisciplinary team of persons involved in
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24	(7) "Next of kin" includes but need not be limited to the spouse, parents, adult children, and adult
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26	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with
27	a master's degree in psychology, who:
28	(a) has training and experience in psychometric testing and evaluation;
29	(b) has experience in the field of developmental disabilities; and



(c) is certified as provided for in 53-20-106 by the department of social and rehabilitation services

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1	and the department of corrections and human services.
2	(9) "Qualified mental retardation professional" means a person who has at least 1 year o
3	experience working directly with persons with mental retardation or other-developmental disabilities and
4	who is:
5	(a) a licensed physician or osteopath;
6	(b) a registered nurse; or
7	(e)—a professional program staff person for the residential facility who the department of corrections
8	and human services determines meets the professional requirements necessary for federal certification o
9	the facility.
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11	treatment, or habilitation.
12	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmon
13	human services center.
14	(12) "Residential facility screening team" means a team of persons appointed as provided in
15	53 20 133.
16	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be
17	developmentally disabled and in need of developmental disability services.
18	(14) "Responsible person" means any person willing and able to assume responsibility for a person
19	who is developmentally disabled or alleged to be developmentally disabled.
20	(15) "Seriously developmentally disabled" means developmentally disabled due to developmenta
21	or physical disability or a combination of both, rendering a person unable to function in a community based
22	setting and which has resulted in self-inflicted injury or injury to others or the imminent threat thereof o
23	which has deprived the person afflicted of the ability to protect his life or health."
24	
25	Section 6. Section 53-20-104, MCA, is amended to read:
26	"53-20-104. Powers and duties of mental disabilities board of visitors. (1) The board is an
27	independent board of inquiry and review established to ensure that the treatment of all persons admitted



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involving persons admitted committed to a residential facility to ensure that the research project is humane

committed to a residential facility is humane and decent and meets the requirements set forth in this part.

(2) The board shall review all plans for experimental research or hazardous treatment procedures

and not unduly hazardous and that it complies with the principles of the statement on the use of human subjects for research of the American association on mental deficiency and with the principles for research involving human subjects required by the United States department of health and human services. An experimental research project involving persons admitted committed to a residential facility affected by this part may not be commenced unless it is approved by the mental disabilities board of visitors.

- (3) The board shall investigate all cases of alleged mistreatment of a resident.
- (4) The board shall at least annually inspect every residential facility that is providing a course of residential habilitation and treatment to any person pursuant to this part. The board shall inspect the physical plant, including residential, recreational, dining, and sanitary facilities. It shall visit all wards and treatment or habilitation areas. The board shall inquire concerning all habilitation programs being implemented by the facility.
- (5) The board shall inspect the file of each person admitted committed to a residential facility pursuant to this part to ensure that a habilitation plan exists and is being implemented. The board shall inquire concerning all use of restraints, isolation, or other extraordinary measures.
- (6) The board may assist a resident at a residential facility in resolving any <u>a</u> grievance the resident may have concerning the resident's <u>admission</u> <u>commitment</u> or course of treatment and habilitation in the facility.
- (7) If the board believes that a facility is failing to comply with the provisions of this part in regard to its physical facilities or its treatment of any a resident, it shall report its findings at once to the superintendent of the facility and the director of the department of corrections and human services. If appropriate, after waiting a reasonable time for a response from the superintendent or the director, the board may notify the parents or guardian of the resident involved, the next of kin, if known, the responsible person appointed by the court for the resident involved, and the district court that has jurisdiction over the facility.
- (8) The board shall report annually to the governor concerning the status of the residential facilities and habilitation programs that it has inspected."

Section 7. Section 53-20-106, MCA, is amended to read:

"53-20-106. Certification of professional persons developmental disabilities professionals. (1) The

A developmental disabilities professional must be certified by the department of social and rehabilitation



services and the department of corrections and human services shall certify professional persons for purposes of this part.

(2) The department of social and rehabilitation services and the department of corrections and human services shall adopt rules governing the certification of prefessional persons developmental disabilities professionals. The rules must establish the appropriate combination of education, skills, and experience necessary for certification and set forth qualifications developed by reference to recognized national standards in the field of developmental disabilities."

Section 8. Section 53-20-107, MCA, is amended to read:

"53-20-107. Department to compile list of qualified visitors developmental disabilities professionals. The department of corrections and human services shall compile and provide to each district court within the state a list of professional persons within the region where the district court is located developmental disabilities professionals who possess competencies in the evaluation and habilitation of persons with developmental disabilities and who may be available to the court to act as visitors or to otherwise provide evaluation services in guardianship proceedings involving developmentally disabled persons, together with an indication of the particular competencies the professional person possesses."

Section 9. Section 53-20-112, MCA, is amended to read:

- "53-20-112. Procedural rights. (1) A person subject to emergency admittance to a residential facility or to any hearing held pursuant to this part respondent has all the rights accorded to a person subject to involuntary commitment proceedings under the laws of this state relating to involuntary commitment of the seriously mentally ill, as provided in 53-21-115 through 53-21-118.
- (2) In addition, the parents or guardian of a person alleged to be seriously developmentally disabled and in need of developmental disabilities services respondent have the right to:
 - (a) be present at any hearing held pursuant to this part;
 - (b) be represented by counsel in any hearing;
 - (c) offer evidence and cross-examine witnesses in any hearing; and
- (d) have the respondent examined by a professional person of their choice when such a professional person is reasonably available, unless the person so chosen is objected to by the respondent or by a responsible person appointed by the court."



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1	Section 10. Section 53-20-113, MCA, is amended to read:		
2	"53-20-113. Waiver of rights. (1) A person respondent may waive his the respondent's procedural		
3	rights provided that the waiver is knowingly and intentionally made.		
4	(2) The right to counsel in a hearing held pursuant to 53-20-125 may not be waived.		
5	(3) The right to habilitation provided for in this part may not be waived.		
6	(2)(4) A person admitted to a residential facility for evaluation and treatment or for an extended		
7	course of habilitation respondent may knowingly and intentionally waive his the respondent's rights only		
8	with the concurrence of the person's respondent's counsel, if any, or, if he the respondent has no counsel,		
9	his the respondent's parents, guardian, or other responsible person appointed by the court.		
10	(3) (a) In the case of a minor, the waiver of rights may be knowingly and intentionally made:		
11	(i) when the minor is under the age of 12, by the parents of the minor with the concurrence of the		
12	responsible person, if any;		
13	(ii) when the minor is ever the age of 12, by the minor and his parents;		
14	(iii) when the minor is over the age of 12 and the minor and his parents do not agree, the minor may		
15	make an effective waiver of his rights only with the advice of counsel.		
16	(b) If the court believes that there may be a conflict of interest between a minor and his parents		
17	or guardian, the court may appoint a responsible person or guardian ad litem for the minor."		
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19	Section 11. Section 53-20-114, MCA, is amended to read:		
20	"53-20-114. Appointment of responsible person. Whenever, in any (1) In a proceeding under this		
21	part, the court baliaves shall appoint a responsible person to protect the interests of the respondent if the		
22	court determines:		
23	(a) that a conflict of interest may exist between a person who is developmentally disabled or		
24	alloged to be developmentally disabled and his the respondent and the respondent's parents or guardian;		
25	Of		
26	(b) that the parents or guardian are unable to protect the interests of such person the respondent;		
27	or		
28	(c) whenever there is that the respondent has no parent or guardian, the court shall appoint a		
29	responsible person to protect the interests of the person who is developmentally disabled or alleged to be		
30	dovalopmentally disabled		



1	(2) The responsible person may not be an employee of a residential facility.
2	(3) Only one person shall at any one time may be the responsible person within the meaning of this
3	part.
4	(4) In appointing a responsible person, the court shall consider the preference of the respondent
5	or patient. The court may at any time, for good cause shown, change its designation of who is the
6	responsible person.
7	(5) The appointment of the responsible person must terminate at the time of the resident's
8	discharge from the residential facility. However, the The appointment of the responsible person shall may
9	not terminate during any period of conditional release from the facility."
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11	Section 12. Section 53-20-116, MCA, is amended to read:
12	"53-20-116. Professional person to attend Residential facility screening team member testimony
13	at hearing. In any a hearing held pursuant to this part, a member of the residential facility screening team
14	or the professional person who evaluated the person must be present at the hearing and subject to
15	eress examination may be required to testify with regard to a determination made by the residential facility
16	screening team."
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18	Section 13. Section 53-20-118, MCA, is amended to read:
19	"53-20-118. Venue for hearing.(1) Hearings held pursuant to this part shall must be held in the
20	district court for the district where in which the respondent resides, except that at the request of any party
21	or the professional person, who must be present at the hearing, a hearing may be held in the district court
22	for the district where the respondent is undergoing evaluation, treatment, or habilitation in a residential
23	facility or is undergoing community based evaluation, treatment, or habilitation, or in which the residential
24	facility is located to which the respondent is or is to be committed.
25	(2) The cost of any hearing held pursuant to this part ehall must be borne by the county where the
26	respondent resides."
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there is a person who is seriously developmentally disabled and in need of placement in commitment to a

"53-20-121. Petition for involuntary treatment -- contents of. (1) Any \underline{A} person who believes that

Section 14. Section 53-20-121, MCA, is amended to read:

1	residential facility may request the county attorney to file a petition alleging that the person is seriously
2	developmentally disabled and in need of placement in commitment to a residential facility.
3	(2) The petition must contain:
4	(a) the name and address of the person requesting the petition and their the person's interest in
5	the case;
6	(b) the name and address of the respondent;
7	(c) the name and address of the parents or guardian of the respondent and of any other person
8	believed to be legally responsible for the care, support, and maintenance of the respondent;
9	(d) the name and address of the respondent's next of kin, to the extent known;
10	(e) the name and address of any person who the county attorney believes might be willing and able
11	to be appointed as a responsible person; and
12	(f) a statement of the rights of the respondent and his the respondent's parents or guardian that
13	must be in conspicuous print and identified by a suitable heading.
14	(3) A copy of the petition must be sent to the residential facility screening team."
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16	Section 15. Section 53-20-125, MCA, is amended to read:
17	"53-20-125. Outcome of screening recommendation for treatment at commitment to residential
18	facility hearing. (1) A person may be committed to a residential facility only if the person:
19	(a) is 18 years of age or older; and
20	(b) is determined to be seriously developmentally disabled and in need of commitment to a
21	residential facility by the residential screening team, as provided in 53-20-133, and by a court, as provided
22	in 53-20-129 or in this section.
23	(2) If as a result of the screening required by 53-20-133 the residential facility screening team
24	concludes that the person respondent who has been evaluated is seriously developmentally disabled and

(2) If no responsible person has yet been appointed, the court may appoint one at this time. If there



evaluating the patient respondent.

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recommends that the respondent be committed to a residential facility for treatment and habilitation in a

residential facility on an extended basis, the team shall file its written recommendation and report with the

court and request that the court order the admission. The report shall must include the factual basis for the

recommendation and shall must describe any tests or evaluation devices that have been employed in

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is no parent or guardian,	- the court andir appe	n nt a responsible person.

- (3) At the request of the respondent, his the respondent's parents or guardian, or the responsible person, the court shall appoint counsel for the respondent. If the parents (or quardian) are indigent and if they request it or if a guardian is indigent and requests it, the court shall appoint counsel for the parents or guardian.
- (4) Notice of the recommendation determination of the residential facility screening team must be 7 mailed or delivered to:
- 8 (a) the respondent, his;
- 9 (b) the respondent's parents or, guardian, or next of kin, if known;
- (c) the responsible person, next of kin, if known,; 10
- (d) the respondent's advocate, if any; 11
- 12 (e) the county attorney;
- (f) the residential facility; and 13
- (g) the attorney for the respondent, if any; and 14
- (h) the attorney for the parents or guardian, if any. 15
 - (5) The respondent, his the respondent's parents or guardian, the responsible person, the respondent's advocate, if any, or the attorney for any party may request that a hearing be held on the recommendation of the residential facility screening team. If a hearing is requested, the court shall mail or deliver notice of the date, time, and place of the hearing
 - (6) Notice of the hearing must be mailed or delivered to each of the parties listed at the beginning of this in subsection (5).
 - (7) The hearing must be held before the court without jury. The rules of civil procedure must apply.
 - (6)(8) If the court finds that the respondent is seriously developmentally disabled and in need of commitment to a residential facility, it shall order the respondent admitted committed to a residential facility for an extended course of treatment and habilitation. If the court finds that the respondent is developmentally disabled has a developmental disability but is not seriously developmentally disabled, it shall dismiss the petition and refer the respondent to the department of social and rehabilitation services to be considered for placement in community-based services according to 53-20-209. If the court finds that the respondent is not developmentally disabled does not have a developmental disability or is not in need of developmental disability services, it shall dismiss the petition.



(7)(9) If none of the parties notified of the recommendation request a hearing, the court may issue
an order authorizing the person to be admitted for the commitment of the respondent to the residential
facility for an extended period of treatment and habilitation or the court may initiate its own inquiry as to
whether the order should be granted.

(10) The court may refuse to authorize admission commitment of a person respondent to a residential facility for an extended period of treatment and habilitation if admission commitment is not in the best interests of the person respondent.

(11) An order for commitment must be accompanied by findings of fact.

(12) A court order entered in a proceeding under this part must be provided to the residential facility screening team."

Section 16. Section 53-20-126, MCA, is amended to read:

"53-20-126. Maximum period of admission commitment to residential facility. (1) No person shall be admitted to a residential facility for longer than 30 days except on approval of the court. Whenever a person is admitted to a residential facility for longer than 30 days, the court may appoint a person other than the parents or guardian to act as responsible person for the resident. If there is no parent or guardian, the court shall appoint a responsible person.

(2) The court order approving the admission commitment shall must specify the maximum period of time for which the person is admitted committed to the residential facility. In no case shall this The maximum period may not exceed 1 year."

Section 17. Section 53-20-127, MCA, is amended to read:

"53-20-127. Transfer to another residential facility -- release to community-based alternative -- hearing. (1) If, at any time during the period for which a person resident is admitted committed to a residential facility for an extended period of habilitation and treatment, the qualified mental retardation professional in charge of responsible for the resident resident's habilitation decides that the person resident no longer requires placement in a residential facility and that there exist sufficient community-based alternatives to provide adequate treatment and habilitation for the resident and adequate protection of the life and physical safety of the resident and others or that it is in the best interests of the resident that he be transferred to another residential facility, then he the qualified mental retardation professional may



1	elease the resident to the community-based alternative or-transfer the resident to the other residentic
2	acility no less than 15 days after sending.

(2) notice Notice of the proposed release or transfer must be sent at least 15 days prior to the date of release to:

- (a) the resident, his;
- 6 (b) the resident's parents or guardian;
- 7 (c) the attorney who most recently represented the resident, if any τ_{i}
- 8 (d) the responsible person appointed by the court, if any, and;
- 9 (e) the resident's advocate, if any; and
 - (f) the court that ordered the admission commitment. If the resident has been found unfit to proceed to trial, notice must be sent to the court that found the resident unfit to proceed to trial and to the county attorney and the attorney who represented the resident at the time the resident was found unfit to proceed to trial.
 - (a)(3) If any of the parties so a party that was notified objects to the release or transfer, they the party may petition the court for a hearing to determine whether the release or transfer should be allowed. The hearing must comply with the procedures set forth in 53-20-125. The court may on its own initiative inquire concerning the propriety of the release or transfer.
 - (b)(4) Nothing in this subsection (1) prevents the transfer of a A resident may be transferred without the notice provided in subsection (2) to a hospital or other medical facility for necessary medical treatment or emergency transfer of a resident to a mental health facility for emergency treatment provided that the emergency transfer complies with the statutory requirements for emergency detention of the mentally ill. Within 24 hours of an emergency medical or psychiatric transfer, notice must be given to the parents or guardian of the resident, the responsible person appointed by the court, if any, and the court.
 - (2)(5) If a person is admitted committed to a residential facility for an extended course of habilitation without a hearing and if subsequent to admission commitment one of the parties who could have requested a hearing learns that an alternative course of treatment is available that is more suitable to the needs of the resident, the party may request the qualified mental retardation professional in charge of responsible for the resident resident's habilitation to release the resident to the alternative if it is a community-based alternative or transfer the resident to the alternative if it is a residential alternative. Any transfer or A release must comply with the requirements of subsections subsections (1) through (4). If the



qualified mental retardation professional in charge of the resident refuses to authorize the release er transfer, then the party may petition the court for a hearing to determine whether the present residential alternative resident's commitment should be continued. The hearing must comply with the procedures set forth in 53-20-125."

Section 18. Section 53-20-128, MCA, is amended to read:

"53-20-128. Extension of admission period hearing Recommitment. (1) If the qualified mental retardation professional in charge of the resident responsible for a resident's habilitation determines that the admission to the residential facility should continue beyond the period specified in the court order, he shall, at least 15 days before the end of the period set out in the court order, send written notice of his recommendation and request for renewal of the order to the court that issued the order, the resident, his parents or guardian, the next of kin, if known, the atterney who most recently represented the resident, if any, and the responsible person appointed by the court, if any. The recommendation and request must be accompanied by a written report describing the habilitation plan that has been undertaken for the resident and the future habilitation plan that is anticipated by the qualified mental retardation professional resident continues to be seriously developmentally disabled and in need of commitment to a residential facility beyond the term of the current commitment order, the qualified mental retardation professional shall request that a petition for recommitment be filed.

- (2) A petition for recommitment must be filed with the district court before the end of the current period of commitment.
- (3) The recommendation of the qualified mental retardation professional must be presented in a written report that includes a summary of the current habilitation plan for the resident.
- 23 (4) The resident must be screened in accordance with 53-20-133 by the residential facility
 24 screening team.
 - (5) Copies of the petition for recommitment and the report of the qualified mental retardation professional must be sent to:
 - (a) the court that issued the current order;
- 28 (b) the residential screening team;
- 29 (c) the resident;
- 30 (d) the resident's parents or guardian or next of kin, if any;



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1	(e) the attorney who most recently represented the resident, if any;
2	(f) the responsible person appointed by the court, if any; and
3	(g) the resident's advocate, if any.
4	(6) If the residential facility screening team recommends that the resident be recommitted, the court
5	may enter an order for recommitment without hearing unless a person notified as provided in subsection
6	(5) requests that a hearing be held or the court determines that it would be in the best interest of the
7	resident to hold a hearing.
8	(2)(7) If any person so notified requests the court sets a hearing, the court shall set a time and
9	place for the hearing and shall mail or deliver provide notice to all of the persons informed of the
10	recommendation. The hearing must be conducted in the manner set forth in 53-20-125. If the court finds
11	that the residential admission is still justified, it may order continuation of the admission to that residentia
12	facility or transfer of the resident to a different residential facility. notified pursuant to subsection (5).
13	(8) A court may order a resident's recommitment to a residential facility if the court determines that
14	the resident continues to be seriously developmentally disabled and in need of continued commitment to
15	the residential facility. If the court finds that the resident is still in need of developmental disabilities
16	services but does not require treatment in commitment to a residential facility or if all parties are willing for
17	the resident to participate in a community-based program of habilitation, it shall refer the respondent
18	resident to the department of social and rehabilitation services to be considered for placement in
19	community-based services according to 53-20-209. If the person resident is placed in community-based
20	services or if the need for developmental disabilities services no longer exists, the court shall dismiss the
21	petition. The
22	(9) The court may not order continuation of admission recommitment to a residential facility that
23	does not have an individualized habilitation plan for the resident. In its order, the court shall make findings
24	of fact on which its order is based.
25	(10) At a hearing, the The court may on its own initiative inquire concerning the suitability of
26	continuing an admission a resident's commitment to a residential facility."
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28	Section 19. Section 53-20-129, MCA, is amended to read:



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believed to be seriously developmentally disabled to may be admitted in a residential facility on an

"53-20-129. Emergency admission and commitment. (1) A professional person may admit a person

1	emergency basis when necessary to protect the person or others from death or serious bodily harm.
2	(2) An emergency admission to a residential facility may be initiated only by a developmenta
3	disabilities professional.
4	(3) An emergency admission may not proceed unless the residential facility and the department
5	of social and rehabilitation services are given reasonable notice of the need for placement by the
6	developmental disabilities professional responsible for emergency admission.
7	(4) A petition as set out in 53 20 121 and 53 20 125 for emergency commitment must be filed
8	on the next judicial day after an emergency admission by the county attorney of the county where the
9	person resides. If a potition is filed, the
10	(5) The residential facility screening team shall report back to the court on the fifth seventh judicia
11	day following the filing of the petition for emergency commitment.
12	(6) Once a petition is filed the report of the residential facility screening team is received by the
13	court, continued detention placement in the residential facility may be allowed only on not continue without
14	an order of the court for emergency commitment.
15	(7) A court may order an emergency commitment only when the court determines that the
16	emergency commitment is necessary to protect the respondent or others from death or serious bodily harm
17	In no case may an
18	(8) An order for emergency commitment may be entered without a hearing before the court, if the
19	court finds that the record supports the order.
20	(9) An emergency admission commitment to a residential facility may not continue for longer than
21	30 days without subsequent proceedings after placement in the residential facility unless a petition for an
22	extended commitment to the residential facility has been filed before the court.
23	(10) The residential facility screening team may recommend that the respondent under a petition
24	for emergency commitment be committed by court order to the residential facility on an extended basis.
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26	Section 20. Section 53-20-130, MCA, is amended to read:
27	"53-20-130. Patient transfers from mental health facilities. If any a person is a patient in a menta



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health facility and the professional person, as defined in 53-21-102, in charge of the patient determines that

the patient is suffering from a developmental disability rather than mental illness and should more properly

be admitted committed to a residential facility or an appropriate less restrictive alternative, then the

professional person shall commence proceedings to effect such admission a commitment, consistent with the procedures set forth in this part for admissions commitments generally."

- Section 21. Section 53-20-133, MCA, is amended to read:
- "53-20-133. Residential facility screening team -- referral by court -- membership -- rules. (1) When the district court eonsiders a person receives a petition for commitment to a residential facility under this part, the court, prior to proceeding, shall refer the person respondent to the residential facility screening team for screening to determine whether placement and habilitation in a residential facility are appropriate for the person respondent.
- (2) A court may not commit a person respondent to a residential facility under 53-20-125, 53-20-128, or 53-20-129 unless the residential facility screening team determines that placement and habilitation in a residential facility are appropriate for the person respondent.
- (3) The residential facility screening team may not determine that placement and habilitation in a residential facility are appropriate on an extended basis unless the residential facility screening team determines that the person respondent is seriously developmentally disabled.
- (4) The residential facility screening team shall provide the court <u>and the county attorney</u> with the social and placement information relied upon by the residential facility screening team in making its determination.
- (5) For purposes of this part, the department of social and rehabilitation services and the department of corrections and human services shall adopt rules providing for the membership and terms of the members of the residential facility screening team and setting forth the criteria and procedures to govern the determinations made by the residential facility screening team."

- Section 22. Section 53-20-146, MCA, is amended to read:
- "53-20-146. Right not to be subjected to certain treatment procedures. (1) Residents of a residential facility have a right not to be subjected to any unusual or hazardous treatment procedures without the express and informed consent of the resident, if the resident is able to give consent, and of his the resident's parents or guardian or the responsible person appointed by the court after opportunities for consultation with independent specialists and legal counsel. Such proposed Proposed procedures must first have been reviewed and approved by the mental disabilities board of visitors before consent is sought.



- (2) Physical restraint may be employed only when absolutely necessary to protect the resident from injury to himself or to prevent injury to others. Mechanical supports used to achieve proper body position and balance that are ordered by a physician are not considered a physical restraint. Restraint may not be employed as punishment, for the convenience of staff, or as a substitute for a habilitation program. Restraint may be applied only if alternative techniques have failed and only if the restraint imposes the least possible restriction consistent with its purpose. Use of restraints may be authorized by a physician, a developmental disabilities professional person, or a qualified mental retardation professional. Orders for restraints must be in writing and may not be in force for longer than 12 hours. Whenever physical restraint is ordered, suitable provision must be made for the comfort and physical needs of the person resident restrained.
- (3) Seclusion, defined as the placement of a resident alone in a locked room for nontherapeutic purposes, may not be employed. Legitimate "time out" procedures may be <u>utilized used</u> under close and direct professional supervision as a technique in behavior-shaping programs.
- (4) Behavior modification programs involving the use of noxious or aversive stimuli must be reviewed and approved by the mental disabilities board of visitors and may be conducted only with the express and informed consent of the affected resident, if the resident is able to give consent, and of his the resident's parents or guardian or the responsible person appointed by the court after opportunities for consultation with independent specialists and with legal counsel. Such These behavior modification programs may be conducted only under the supervision of and in the presence of a qualified mental retardation professional who has had proper training in such techniques.
- (5) A resident may not be subjected to a behavior modification program that attempts to extinguish socially appropriate behavior or to develop new behavior patterns when euch the behavior modifications serve only institutional convenience.
- (6) Electric shock devices are considered a research technique for the purpose of this part. Such Electric shock devices may be used only in extraordinary circumstances to prevent self-mutilation leading to repeated and possibly permanent physical damage to the resident and only after alternative techniques have failed. The use of such electric shock devices is subject to the conditions prescribed by this part for experimental research generally and may be used only under the direct and specific order of a physician and the superintendent of the residential facility."



Section 23. Section 53-20-161, MCA, is amended to read:

"53-20-161. Maintenance of records. (1) Complete records for each resident must be maintained and must be readily available to persons who are directly involved with the particular resident and to the mental disabilities board of visitors. All information contained in a resident's records must be considered privileged and confidential. The parents or guardian, the responsible person appointed by the court, and any person properly authorized in writing by the resident, if the resident is capable of giving informed consent, or by his the resident's parents or guardian or the responsible person must be permitted access to the resident's records. Information may not be released from the records of a resident or former resident of the residential facility unless the release of the information has been properly authorized in writing by:

- (a) the court;
- (b) the resident or former resident if he the resident is over the age of majority and is capable of giving informed consent;
 - (c) the parents or guardian in charge of a resident under the age of 12;
- (d) the parents or guardian in charge of a resident over the age of 12 but under the age of majority and the resident if the resident is capable of giving informed consent;
 - (e) the guardian of a resident over the age of majority who is incapable of giving informed consent;
- (f) the superintendent of the residential facility or his the superintendent's designee as custodian of a resident over the age of majority who is incapable of giving informed consent and for whom no legal guardian has been appointed;
- (g) the superintendent of the residential facility or his the superintendent's designee as custodian of a resident under the age of majority for whom there is no parent or legal guardian; or
- (h) the superintendent of the residential facility or his the superintendent's designee as custodian of a resident of that facility whenever release is required by federal or state law or department of social and rehabilitation services rules.
- (2) Information may not be released by a superintendent or his the superintendent's designee as set forth in subsection (1)(f), (1)(g), or (1)(h) less than 15 days after sending notice of the proposed release of information to the resident, his the resident's parents or guardian, the attorney who most recently represented the resident, if any, the responsible person appointed by the court, if any, the resident's advocate, if any, and the court that ordered the admission. If any of the parties so notified objects to the release of information, they may petition the court for a hearing to determine whether the release of



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information should be allowed. Information may not be released pursuant to subsection (1)(f), (1)(g), or (1)(h) unless it is released to further some legitimate need of the resident or to accomplish a legitimate purpose of the facility that is not inconsistent with the needs and rights of the resident. Information may not be released pursuant to these subsections subsection (1)(f), (1)(g), or (1)(h) except in accordance with written policies consistent with the requirements of this part adopted by the facility. Persons receiving notice of a proposed release of information shall must also receive a copy of the written policy of the facility governing release of information.

- (3) These records must include:
- 9 (a) identification data, including the resident's legal status;
- 10 (b) the resident's history, including but not limited to:
 - (i) family data, educational background, and employment record;
- 12 (ii) prior medical history, both physical and mental, including prior institutionalization;
- 13 (c) the resident's grievances, if any;
 - (d) an inventory of the resident's life skills, including mode of communication;
- 15 (e) a record of each physical examination that describes the results of the examination;
 - (f) a copy of the individual habilitation plan and any modifications thereto to the plan and an appropriate summary that will to guide and assist the resident care workers in implementing the resident's program habilitation plan;
 - (g) the findings made in monthly reviews of the habilitation plan, which findings must include including an analysis of the successes and failures of the habilitation program and direct whatever modifications are necessary;
 - (h) a copy of the postinstitutionalization plan that includes a statement of services needed in the community and any modifications thereto to the postinstitutionalization plan and a summary of the steps that have been taken to implement that plan;
 - (i) a medication history and status;
- 26 (j) a summary of each significant contact by a <u>qualified mental retardation</u> professional person with 27 a resident;
 - (k) a summary of the resident's response to his the resident's habilitation plan, prepared by a qualified mental retardation professional involved in the resident's habilitation and recorded at least monthly. Wherever possible, such the response must be scientifically documented.



54th Legislature HB0065.01

1	(I) a monthly summary of the extent and nature of the resident's work activities and the effect of	
2	the activity upon the resident's progress in the habilitation plan;	
3	(m) a signed order by a qualified mental retardation professional, professional person, or physician	
4	for any physical restraints;	
5	(n) a description of any extraordinary incident or accident in the facility involving the resident, to	
6	be entered by a staff member noting personal knowledge of the incident or accident or other source of	
7	information, including any reports of investigations of the resident's mistreatment;	
8	(o) a summary of family visits and contacts;	
9	(p) a summary of attendance and leaves from the facility;	
10	(q) a record of any seizures _{7;} illnesses _{7;} injuries; , and treatments thereof of seizures, illnesses, and	
11	injuries; and immunizations."	
12		
13	Section 24. Section 53-20-501, MCA, is amended to read:	
14	"53-20-501. Primary function of Montana developmental center and Eastmont human services	
15	center. The primary functions of the Montana developmental center and the Eastmont human services	
16	conter are the care, treatment, training, education, and necessary medical treatment of mentally retarded	
17	persons who have been determined to be seriously developmentally disabled."	
18		
19	NEW SECTION. Section 25. Repealer. Sections 53-20-105, 53-20-111, 53-20-502, MCA, and	
20	Section 27, Chapter 381, Laws of 1991, are repealed.	
21		
22	NEW SECTION. Section 26. Phrase change directions to code commissioner. Wherever a	
23	reference to a person who is developmentally disabled or to a developmentally disabled person appears in	
24	the Montana Code Annotated or in legislation enacted by the 1995 legislature, the code commissioner is	
25	directed to change the reference to a person with developmental disabilities. The phrase "seriously	
26	developmentally disabled" should remain.	
27		
28	NEW SECTION Section 27 Effective dates (1) [Sections 3 6 through 23 25 26 and this	



section) are effective on passage and approval.

(2) [Sections 1, 2, 4, and 24] are effective January 1, 1997.

29

30

- 30 - HB 65

1 (3) [Section 5] is effective January 1, 1998.

2 -END-



STATE OF MONTANA - FISCAL NOTE

Fiscal Note for HB0065, as introduced

DESCRIPTION OF PROPOSED LEGISLATION:

A bill to generally revise the laws governing commitment to residential facilities for people who are developmentally disabled, to discontinue the function of the Eastmont Human Services Center (EHSC) at Glendive, and to set qualifications for a person to be committed to a residential facility.

ASSUMPTIONS:

- 1. The Executive Budget contains new proposals, which recommend the closure of the Eastmont Human Services Center (EHSC) and expansion of community services to serve developmentally disabled (DD) clients, and which are summarized in assumptions three through 16 below.
- 2. The Executive Budget present law base maintains the operation of EHSC through the end of the 1997 biennium. The present law base contains operating expenses for one new group home (available starting FY95) in FY96 and startup costs and operating for two new group homes in FY97. These would allow community placements to keep the Montana Development Center (MDC) population below 110 clients and EHSC at 50. Medicaid certification for MDC is jeopardized if the population exceeds 110 clients.
- 3. EHSC would close January 1, 1997, and clients would be moved to community-based services. The Executive Budget reflects six months savings in FY97 under new proposals.
- 4. Separate new proposals are included in the Executive Budget under the Department of Corrections and Human Services (DCHS), the Department of Social and Rehabilitation Services (SRS), and the Department of Family Services (DFS) to reflect the implementation of this bill. This fiscal note primarily details the difference from the present law base as a result of this bill.
- 5. Services will be provided in several smaller group homes or individualized supported living arrangements rather than in one larger residential facility. A variety of work\day service options will be available. The closure of EHSC will require the movement of approximately 48 clients to community group homes. Eight, 6 person, intensive community group homes would be added in the 1997 biennium to provide for these clients.
- 6. Group homes will be available in the following schedule: three in August 1996; three in September 1996 and two in October 1996.
- 7. Start-up costs are \$80,000 general fund per group home. There is budgeted in SRS \$640,000 general fund in FY96 for eight group homes, including the purchase and equipping of the group homes, and a net \$2,458,849 in FY97 comprised of \$818,133 general fund and \$1,640,716 federal special revenue. The annual cost of group home operation is \$342,130 in FY96. Of this amount, \$330,130 is funded at the Medicaid match rate and is estimated to increase 3% per year. An additional \$12,000 of general fund is used each year for operating each group home.
- 8. The Medicaid match rate (FMAP) is budgeted as follows: actual FY95 = 29.13% general fund and 70.87% federal special revenue; actual FY96 = 30.26% GF and 69.74% FSR; estimated FY97 = 31.00% GF and 69.00% FSR.

 9. There is a Vocational Program expansion new proposal in DCHS, which contains
- 9. There is a Vocational Program expansion new proposal in DCHS, which contains 2.25 FTE and \$56,448 in FY96 and \$55,624 in FY97 to maintain the program required for Medicaid certification of EHSC.
- 10. A 3% inflation factor is applied to EHSC budgets for FY97, FY98, and FY99, consistent with inflation in community programs.
- 11. Included in operating costs for EHSC in FY97 is \$2,000 per FTE for an Employee Transition Assistance program for a total of \$210,240, including vacation and sick leave payouts. The net reduction of state employees in DCHS would be 52.57 FTE in FY97.
- 12. There is private revenue shown in the DCHS FY94 base that comes from third-party recovery of costs and is deposited to the general fund, but which would be eliminated for a general fund loss of \$106,815 in FY97 and about \$212,000 on an annualized basis.

(continued)

DAVE LEWIS, BUDGET DIRECTOR DATE
Office of Budget and Program Planning

JEANETTE MCKEE, PRIMARY SPONSOR

Fiscal Note for HB0065, as introduced

HB 65

Fiscal Note Request, <u>HB0065</u>, <u>as introduced</u> Page 2 (continued)

- 13. Federal legislation would require Medicaid to rebase FY96 and FY97 costs at EHSC during shutdown.
- 14. The cost of DD Case Management is \$170 per person per month and is funded at the Medicaid match rate. These amounts are included in the operating costs outlined in number 7 above.
- The DFS cost for state Supplemental Security Income program (SSI) will be \$94 per month per client funded by general fund and held constant over the years. The amount budgeted in new proposals is \$45,872 in FY97. Clients previously served at EHSC will become eligible for SSI when moved to community services.
- In summary, these new proposals already contained in the Executive Budget in all three state agencies result in a general fund cost of \$630,500 in FY96 and a general fund savings of \$774,470 in FY97.
- 17. An additional \$100,000 general fund cost needs to be budgeted to provide a staff retention incentive program in order to maintain Medicaid certification at EHSC until closure. Loss of Medicaid certification would result in loss of revenue to the general fund of approximately \$208,334 per month.

FISCAL IMPACT:

The only fiscal impact from this bill not already reflected in the executive budget is an additional \$100,000 general fund cost in FY97 for the retention incentive program discussed in number 17 above. The total net impact during the 1997 biennium is a \$43,970 general fund savings.

LONG-RANGE EFFECTS OF PROPOSED LEGISLATION:

- 1. Disposition of the physical property at EHSC could have one or more of the following effects:
 - o Income to the state from the sale of the physical property, based on PAMS valuation, would be \$1,988,966.
 - o Income from leasing the physical property at EHSC would be \$156,715 (based upon 43,303 sq. ft. at EHSC x \$4.90 provided by Dept. of Administration, General Services = \$212,185 less \$55,470 utilities based upon FYE94 SBAS for EHSC).
 - O Cost to the state of maintaining the physical property if EHSC is neither sold or leased would be \$75,470 (utility costs of \$55,470 + \$20,000 for a contracted custodian).
- 2. Additional community services would be developed in the 1999 biennium and two intensive group homes serving six persons each would be available in July, 1998.
- 3. Not including any assumptions regarding the disposition of the EHSC physical property, the general fund savings will be as follows:

	FY98	FY99
	Difference	<u>Difference</u>
DCHS	(1,098,136)	(1,133,071)
SRS	994,938	1,020,995
DFS	54,144	54,144
Total General Fund Savings	(49,054)	(57,932)

STATE OF MONTANA - FISCAL NOTE

Revised Fiscal Note for HB0065, as introduced

DESCRIPTION OF PROPOSED LEGISLATION:

A bill to generally revise the laws governing commitment to residential facilities for people who are developmentally disabled, to discontinue the function of the Eastmont Human Services Center (EHSC) at Glendive, and to set qualifications for a person to be committed to a residential facility.

ASSUMPTIONS:

- The Executive Budget contains new proposals, which recommend the closure of 1. the Eastmont Human Services Center (EHSC) and expansion of community services to serve developmentally disabled (DD) clients, and which are summarized in assumptions three through 16 below.
- The Executive Budget present law base maintains the operation of EHSC through the end of the 1997 biennium. The present law base contains operating expenses for one new group home (available starting FY95) in FY96 and startup costs and operating for two new group homes in FY97. These would allow community placements to keep the Montana Development Center (MDC) population below 110 clients and EHSC at 50. Medicaid certification for MDC is jeopardized if the population exceeds 110 clients.
- EHSC would close January 1, 1997, and clients would be moved to communitybased services. The Executive Budget reflects six months savings in FY97 under new proposals.
- Separate new proposals are included in the Executive Budget under the Department of Corrections and Human Services (DCHS), the Department of Social and Rehabilitation Services (SRS), and the Department of Family Services (DFS) to reflect the implementation of this bill. This fiscal note primarily details the difference from the present law base as a result of this bill.
- Services will be provided in several smaller group homes or individualized supported living arrangements rather than in one larger residential facility. A variety of work day service options will be available. The closure of EHSC will require the movement of approximately 48 clients to community group homes. Eight, 6 person, intensive community group homes would be added in the 1997 biennium to provide for these clients.
- Group homes will be available in the following schedule: three in August 1996; three in September 1996 and two in October 1996.
- Start-up costs are \$80,000 general fund per group home. There is budgeted in SRS 7. \$640,000 general fund in FY96 for eight group homes, including the purchase and equipping of the group homes, and a net \$2,458,849 in FY97 comprised of \$818,133 general fund and \$1,640,716 federal special revenue. The annual cost of group home operation is \$342,130 in FY96. Of this amount, \$330,130 is funded at the Medicaid match rate and is estimated to increase 3% per year. An additional \$12,000 of
- general fund is used each year for operating each group home.

 The Medicaid match rate (FMAP) is budgeted as follows: actual FY95 = 29.13% general fund and 70.87% federal special revenue; actual FY96 = 30.26% GF and 69.74% FSR; estimated FY97 = 31.00% GF and 69.00% FSR.
- There is a Vocational Program expansion new proposal in DCHS, which contains 2.25 FTE and \$56,448 in FY96 and \$55,624 in FY97 to maintain the program required for Medicaid certification of EHSC.
- A 3% inflation factor is applied to EHSC budgets for FY97, FY98, and FY99, 10. consistent with inflation in community programs.
- 11. Included in operating costs for EHSC in FY97 is \$2,000 per FTE for an Employee Transition Assistance program for a total of \$210,240, including vacation and sick leave payouts. The net reduction of state employees in DCHS would be 52.57 FTE in FY97.
- There is private revenue shown in the DCHS FY94 base that comes from third-12. party recovery of costs and is deposited to the general fund, but which would be eliminated for a general fund loss of \$106,815 in FY97 and about \$212,000 on an annualized basis.

(continued)

DAVE LEWIS, BUDGET DIRECTOR Office of Budget and Program Planning

Revised Fiscal Note for HB0065, as introduced

KEV.- 11865

Revised Fiscal Note Request, <u>HB0065</u>, as introduced Page 2 (continued)

- 13. Federal legislation would require Medicaid to rebase FY96 and FY97 costs at EHSC during shutdown.
- 14. The cost of DD Case Management is \$170 per person per month and is funded at the Medicaid match rate. These amounts are included in the operating costs outlined in number 7 above.
- 15. The DFS cost for state Supplemental Security Income program (SSI) will be \$94 per month per client funded by general fund and held constant over the years. The amount budgeted in new proposals is \$45,872 in FY97. Clients previously served at EHSC will become eligible for SSI when moved to community services.
- 16. In summary, these new proposals already contained in the Executive Budget in all three state agencies result in a general fund cost of \$630,500 in FY96 and \$616,720 in FY97.
- 17. An additional \$100,000 general fund cost needs to be budgeted to provide a staff retention incentive program in order to maintain Medicaid certification at EHSC until closure. Loss of Medicaid certification would result in loss of revenue to the general fund of approximately \$208,334 per month.

FISCAL IMPACT:

The only fiscal impact from this bill not already reflected in the executive budget is an additional \$100,000 general fund cost in FY97 for the retention incentive program discussed in number 17 above. The total net impact during the 1997 biennium is a \$1,347,220 general fund cost.

LONG-RANGE EFFECTS OF PROPOSED LEGISLATION:

- 1. Disposition of the physical property at EHSC could have one or more of the following effects:
 - o Income to the state from the sale of the physical property, based on PAMS valuation, would be \$1,988,966.
 - o Income from leasing the physical property at EHSC would be \$156,715 (based upon 43,303 sq. ft. at EHSC x \$4.90 provided by Dept. of Administration, General Services = \$212,185 less \$55,470 utilities based upon FYE94 SBAS for EHSC).
 - O Cost to the state of maintaining the physical property if EHSC is neither sold or leased would be \$75,470 (utility costs of \$55,470 + \$20,000 for a contracted custodian).
- 2. Additional community services would be developed in the 1999 biennium and two intensive group homes serving six persons each would be available in July, 1998.
- 3. Not including any assumptions regarding the disposition of the EHSC physical property, the general fund savings will be as follows:

	FY98	FY99
	Difference	Difference
DCHS	(1,098,136)	(1,133,071)
SRS	994,938	1,020,995
DFS	54,144	54,144_
Total General Fund Savings	(49,054)	(57,932)

STATE OF MONTANA - FISCAL NOTE

Fiscal Note for HB0065, third reading

<u>DESCRIPTION OF PROPOSED LEGISLATION</u>: Revising laws related to commitment to residential treatment facilities for persons who are seriously developmentally disabled.

ASSUMPTIONS:

Dept. of Corrections and Human Services (DCHS):

1. All fiscal impact addressed in the original fiscal note pertained to the closure of Eastmont Human Services Center (EHSC) and expansion of community services. Since that portion has been amended out of HB65 there is now no fiscal impact to DCHS.

Dept. of Family Services (DFS):

 With the continuation of the operation of EHSC there will be no fiscal impact of increased Supplemental Security Income payments in the DFS budget.

Dept. of Social and Rehabilitation Services (SRS):

As a result amendments to HB65, there is no fiscal impact to SRS.

FISCAL IMPACT:

Based on the amendments to HB65, there is no fiscal impact.

DAVE LEWIS, BUDGET DIRECTOR DATE
Office of Budget and Program Planning

JEANETTE MCKEE, PRIMARY SPONSOR DATE

Fiscal Note for $\underline{HB0065}$, as third reading

HB 65-#3

1	HOUSE BILL NO. 65					
2	INTRODUCED BY MCKEE					
3	BY REQUEST OF THE DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES					
4						
5	A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING THE LAWS GOVERNING COMMITMENT					
6	TO RESIDENTIAL FACILITIES FOR PERSONS WHO ARE SERIOUSLY DEVELOPMENTALLY DISABLED;					
7	DISCONTINUING THE FUNCTION OF THE EASTMONT HUMAN SERVICES CENTER AT GLENDIVE AS A					
8	RESIDENTIAL FACILITY FOR PERSONS WITH DEVELOPMENTAL DISABILITIES; SETTING QUALIFICATIONS					
9	FOR A PERSON TO BE COMMITTED TO A RESIDENTIAL FACILITY; AMENDING SECTIONS 53-1-202,					
10	53 1 402, 53-20-102, 53-20-104, 53-20-106, 53-20-107, 53-20-112, 53-20-113, 53-20-114,					
11	53-20-116, 53-20-118, 53-20-121, 53-20-125, 53-20-126, 53-20-127, 53-20-128, 53-20-129,					
12	53-20-130, 53-20-133, 53-20-146, <u>AND</u> 53-20-161, <u>AND 53-20-501</u> , MCA; REPEALING SECTIONS					
13	53-20-105, <u>AND</u> 53-20-111, AND 63-20-502, MCA, AND SECTION 27, CHAPTER 381, LAWS OF 1991;					
14	AND PROVIDING AN IMMEDIATE EFFECTIVE DATES DATE."					
15						
16	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:					
17						
18	Section 1. Section 53-1-202, MGA, is amended to read:					
19	"53-1-202. Department of corrections and human services. (1) The following components are					
20	included in the department of corrections and human services to carry out the purposes of the department:					
21	(a) adult corrections services consisting of the following institutional components to incarcerate					
22	and rehabilitate felons pursuant to Title 46, chapter 18:					
23	(i) Montana state prison;					
24	(ii) the Montana women's correctional center; and					
25	(iii) appropriate community-based programs for the placement, supervision, and rehabilitation of					
26	adult felons who meet the criteria developed by the department for placement:					
27	(A) in prerelease centers;					
28	(B) under intensive supervision;					
29	(C) under parole or probation pursuant to Title 46, chapter 23, part 2; or					
30	(D) in other appropriate programs;					

1	(b) mental nealth services consisting of the following institutional components for care and					
2	treatment of the mentally ill pursuant to Title 53, chapter 21:					
3	(i) Montana state hospital;					
4	(ii) Montana center for the aged; and					
5	(iii) a community services component consisting of appropriate services for the care and treatment					
6	of the mentally ill pursuant to Title 63, chapter 21, part 2;					
7	(c) chemical dependency services consisting of appropriate detoxification, inpatient, intensive					
8	outpatient, outpatient, prevention, education, and other necessary chemical dependency services pursuant					
9	to Title 53, chapter 24;					
10	(d) institutional and residential components of the developmental disabilities system for those					
11	developmentally disabled persons with developmental disabilities who require that care according to Title					
12	53, chapter 20, consisting of:					
13	(i) the Montana developmental center; and					
14	(ii) Eastmont human services center; and					
15	(e) veterans' nursing homes for the nursing home and domiciliary care of honorably discharged					
16	veterans as provided by law, consisting of:					
17	(i) Montana veterans' home; and					
18	(ii) eastern Montana veterans' home at Glendive.					
19	(2) A state institution may not be moved, discontinued, or abandoned without prior consent of the					
20	legislature."					
21						
22	Section 2. Section 53 1 402, MCA, is amended to read:					
23	"53 1-402. Residents subject to per diem and ancillary charges. (1) The department shall assess					
24	and collect per-diem and ancillary charges for the care of residents in the following institutions:					
25	(a) Montana state hospital;					
26	(b) Montana developmental center;					
27	(c) Montana-veterans' home;					
28	(d) eastern Montana veterans' home; and					
29	(c) Montana center for the aged;					
30	(f) Eastmont human services center:					



(2) This section does not apply to the eastern Montana veterans' home if the department contract
with a private vendor to operate the facility as provided for in 10-2-416."

Section 1. Section 53-20-102, MCA, is amended to read:

5 "53-20-102. (Temporary) Definitions. As used in this part, the following definitions apply:

- (1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors created by 2-15-211.
- (2) "Community-based facilities" or "community-based services" includes means those services facilities and facilities which services that are available for the evaluation, treatment, and habilitation of the developmentally disabled persons with developmental disabilities in a community setting, including but not-limited to outpatient facilities, special education services, group homes, foster homes, day care facilities, sheltered workshops, and other community based services and facilities.
 - (3) "Court" means a district court of the state of Montana.
- (4) "Developmentally disabled" "Developmental disabilities professional" means a licensed psychologist, a licensed psychiatrist, or a person with a master's degree in psychology, who:
 - (a) has training and experience in psychometric testing and evaluation;
 - (b) has experience in the field of developmental disabilities; and
- (c) is certified, as provided in 53-20-106, by the department of social and rehabilitation services and the department of corrections and human services.
- (5) "Developmental disability" means suffering from a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to mental retardation and requiring that requires treatment similar to that required by mentally retarded individuals, if the A developmental disability is a disability that originated before the individual attained age 18, that has continued or can be expected to continue indefinitely, and that constitutes a substantial handicap of such the individual.
- (5) "Habilitation" means the process by which a person who is developmentally disabled has a developmental disability is assisted to acquire in acquiring and maintain maintaining those life skills which that enable him the person to cope more effectively with personal needs and the demands of his own person and the environment and to raise in raising the level of his the person's physical, mental, and social efficiency. Habilitation includes but is not limited to formal, structured education and treatment.



1	$\frac{(6)(7)}{(6)}$ "Individual treatment planning team" means the interdisciplinary team of persons involved				
2	in and responsible for the habilitation of a person committed to resident a residential facility. The				
3	committed person resident is a member of the team.				
4	(7)(8) "Next of kin" includes but need is not be limited to the spouse, parents, adult children, and				
5	adult brothers and sisters of a person.				
6	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with				
7	a master's degree in psychology, who:				
8	(a) has training and experience in psychometric testing and evaluation;				
9	(b) has experience in the field of developmental disabilities; and				
10	(e) is certified as provided for in 53-20-106 by the department of social and rehabilitation services				
11	and the department of corrections and human services.				
12	(9) "Qualified mental retardation professional" means a person who has at least 1 year of				
13	experience working directly with persons with mental retardation or other developmental disabilities and				
14	who is:				
15	(a) a licensed physician or osteopath;				
16	(b) a registered nurse; or				
17	(c) a professional program staff person for the residential facility who the department of				
18	corrections and human services determines meets the professional requirements necessary for federal				
19	certification of the facility.				
20	(10) "Resident" means a person admitted committed to a residential facility for a course of				
21	evaluation, treatment, or habilitation.				
22	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont				
23	human services center.				
24	(12) "Residential facility screening team" means a team of persons, appointed as provided in				
25	53-20-133, who are responsible for screening a respondent to determine if the commitment of the				
26	respondent to a residential facility is appropriate.				
2,7	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be seriously				
28	developmentally disabled and in need of developmental disability services in a residential facility.				



30

person who is seriously developmentally disabled or alleged to be seriously developmentally disabled.

(14) "Responsible person" means any a person willing and able to assume responsibility for a

1	(15) "Seriously developmentally disabled" means a person who:
2	(a) is developmentally disabled has a developmental disability;
3	(b) is impaired in cognitive functioning; and
4	(c) has behaviors that pose an imminent risk of serious harm to self or others or self-help deficits
5	so severe as to require total care or near total care and who because of those behaviors or deficits, canno
6	be safely and effectively habilitated in community-based services. (Terminates September 30, 1995—see
7	27, Ch. 381. L. 1991.)
8	53-20-102. (Effective October 1, 1995) Definitions. As used in this part, the following definitions
9	apply:
10	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors
11	created by 2-15-211.
12	(2) "Community-based-facilities" or "community-based-services" includes those services and
13	facilities which are available for the evaluation, treatment, and habilitation of the developmentally disabled
14	in a community setting, including but not limited to outpatient facilities, special education services, group
15	homes, foster homes, day care-facilities, sheltered workshops, and other community based services and
16	facilities.
17	(3) "Court" means a district court of the state of Montana.
18	(4) "Developmentally disabled" means suffering from a disability attributable to mental retardation.
19	cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to
20	mental retardation and requiring treatment similar to that required by mentally retarded individuals if the
21	disability originated before the individual attained age 18, has continued or can be expected to continue
22	indefinitely, and constitutes a substantial handicap of such individual.
23	(5) "Habilitation" means the process by which a person who is developmentally disabled is assisted
24	to acquire and maintain those life skills which enable him to cope more effectively with the demands o
25	his own person and environment and to raise the level of his physical, mental, and social efficiency
26	Habilitation includes but is not limited to formal, structured education and treatment.
27	(6) "Individual treatment planning team" means the interdisciplinary team of persons involved in
28	and responsible for the habilitation of a person committed to a residential facility. The committed person
29	is a member of the team.



(7) "Next of kin" includes but need not be limited to the spouse, parents, adult children, and adult

1	brothers and sisters of a person.
2	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with
3	a master's degree in psychology, who:
4	(a) has training and experience in psychometric testing and evaluation;
5	(b) has experience in the field of developmental disabilities; and
6	(c) is certified as provided for in 53-20-106 by the department of social and rehabilitation services
7	and the department of corrections and human services.
8	(9) "Qualified mental retardation professional" means a person who has at least 1 year of
9	experience working directly with persons with mental retardation or other developmental disabilities and
10	who is:
11	(a) a licensed physician or osteopath;
12	(b) a registered nurse; or
13	(c) a professional program staff person for the residential facility who the department of
14	corrections and human services determines meets the professional requirements necessary for federal
15	certification of the facility.
16	(10) "Resident" means a person admitted to a residential facility for a course of evaluation,
17	treatment, or habilitation.
18	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont
19	human services center.
20	(12) "Residential facility screening team" means a team of persons appointed as provided in
21	53-20-133.
22	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be
23	developmentally disabled and in need of developmental disability services.
24	(14) "Responsible person" means any person willing and able to assume responsibility for a person
25	who is developmentally disabled or alleged to be developmentally disabled.
26	(15) "Seriously developmentally disabled" means developmentally disabled due to developmental
27	or physical disability or a combination of both, rendering a person unable to function in a community-based
28	setting and which has resulted in self-inflicted injury or injury to others or the imminent threat thereof or
29	which has deprived the person afflicted of the ability to protect his life or health."



HB 65

1	Section 4. Section 53-20-102, MCA, is amended to read:
2	"53-20-102. (Temporary) Definitions. As used in this part, the following definitions apply:
3	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors
4	created by 2-15-211.
5	(2) "Community based facilities" or "community-based services" includes means those-services
6	facilities and facilities which services that are available for the evaluation, treatment, and habilitation of
7	the developmentally disabled <u>persons with developmental disabilities</u> in a community setting, including but
8	not-limited to outpatient facilities, special education services, group homes, foster-homes, day care
9	facilities; sheltered workshops, and other community based services and facilities.
10	(3) "Court" means a district court of the state of Montana.
11	(4) "Developmentally disabled" "Developmental disabilities professional" means a licensed
12	psychologist, a licensed psychiatrist, or a person with a master's degree in psychology, who:
13	(a) has training and experience in psychometric testing and evaluation;
14	(b) has experience in the field of developmental disabilities; and
15	(c) is certified, as provided in 53-20-106, by the department of social and rehabilitation services
16	and the department of corrections and human services.
17	(5) "Developmental disability" means suffering from a disability that is attributable to mental
18	retardation, cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely
19	related to mental retardation and requiring that requires treatment similar to that required by mentally
20	retarded individuals, if the <u>A developmental</u> disability is a disability that originated before the individual
21	attained age 18, that has continued or can be expected to continue indefinitely, and that constitutes a
22	substantial handicap of such <u>the</u> individual.
23	(5)(6) "Habilitation" means the process by which a person who is developmentally disabled has
24	<u>a developmental disability</u> is assisted to acquire <u>in acquiring</u> and maintain <u>maintaining</u> those life skills which
25	that enable him the person to cope more effectively with personal needs and the demands of his own
26	person and the environment and to raise in raising the level of his the person's physical, mental, and social
27	efficiency. Habilitation includes but is not limited to formal, structured education and treatment.
28	(6)(7) "Individual treatment planning team" means the interdisciplinary team of persons involved
29	in and responsible for the habilitation of a person committed to resident a residential facility. The



committed person resident is a member of the team.

1	(7)(8) "Next of kin" includes but need is not be limited to the spouse, parents, adult children, and
2	adult brothers and sisters of a person.
3	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with
4	a master's degree in psychology, who:
5	(a) has training and experience in psychometric testing and evaluation;
6	(b) has experience in the field of developmental disabilities; and
7	(e) is certified as provided for in 53-20-106 by the department of social and rehabilitation services
8	and the department of corrections and human services.
9	(9) "Qualified mental retardation professional" means a person who has at least 1 year of
10	experience working directly with persons with mental retardation or other developmental disabilities and
1 1	who is:
12	(a) a licensed physician or osteopath;
13	(b) a registered nurse; or
14	(c) a professional program staff person for the residential facility who the department of
15	corrections and human services determines meets the professional requirements necessary for federal
16	certification of the facility.
17	(10) "Resident" means a person admitted <u>committed</u> to a residential facility for a course of
18	evaluation, treatment, or habilitation.
19	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont
20	human services center.
21	(12) "Residential facility screening team" means a team of persons, appointed as provided in
22	53-20-133, who are responsible for screening a respondent to determine if the commitment of the
23	respondent to a residential facility is appropriate.
24	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be <u>seriously</u>
25	developmentally disabled and in need of developmental disability services in a residential facility.
26	(14) "Responsible person" means any a person willing and able to assume responsibility for a
27	person who is seriously developmentally disabled or alleged to be seriously developmentally disabled.
28	(15) "Seriously developmentally disabled" means a person who:
29	(a) is developmentally disabled has a developmental disability;
30	(b) is impaired in cognitive functioning; and



1	(c) has behaviors that pose an imminent risk of serious harm to self or others or self-help deficits
2	so severe as to require total care or near total care and who because of those behaviors or deficits, cannot
3	be safely and effectively habilitated in community-based services. (Terminates September 30, 1995 sec.
4	27, Ch. 381. L. 1991.)
5	53-20-102. (Effective October 1, 1995) Definitions. As used in this part, the following definitions
6	apply:
7	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors
8	created by 2 15 211.
9	(2) "Community based facilities" or "community based services" includes those services and
10	facilities which are available for the evaluation; treatment, and habilitation of the developmentally disabled
11	in a community setting, including but not limited to outpatient facilities, special education services, group
12	homes, foster homes, day care facilities, sheltered workshops, and other community based services and
13	facilities.
14	(3) "Court" means a district court of the state of Montana.
15	(4) "Developmentally disabled" means suffering from a disability attributable to mental retardation,
16	eerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to
17	mental retardation and requiring treatment similar to that required by mentally retarded individuals if the
18	disability originated before the individual attained age 18, has continued or can be expected to continue
19	indefinitely, and constitutes a substantial handicap of such individual:
20	(5) "Habilitation" means the process by which a person who is developmentally disabled is assisted
21	to acquire and maintain those life skills which enable him to cope more effectively with the demands of
22	his own person and environment and to raise the level of his physical, mental, and social efficiency.
23	Habilitation includes but is not limited to formal, structured education and treatment.
24	(6) "Individual treatment planning team" means the interdisciplinary team of persons involved in
25	and responsible for the habilitation of a person committed to a residential facility. The committed person
26	is a-member of the team.
27	(7) "Next of kin" includes but need not be limited to the spouse, parents, adult children, and adult
28	brothers and sisters of a person.



a master's degree in psychology, who:

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(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with

1	(a) has training and experience in psychometric testing and evaluation;
2	(b) has experience in the field of developmental disabilities; and
3	(c) is certified as provided for in 53-20-106 by the department of social and rehabilitation services
4	and the department of corrections and human services.
5	(9) "Qualified mental retardation professional" means a person who has at least 1 year of
6	experience working directly with persons with mental retardation or other developmental disabilities and
7	who is:
8	(a) a licensed physician or esteopath;
9	(b) a registered nurse; or
10	(c) a professional program staff-person for the residential facility who the department of
11	corrections and human services determines meets the professional requirements necessary for federal
12	eertification of the facility:
13	(10) "Resident" means a person admitted to a residential facility for a course of evaluation,
14	treatment, or habilitation.
15	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont
16	human services center.
17	(12) "Residential facility screening team" means a team of persons appointed as provided in
18	53-20-133.
19	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be
20	developmentally disabled and in need of developmental disability services.
21	(14) "Responsible person" means any person willing and able to assume responsibility for a person
22	who is developmentally disabled or alleged to be developmentally disabled.
23	(15) "Seriously developmentally disabled" means developmentally disabled due to developmental
24	or physical disability or a combination of both, rendering a person unable to function in a community-based
25	setting and which has resulted in self-inflicted injury or injury to others or the imminent threat thereof or
26	which has deprived the person afflicted of the ability to protect his life or health."
27	
28	Section 5. Section 53-20-102, MCA, is amended to read:
29	"53-20-102. (Temporary) Definitions. As used in this part, the following definitions apply:
30	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors



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(2) "Community based facilities" or "community based services" includes means those services facilities and facilities which services that are available for the evaluation, treatment, and habilitation of the developmentally disabled persons with developmental disabilities in a community setting, including but not limited to outpatient facilities; special education services, group homes, foster homes, day care facilities, sheltered workshops, and other community based services and facilities.

- (3) "Court" means a district court of the state of Montana.
- (4) "Developmentally disabled" "Developmental disabilities professional" means a licensed psychologist, a licensed psychiatrist, or a person with a master's degree in psychology, who:
 - (a) has training and experience in psychometric testing and evaluation;
- (b) has experience in the field of developmental disabilities; and
- (c) is certified, as provided in 53-20-106, by the department of social and rehabilitation services and the department of corrections and human services.

(5) "Developmental disability" means suffering from a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to mental retardation and requiring that requires treatment similar to that required by mentally retarded individuals; if the <u>A developmental</u> disability is a disability that originated before the individual attained age 18, that has continued or can be expected to continue indefinitely, and that constitutes a substantial handicap of such the individual.

(5)(6) "Habilitation" means the process by which a person who is developmentally disabled has a developmental disability is assisted to acquire in acquiring and maintain maintaining those life skills which that enable him the person to cope more effectively with personal needs and the demands of his own person and the environment and to raise in raising the level of his the person's physical, mental, and social efficiency. Habilitation includes but is not limited to formal, structured education and treatment.

(6)(7) "Individual treatment planning team" means the interdisciplinary team of persons involved in and responsible for the habilitation of a person committed to resident a residential facility. The committed person resident is a member of the team.

- (7)(8) "Next of kin" includes but need is not be limited to the spouse, parents, adult children, and adult brothers and sisters of a person.
 - (8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with



1	a master's degree in psychology, who:			
2	(a) has training and experience in psychometric testing and evaluation;			
3	(b) has experience in the field of developmental disabilities; and			
4	(c) is certified as provided for in 53-20-106 by the department of social and rehabilitation services			
5	and the department of corrections and human services.			
6	(9) "Qualified mental retardation professional" means a person who has at least 1 year of			
7	experience working directly with persons with mental retardation or other developmental disabilities and			
8	who is:			
9	(a) a licensed physician or osteopath;			
10	(b) a registered nurse; or			
11	(c) a professional program staff person for the residential facility who the department of			
12	corrections and human services determines meets the professional requirements necessary for federal			
13	certification of the facility.			
14	(10) "Resident" means a person admitted committed to a residential facility for a course of			
15	evaluation, treatment, or habilitation.			
16	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont			
17	human services center.			
18	(12) "Residential facility screening team" means a team of persons, appointed as provided in			
19	53-20-133, who are responsible for screening a respondent to determine if the commitment of the			
20	respondent to a residential facility is appropriate.			
21	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be seriously			
22	developmentally disabled and in need of developmental disability services in a residential facility.			
23	(14) "Responsible person" means any <u>a person willing and able to assume responsibility for a</u>			
24	person who is seriously developmentally disabled or alleged to be seriously developmentally disabled.			
25	(15) "Seriously developmentally disabled" means a person who:			
26	(a) is developmentally disabled has a developmental disability;			
27	(b) is impaired in cognitive functioning; and			
28	(e) has behaviors that pose an imminent risk of serious harm to self or others or self help deficits			
29	so severe as to require total care or near total care and who because of those behaviors or deficits, cannot			
30	be safely and effectively habilitated in community-based services. (Terminates September 30, 1995—sec.			



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1	27, Ch. 381, L. 1991.)
2	53-20-102. (Effective October 1, 1995) Definitions. As used in this part, the following definitions
3	apply:
4	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors
5	ereated by 2-15-211.
6	(2) "Community based facilities" or "community based services" includes those services and
7	facilities which are available for the evaluation, treatment, and habilitation of the developmentally disabled
8	in a community setting, including but not limited to outpatient facilities, special education services, group
9	homes, foster-homes, day-eare facilities, sheltered workshops, and other community-based services and
10	facilities.
11	(3) "Court" means a district court of the state of Montana.
12	(4) "Developmentally disabled" means suffering from a disability attributable to mental retardation,
13	cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to
14	mental retardation and requiring treatment similar to that required by mentally retarded individuals if the
15	disability originated before the individual attained age 18, has continued or can be expected to continue
16	indefinitely, and constitutes a substantial handicap of such individual.
17	(5) "Habilitation" means the process by which a person who is developmentally disabled is assisted
18	to acquire and maintain those life skills which enable him to cope more effectively with the demands of
19	his own person and environment and to raise the level of his physical, mental, and social efficiency.
20	Habilitation includes but is not limited to formal, structured education and treatment.
21	(6) "Individual treatment planning team" means the interdisciplinary team of persons involved in
22	and responsible for the habilitation of a person committed to a residential facility. The committed person
23	is a member of the team.
24	(7) "Next of kin" includes but need not be limited to the spouse, parents, adult children, and adult
25	brothers and sisters of a person.
26	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with
27	a master's degree in psychology, who:
28	(a) has training and experience in psychometric testing and evaluation;



(e) is certified as provided for in 53-20-106 by the department of social and rehabilitation services

(b) has experience in the field of developmental disabilities; and

1	and the department of corrections and human services.
2	(9) "Qualified mental retardation professional" means a person who has at least 1 year o
3	experience working directly with persons with mental retardation or other developmental disabilities and
4	who is:
5	(a)—a licensed physician or esteopath;
6	(b) a registered nurse; or
7	(e) a professional program staff person for the residential facility who the department e
8	corrections and human services determines meets the professional requirements necessary for federal
9	certification of the facility.
0	(10) "Resident" means a person admitted to a residential facility for a course of evaluation
1	treatment, or habilitation.
2	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmon
3	human services center.
4	(1-2) "Residential facility screening team" means a team of persons appointed as provided in
5	53-20-133.
6	(1-3) "Respondent" means a person alleged in a petition filed pursuant to this part to be
17	developmentally disabled and in need of developmental disability services.
8	(14) "Responsible person" means any person willing and able to assume responsibility for a person
9	who is developmentally disabled or alleged to be developmentally disabled.
20	(15) "Seriously developmentally disabled" means developmentally disabled due to developmental
21	or physical disability or a combination of both, rendering a person unable to function in a community-based
22	setting and which has resulted in self-inflicted injury or injury to others or the imminent threat-thereof of
23	which has deprived the person afflicted of the ability to protect his life or health."
24	
25	Section 2. Section 53-20-104, MCA, is amended to read:
26	"53-20-104. Powers and duties of mental disabilities board of visitors. (1) The board is a
27	independent board of inquiry and review established to ensure that the treatment of all persons admitted



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committed to a residential facility is humane and decent and meets the requirements set forth in this part.

involving persons admitted committed to a residential facility to ensure that the research project is humane

(2) The board shall review all plans for experimental research or hazardous treatment procedures

and not unduly hazardous and that it complies with the principles of the statement on the use of human subjects for research of the American association on mental deficiency and with the principles for research involving human subjects required by the United States department of health and human services. An experimental research project involving persons admitted committed to a residential facility affected by this part may not be commenced unless it is approved by the mental disabilities board of visitors.

- (3) The board shall investigate all cases of alleged mistreatment of a resident.
- (4) The board shall at least annually inspect every residential facility that is providing a course of residential habilitation and treatment to any person pursuant to this part. The board shall inspect the physical plant, including residential, recreational, dining, and sanitary facilities. It shall visit all wards and treatment or habilitation areas. The board shall inquire concerning all habilitation programs being implemented by the facility.
- (5) The board shall inspect the file of each person admitted committed to a residential facility pursuant to this part to ensure that a habilitation plan exists and is being implemented. The board shall inquire concerning all use of restraints, isolation, or other extraordinary measures.
- (6) The board may assist a resident at a residential facility in resolving any a grievance the resident may have concerning the resident's admission commitment or course of treatment and habilitation in the facility.
- (7) If the board believes that a facility is failing to comply with the provisions of this part in regard to its physical facilities or its treatment of any a resident, it shall report its findings at once to the superintendent of the facility and the director of the department of corrections and human services. If appropriate, after waiting a reasonable time for a response from the superintendent or the director, the board may notify the parents or guardian of the resident involved, the next of kin, if known, the responsible person appointed by the court for the resident involved, and the district court that has jurisdiction over the facility.
- (8) The board shall report annually to the governor concerning the status of the residential facilities and habilitation programs that it has inspected."
 - Section 3. Section 53-20-106, MCA, is amended to read:
- "53-20-106. Certification of professional persons developmental disabilities professionals. (1) The A developmental disabilities professional must be certified by the department of social and rehabilitation



services and the department of corrections and human services shall certify professional persons for purposes of this part.

(2) The department of social and rehabilitation services and the department of corrections and human services shall adopt rules governing the certification of professional persons developmental disabilities professionals. The rules must establish the appropriate combination of education, skills, and experience necessary for certification and set forth qualifications developed by reference to recognized national standards in the field of developmental disabilities."

Section 4. Section 53-20-107, MCA, is amended to read:

"53-20-107. Department to compile list of qualified visitors developmental disabilities professionals. The department of corrections and human services shall compile and provide to each district court within the state a list of professional persons within the region where the district court is located developmental disabilities professionals who possess competencies in the evaluation and habilitation of persons with developmental disabilities and who may be available to the court to act as visitors or to otherwise provide evaluation services in guardianship proceedings involving developmentally disabled persons, together with an indication of the particular competencies the professional person possesses."

Section 5. Section 53-20-112, MCA, is amended to read:

"53-20-112. Procedural rights. (1) A person subject to emergency admittance to a residential facility or to any hearing held pursuant to this part respondent has all the rights accorded to a person subject to involuntary commitment proceedings under the laws of this state relating to involuntary commitment of the seriously mentally ill, as provided in 53-21-115 through 53-21-118.

- (2) In addition, the parents or guardian of a person alleged to be seriously developmentally disabled and in need of developmental disabilities services respondent have the right to:
 - (a) be present at any hearing held pursuant to this part;
 - (b) be represented by counsel in any hearing;
 - (c) offer evidence and cross-examine witnesses in any hearing; and
- (d) have the respondent examined by a professional person of their choice when such a professional person is reasonably available, unless the person so chosen is objected to by the respondent or by a responsible person appointed by the court."



1	Section 6. Section 53-20-113, MCA, is amended to read:
2	"53-20-113. Waiver of rights. (1) A person respondent may waive his the respondent's procedural
3	rights provided that the waiver is knowingly and intentionally made.
4	(2) The right to counsel in a hearing held pursuant to 53-20-125 may not be waived.
5	(3) The right to habilitation provided for in this part may not be waived.
6	(2)(4) A person admitted to a residential facility for evaluation and treatment or for an extended
7	eourse of habilitation respondent may knowingly and intentionally waive his the respondent's rights only
8	with the concurrence of the person's respondent's counsel, if any, or, if he the respondent has no counsel,
9	his the respondent's parents, guardian, or other responsible person appointed by the court.
10	(3) (a) In the case of a minor, the waiver of rights may be knowingly and intentionally made:
11	(i) when the minor is under the age of 12, by the parents of the minor with the concurrence of
12	the responsible person, if any;
13	(ii) when the minor is over the age of 12, by the minor and his parents;
14	(iii) when the minor is over the age of 12 and the minor and his parents do not agree, the minor
15	may make an effective waiver of his rights only with the advice of counsel.
16	(b) If the court believes that there may be a conflict of interest between a minor and his parents
17	or guardian, the court may appoint a responsible person or guardian ad litem for the minor."
18	
19	Section 7. Section 53-20-114, MCA, is amended to read:
20	"53-20-114. Appointment of responsible person. Whenever, in any (1) In a proceeding under this
21	part, the court believes shall appoint a responsible person to protect the interests of the respondent if the
22	court determines:
23	(a) that a conflict of interest may exist between a person who is developmentally disabled or
24	alleged to be developmentally disabled and his the respondent and the respondent's parents or guardian;
25	Of
26	(b) that the parents or guardian are unable to protect the interests of such person the respondent;
27	or
28	(c) whenever there is that the respondent has no parent or guardian, the court shall appoint a
29	responsible person to protect the interests of the person who is developmentally disabled or alleged to be
30	developmentally disabled.



1	(2) The responsible person may not be an employee of a residential facility.
2	(3) Only one person shall at any one time may be the responsible person within the meaning of
3	this part.
4	(4) In appointing a responsible person, the court shall consider the preference of the respondent
5	or patient. The court may at any time, for good cause shown, change its designation of who is the
6	responsible person.
7	(5) The appointment of the responsible person must terminate at the time of the resident's
8	discharge from the residential facility. However, the The appointment of the responsible person shall may
9	not terminate during any period of conditional release from the facility."
10	
11	Section 8. Section 53-20-116, MCA, is amended to read:
12	"53-20-116. Professional person to attend Residential facility screening team member testimony
13	at hearing. In any a hearing held pursuant to this part, a member of the residential facility screening team
14	or the professional person who evaluated the person must be present at the hearing and subject to
15	cross examination may be required to testify with regard to a determination made by the residential facility
16	screening team."
17	
18	Section 9. Section 53-20-118, MCA, is amended to read:
19	"53-20-118. Venue for hearing.(1) Hearings held pursuant to this part shall must be held in the
20	district court for the district where in which the respondent resides, except that at the request of any party
21	or the professional person, who must be present at the hearing, a hearing may be held in the district court
22	for the district where the respondent is undergoing evaluation, treatment, or habilitation in a residential
23	facility or is undergoing community-based evaluation, treatment, or habilitation. or in which the residential
24	facility is located to which the respondent is or is to be committed.
25	(2) The cost of any hearing held pursuant to this part shall must be borne by the county where
26	the respondent resides."
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Section 10. Section 53-20-121, MCA, is amended to read:

"53-20-121. Petition for involuntary treatment -- contents of. (1) Any A person who believes that there is a person who is seriously developmentally disabled and in need of placement in commitment to



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2	developmentally disabled and in need of placement in commitment to a residential facility.
3	(2) The petition must contain:
4	(a) the name and address of the person requesting the petition and their the person's interest in
5	the case;
6	(b) the name and address of the respondent;
7	(c) the name and address of the parents or guardian of the respondent and of any other person
8	believed to be legally responsible for the care, support, and maintenance of the respondent;
9	(d) the name and address of the respondent's next of kin, to the extent known;
10	(e) the name and address of any person who the county attorney believes might be willing and
11	able to be appointed <u>as a</u> responsible person; and
12	(f) a statement of the rights of the respondent and his the respondent's parents or guardian that
13	must be in conspicuous print and identified by a suitable heading.
14	(3) A copy of the petition must be sent to the residential facility screening team."
15	
16	Section 11. Section 53-20-125, MCA, is amended to read:
17	"53-20-125. Outcome of screening recommendation for treatment at commitment to residential
18	facility hearing. (1) A person may be committed to a residential facility only if the person:
19	(a) is 18 years of age or older; and

a residential facility may request the county attorney to file a petition alleging that the person is seriously

in 53-20-129 or in this section.
 (2) If as a result of the screening required by 53-20-133 the residential facility screening team

residential facility by the residential screening team, as provided in 53-20-133, and by a court, as provided

(b) is determined to be seriously developmentally disabled and in need of commitment to a

- concludes that the person respondent who has been evaluated is seriously developmentally disabled and recommends that the respondent be committed to a residential facility for treatment and habilitation in a residential facility on an extended basis, the team shall file its written recommendation and report with the court and request that the court order the admission. The report shall must include the factual basis for the recommendation and shall must describe any tests or evaluation devices that have been employed in evaluating the patient respondent.
 - (2) If no responsible person has yet been appointed, the court may appoint one at this time. If



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there is no parent or guardian,	Tine court-snan appoint	-а тезропзівне регзоп.

- (3) At the request of the respondent, his the respondent's parents or guardian, or the responsible person, the court shall appoint counsel for the respondent. If the parents (or guardian) are indigent and if they request it or if a guardian is indigent and requests it, the court shall appoint counsel for the parents or guardian.
- (4) Notice of the recommendation <u>determination of the residential facility screening team</u> must be mailed or delivered to:
 - (a) the respondent, his;
- (b) the respondent's parents or, guardian, or next of kin, if known;
- 10 (c) the responsible person, next of kin; if known,;
 - (d) the respondent's advocate, if any:
- 12 (e) the county attorney;
- 13 (f) the residential facility; and
- 14 (g) the attorney for the respondent, if any, and
- 15 (h) the attorney for the parents or guardian, if any.
 - (5) The respondent, his the respondent's parents or guardian, the responsible person, the respondent's advocate, if any, or the attorney for any party may request that a hearing be held on the recommendation of the residential facility screening team. If a hearing is requested, the court shall mail or deliver notice of the date, time, and place of the hearing
 - (6) Notice of the hearing must be mailed or delivered to each of the parties listed at the beginning of this in subsection (5).
 - (7) The hearing must be held before the court without jury. The rules of civil procedure must apply.
 - (6)(8) If the court finds that the respondent is seriously developmentally disabled and in need of commitment to a residential facility, it shall order the respondent admitted committed to a residential facility for an extended course of treatment and habilitation. If the court finds that the respondent is developmentally disabled has a developmental disability but is not seriously developmentally disabled, it shall dismiss the petition and refer the respondent to the department of social and rehabilitation services to be considered for placement in community-based services according to 53-20-209. If the court finds that the respondent is not developmentally disabled does not have a developmental disability or is not in need of developmental disability services, it shall dismiss the petition.



(7)(9) If none of the parties notified of the recommendation request a hearing, the court may issue
an order authorizing the person to be admitted for the commitment of the respondent to the residentia
facility for an extended period of treatment and habilitation or the court may initiate its own inquiry as to
whether the order should be granted.

- (10) The court may refuse to authorize admission commitment of a person respondent to a residential facility for an extended period of treatment and habilitation if admission commitment is not in the best interests of the person respondent.
 - (11) An order for commitment must be accompanied by findings of fact.
- (12) A court order entered in a proceeding under this part must be provided to the residential facility screening team."

- Section 12. Section 53-20-126, MCA, is amended to read:
- "53-20-126. Maximum period of admission commitment to residential facility. (1) No person shall be admitted to a residential facility for longer than 30 days except on approval of the court. Whenever a person is admitted to a residential facility for longer than 30 days, the court may appoint a person other than the parents or guardian to act as responsible person for the resident. If there is no parent or guardian, the court shall appoint a responsible person.
- (2) The court order approving the admission commitment shall must specify the maximum period of time for which the person is admitted committed to the residential facility. In no case shall this The maximum period may not exceed 1 year."

- Section 13. Section 53-20-127, MCA, is amended to read:
- "53-20-127. Transfer to another residential facility -- release to community-based alternative -- hearing. (1) If, at any time during the period for which a person resident is admitted committed to a residential facility for an extended period of habilitation and treatment, the qualified mental retardation professional in charge of responsible for the resident resident's habilitation decides that the person resident no longer requires placement in a residential facility and that there exist sufficient community-based alternatives to provide adequate treatment and habilitation for the resident and adequate protection of the life and physical safety of the resident and others or that it is in the best interests of the resident that he be transferred to another residential facility, then he the qualified mental retardation professional may



release the	resident	to the	community-based	alternative	or transfer the	resident to	the other	residentia
facility no k	ess than	15 da	ys after sending.					

- (2) notice Notice of the proposed release or transfer must be sent at least 15 days prior to the date of release to:
- (a) the resident, his;
- (b) the resident's parents or guardian;
- 7 (c) the attorney who most recently represented the resident, if any;
 - (d) the responsible person appointed by the court, if any, and;
 - (e) the resident's advocate, if any; and
 - (f) the court that ordered the admission commitment. If the resident has been found unfit to proceed to trial, notice must be sent to the court that found the resident unfit to proceed to trial and to the county attorney and the attorney who represented the resident at the time the resident was found unfit to proceed to trial.
 - (a)(3) If any of the parties so a party that was notified objects to the release or transfer, they the party may petition the court for a hearing to determine whether the release or transfer should be allowed. The hearing must comply with the procedures set forth in 53-20-125. The court may on its own initiative inquire concerning the propriety of the release or transfer.
 - (b)(4) Nothing in this subsection (1) prevents the transfer of a A resident may be transferred without the notice provided in subsection (2) to a hospital or other medical facility for necessary medical treatment or emergency transfer of a resident to a mental health facility for emergency treatment provided that the emergency transfer complies with the statutory requirements for emergency detention of the mentally ill. Within 24 hours of an emergency medical or psychiatric transfer, notice must be given to the parents or guardian of the resident, the responsible person appointed by the court, if any, and the court.
 - (2)(5) If a person is admitted committed to a residential facility for an extended course of habilitation without a hearing and if subsequent to admission commitment one of the parties who could have requested a hearing learns that an alternative course of treatment is available that is more suitable to the needs of the resident, the party may request the qualified mental retardation professional in charge of responsible for the resident resident's habilitation to release the resident to the alternative if it is a community-based alternative or transfer the resident to the alternative if it is a residential alternative. Any transfer or A release must comply with the requirements of subsection subsections (1) through (4). If the

qualified mental retardation professional in charge of the resident refuses to authorize the release of transfer, then the party may petition the court for a hearing to determine whether the present residential alternative resident's commitment should be continued. The hearing must comply with the procedures set forth in 53-20-125."

Section 14. Section 53-20-128, MCA, is amended to read:

"53-20-128. Extension of admission period—hearing Recommitment. (1) If the qualified mental retardation professional in charge of the resident responsible for a resident's habilitation determines that the admission to the residential facility should continue beyond the period specified in the court order, he shall, at least 15 days before the end of the period set out in the court order, send written notice of his recommendation and request for renewal of the order to the court that issued the order, the resident, his parents or guardian, the next of kin, if known, the attorney who most recently represented the resident, if any, and the responsible person appointed by the court, if any. The recommendation and request must be accompanied by a written report describing the habilitation plan that has been undertaken for the resident and the future habilitation plan that is anticipated by the qualified mental retardation professional resident continues to be seriously developmentally disabled and in need of commitment to a residential facility beyond the term of the current commitment order, the qualified mental retardation professional shall request that a petition for recommitment be filed.

- (2) A petition for recommitment must be filed with the district court before the end of the current period of commitment.
- (3) The recommendation of the qualified mental retardation professional must be presented in a written report that includes a summary of the current habilitation plan for the resident.
- 23 (4) The resident must be screened in accordance with 53-20-133 by the residential facility
 24 screening team.
 - (5) Copies of the petition for recommitment and the report of the qualified mental retardation professional must be sent to:
 - (a) the court that issued the current order;
- 28 (b) the residential screening team;
- 29 (c) the resident;
- 30 (d) the resident's parents or guardian or next of kin, if any;



1	te attorney who most recently represented the resident, if any,
2	(f) the responsible person appointed by the court, if any; and
3	(g) the resident's advocate, if any.
4	(6) If the residential facility screening team recommends that the resident be recommitted, the
5	court may enter an order for recommitment without hearing unless a person notified as provided in
6	subsection (5) requests that a hearing be held or the court determines that it would be in the best interest
7	of the resident to hold a hearing.
8	(2)(7) If any person so notified requests the court sets a hearing, the court shall set a time and
9	place for the hearing and shall mail or deliver provide notice to all of the persons informed of the
10	recommendation. The hearing must be conducted in the manner set forth in 53-20-125. If the court finds
11	that the residential admission is still justified, it may order continuation of the admission to that residential
12	facility or transfer of the resident to a different residential facility. notified pursuant to subsection (5).
13	(8) A court may order a resident's recommitment to a residential facility if the court determines
14	that the resident continues to be seriously developmentally disabled and in need of continued commitment
15	to the residential facility. If the court finds that the resident is still in need of developmental disabilities
16	services but does not require treatment in commitment to a residential facility or if all parties are willing
17	for the resident to participate in a community-based program of habilitation, it shall refer the respondent
18	resident to the department of social and rehabilitation services to be considered for placement in
19	community-based services according to 53-20-209. If the person resident is placed in community-based
20	services or if the need for developmental disabilities services no longer exists, the court shall dismiss the
21	petition. The
22	(9) The court may not order continuation of admission recommitment to a residential facility that
23	does not have an individualized habilitation plan for the resident. In its order, the court shall make findings
24	of fact on which its order is based.
25	(10) At a hearing, the The court may on its own initiative inquire concerning the suitability of
26	continuing an admission a resident's commitment to a residential facility."
27	
28	Section 15. Section 53-20-129, MCA, is amended to read:
29	"53-20-129. Emergency admission and commitment. (1) A professional person may admit a person
30	believed to be seriously developmentally disabled to may be admitted in a residential facility on an



1	emergency basis when necessary to protect the person or others from death or serious bodily harm.
2	(2) An emergency admission to a residential facility may be initiated only by a developmental
3	disabilities professional.
4	(3) An emergency admission may not proceed unless the residential facility and the department
5	of social and rehabilitation services are given reasonable notice of the need for placement by the
6	developmental disabilities professional responsible for emergency admission.
7	(4) A petition as set out in 53 20 121 and 53 20 125 for emergency commitment must be filed
8	on the next judicial day after an emergency admission by the county attorney of the county where the
9	person resides. If a petition is filed, the
10	(5) The residential facility screening team shall report back to the court on the fifth seventh judicial
11	day following the filing of the petition for emergency commitment.
12	(6) Once a petition is filed the report of the residential facility screening team is received by the
13	court, continued detention placement in the residential facility may be allowed only on not continue
14	without an order of the court for emergency commitment.
15	(7) A court may order an emergency commitment only when the court determines that the
16	emergency commitment is necessary to protect the respondent or others from death or serious bodily
17	harm. In no case may an
18	(8) An order for emergency commitment may be entered without a hearing before the court, if the
19	court finds that the record supports the order.
20	(9) An emergency admission commitment to a residential facility may not continue for longer than
21	30 days without subsequent proceedings after placement in the residential facility unless a petition for an
22	extended commitment to the residential facility has been filed before the court.
23	(10) The residential facility screening team may recommend that the respondent under a petition
24	for emergency commitment be committed by court order to the residential facility on an extended basis."
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Section 16. Section 53-20-130, MCA, is amended to read:

"53-20-130. Patient transfers from mental health facilities. If any a person is a patient in a mental health facility and the professional person, as defined in 53-21-102, in charge of the patient determines that the patient is suffering from a developmental disability rather than mental illness and should more properly be admitted committed to a residential facility or an appropriate less restrictive alternative, then



the professional person shall commence proceedings to effect such admission a commitment, consistent with the procedures set forth in this part for admissions commitments generally."

Section 17. Section 53-20-133, MCA, is amended to read:

"53-20-133. Residential facility screening team -- referral by court -- membership -- rules. (1) When the district court eonsiders a person receives a petition for commitment to a residential facility under this part, the court, prior to proceeding, shall refer the person respondent to the residential facility screening team for screening to determine whether placement and habilitation in a residential facility are appropriate for the person respondent.

- (2) A court may not commit a person respondent to a residential facility under 53-20-125, 53-20-128, or 53-20-129 unless the residential facility screening team determines that placement and habilitation in a residential facility are appropriate for the person respondent.
- (3) The residential facility screening team may not determine that placement and habilitation in a residential facility are appropriate on an extended basis unless the residential facility screening team determines that the person respondent is seriously developmentally disabled.
- (4) The residential facility screening team shall provide the court <u>and the county attorney</u> with the social and placement information relied upon by the residential facility screening team in making its determination.
- (5) For purposes of this part, the department of social and rehabilitation services and the department of corrections and human services shall adopt rules providing for the membership and terms of the members of the residential facility screening team and setting forth the criteria and procedures to govern the determinations made by the residential facility screening team."

Section 18. Section 53-20-146, MCA, is amended to read:

"53-20-146. Right not to be subjected to certain treatment procedures. (1) Residents of a residential facility have a right not to be subjected to any unusual or hazardous treatment procedures without the express and informed consent of the resident, if the resident is able to give consent, and of his the resident's parents or guardian or the responsible person appointed by the court after opportunities for consultation with independent specialists and legal counsel. Such proposed Proposed procedures must first have been reviewed and approved by the mental disabilities board of visitors before consent is sought.



- (2) Physical restraint may be employed only when absolutely necessary to protect the resident from injury to himself or to prevent injury to others. Mechanical supports used to achieve proper body position and balance that are ordered by a physician are not considered a physical restraint. Restraint may not be employed as punishment, for the convenience of staff, or as a substitute for a habilitation program. Restraint may be applied only if alternative techniques have failed and only if the restraint imposes the least possible restriction consistent with its purpose. Use of restraints may be authorized by a physician, a developmental disabilities professional person, or a qualified mental retardation professional. Orders for restraints must be in writing and may not be in force for longer than 12 hours. Whenever physical restraint is ordered, suitable provision must be made for the comfort and physical needs of the person resident restrained.
- (3) Seclusion, defined as the placement of a resident alone in a locked room for nontherapeutic purposes, may not be employed. Legitimate "time out" procedures may be <u>utilized used</u> under close and direct professional supervision as a technique in behavior-shaping programs.
- (4) Behavior modification programs involving the use of noxious or aversive stimuli must be reviewed and approved by the mental disabilities board of visitors and may be conducted only with the express and informed consent of the affected resident, if the resident is able to give consent, and of his the resident's parents or guardian or the responsible person appointed by the court after opportunities for consultation with independent specialists and with legal counsel. Such These behavior modification programs may be conducted only under the supervision of and in the presence of a qualified mental retardation professional who has had proper training in-such techniques.
- (5) A resident may not be subjected to a behavior modification program that attempts to extinguish socially appropriate behavior or to develop new behavior patterns when such the behavior modifications serve only institutional convenience.
- (6) Electric shock devices are considered a research technique for the purpose of this part. Such Electric shock devices may be used only in extraordinary circumstances to prevent self-mutilation leading to repeated and possibly permanent physical damage to the resident and only after alternative techniques have failed. The use of such electric shock devices is subject to the conditions prescribed by this part for experimental research generally and may be used only under the direct and specific order of a physician and the superintendent of the residential facility."



HB 65

Section 19. Section 53-20-161, MCA, is amended to read:

"53-20-161. Maintenance of records. (1) Complete records for each resident must be maintained and must be readily available to persons who are directly involved with the particular resident and to the mental disabilities board of visitors. All information contained in a resident's records must be considered privileged and confidential. The parents or guardian, the responsible person appointed by the court, and any person properly authorized in writing by the resident, if the resident is capable of giving informed consent, or by his the resident's parents or guardian or the responsible person must be permitted access to the resident's records. Information may not be released from the records of a resident or former resident of the residential facility unless the release of the information has been properly authorized in writing by:

- (a) the court;
- (b) the resident or former resident if he the resident is over the age of majority and is capable of giving informed consent;
 - (c) the parents or guardian in charge of a resident under the age of 12;
- (d) the parents or guardian in charge of a resident over the age of 12 but under the age of majority and the resident if the resident is capable of giving informed consent;
 - (e) the guardian of a resident over the age of majority who is incapable of giving informed consent;
- (f) the superintendent of the residential facility or his the superintendent's designee as custodian of a resident over the age of majority who is incapable of giving informed consent and for whom no legal guardian has been appointed;
- (g) the superintendent of the residential facility or his the superintendent's designee as custodian of a resident under the age of majority for whom there is no parent or legal guardian; or
- (h) the superintendent of the residential facility or his the superintendent's designee as custodian of a resident of that facility whenever release is required by federal or state law or department of social and rehabilitation services rules.
- (2) Information may not be released by a superintendent or his the superintendent's designee as set forth in subsection (1)(f), (1)(g), or (1)(h) less than 15 days after sending notice of the proposed release of information to the resident, his the resident's parents or guardian, the attorney who most recently represented the resident, if any, the responsible person appointed by the court, if any, the resident's advocate, if any, and the court that ordered the admission. If any of the parties so notified objects to the release of information, they may petition the court for a hearing to determine whether the release of



information should be allowed. Information may not be released pursuant to subsection (1)(f), (1)(g), or
(1)(h) unless it is released to further some legitimate need of the resident or to accomplish a legitimate
purpose of the facility that is not inconsistent with the needs and rights of the resident. Information may
not be released pursuant to these subsections subsection (1)(f), (1)(g), or (1)(h) except in accordance with
written policies consistent with the requirements of this part adopted by the facility. Persons receiving
notice of a proposed release of information shall must also receive a copy of the written policy of the
facility governing release of information.

- (3) These records must include:
- (a) identification data, including the resident's legal status;
- (b) the resident's history, including but not limited to:
- (i) family data, educational background, and employment record;
- (ii) prior medical history, both physical and mental, including prior institutionalization;
- (c) the resident's grievances, if any;
 - (d) an inventory of the resident's life skills, including mode of communication;
 - (e) a record of each physical examination that describes the results of the examination;
- (f) a copy of the individual habilitation plan and any modifications thereto to the plan and an appropriate summary that will to guide and assist the resident care workers in implementing the resident's program habilitation plan;
- (g) the findings made in monthly reviews of the habilitation plan, which findings must include including an analysis of the successes and failures of the habilitation program and direct whatever modifications are necessary;
- (h) a copy of the postinstitutionalization plan that includes a statement of services needed in the community and any modifications thereto to the postinstitutionalization plan and a summary of the steps that have been taken to implement that plan;
 - (i) a medication history and status;
- (j) a summary of each significant contact by a <u>qualified mental retardation</u> professional person with a resident;
- (k) a summary of the resident's response to his the resident's habilitation plan, prepared by a qualified mental retardation professional involved in the resident's habilitation and recorded at least monthly. Wherever possible, such the response must be scientifically documented.



1	(I) a monthly summary of the extent and nature of the resident's work activities and the effect of
2	the activity upon the resident's progress in the habilitation plan;
3	(m) a signed order by a qualified mental retardation professional , professional person, or physician
4	for any physical restraints;
5	(n) a description of any extraordinary incident or accident in the facility involving the resident, to
6	be entered by a staff member noting personal knowledge of the incident or accident or other source of
7	information, including any reports of investigations of the resident's mistreatment;
8	(o) a summary of family visits and contacts;
9	(p) a summary of attendance and leaves from the facility;
0	(g) a record of any seizures; illnesses; injuries; and treatments thereof of seizures, illnesses, and
1	injuries; and immunizations."
2	injuries, and immunications.
3	Section 24. Section 53 20 501, MCA, is amended to read:
4	"53-20-501. Primary function of Montana developmental center and Eastmont human services
5	center. The primary functions of the Montana developmental center and the Eastmont human services
6	center are the care, treatment, training, education, and necessary medical treatment of mentally retarded
7	persons who have been determined to be seriously developmentally disabled."
8	persons who have been determined to be sembling developmentally disubled.
	NEW SECTION. Section 20. Repealer. Sections 53-20-105, AND 53-20-111, 53-20-502, MCA,
9	and Section 27, Chapter 381, Laws of 1991, are repealed.
21	and Section 27, Chapter 301, Laws of 1331, are repealed.
22	NEW SECTION. Section 21. Phrase change directions to code commissioner. Wherever a
23	reference to a person who is developmentally disabled or to a developmentally disabled person appears in
	the Montana Code Annotated or in legislation enacted by the 1995 legislature, the code commissioner is
.4	
25	directed to change the reference to a person with developmental disabilities. The phrase "seriously
16	developmentally disabled" should remain.
27	
8.	NEW SECTION. Section 22. Effective dates DATE. (1) (Sections 3, 6 through 23, 25, 26,
9	[SECTIONS 1 THROUGH 21 and this section] are effective on passage and approval.



(2) [Sections 1, 2, 4, and 24] are effective January 1, 1997.

- 1 (3) [Section 5] is effective January 1, 1998.
- 2 -END-

1	HOUSE BILL NO. 65
2	INTRODUCED BY MCKEE
3	BY REQUEST OF THE DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING THE LAWS GOVERNING COMMITMENT
6	TO RESIDENTIAL FACILITIES FOR PERSONS WHO ARE SERIOUSLY DEVELOPMENTALLY DISABLED
7	DISCONTINUING THE FUNCTION OF THE EASTMONT HUMAN SERVICES CENTER AT GLENDIVE AS A
8	RESIDENTIAL FACILITY FOR PERSONS WITH DEVELOPMENTAL DISABILITIES; SETTING QUALIFICATIONS
9	FOR A PERSON TO BE COMMITTED TO A RESIDENTIAL FACILITY; AMENDING SECTIONS 53-1-202
10	53-1-402, 53-20-102, 53-20-104, 53-20-106, 53-20-107, 53-20-112, 53-20-113, 53-20-114,
11	53-20-116, 53-20-118, 53-20-121, 53-20-125, 53-20-126, 53-20-127, 53-20-128, 53-20-129
12	53-20-130, 53-20-133, 53-20-146, AND 53-20-161, AND 53-20-501, MCA; REPEALING SECTIONS
13	53-20-105, AND 53-20-111, AND 53-20-502, MCA, AND SECTION 27, CHAPTER 381, LAWS OF 1991
14	AND PROVIDING AN IMMEDIATE EFFECTIVE DATES DATE."
15	
16	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

THERE ARE NO CHANGES IN THIS BILL AND IT WILL NOT BE REPRINTED. PLEASE REFER TO SECOND READING COPY (YELLOW) FOR COMPLETE TEXT.



1	HOUSE BILL NO. 65			
2	INTRODUCED BY MCKEE			
3	BY REQUEST OF THE DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES			
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9	FOR A PERSON TO BE COMMITTED TO A RESIDENTIAL FACILITY; AMENDING SECTIONS 53-1-202,			
10	53 1 402, 53-20-102, 53-20-104, 53-20-106, 53-20-107, 53-20-112, 53-20-113, 53-20-114,			
11	53-20-116, 53-20-118, 53-20-121, 53-20-125, 53-20-126, 53-20-127, 53-20-128, 53-20-129,			
12	53-20-130, 53-20-133, 53-20-146, AND 53-20-161, AND 53-20-501, MCA; REPEALING SECTIONS			
13	53-20-105, AND 53-20-111, AND 53-20-502, MCA, AND SECTION 27, CHAPTER 381, LAWS OF 1991			
14	AND PROVIDING AN IMMEDIATE EFFECTIVE DATES DATE."			
15				
16	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:			
17				
18	Section 1. Section 53-1-202, MCA, is amended to read:			
19	"53-1-202. Department of corrections and human services. (1) The following components are			
20	ingluded in the department of corrections and human services to earry out the purposes of the department:			
21	(a) adult corrections services consisting of the following institutional components to incorcerate			
22	and rehabilitate felens pursuant to Title 46, chapter 18:			
23	(i) Montana state prison;			
24	(ii) the Mentana women's correctional center; and			
25	(iii) appropriate community based programs for the placement, supervision, and rehabilitation of			
26	adult felons who meet the criteria developed by the department for placement:			
27	(A) in prorolease conters;			
28	(B) under intensive supervision;			
29	(C) under parole or probation pursuant to Title 46, chapter 23, part 2; or			
วก	IDL is other appropriate programs:			



54th Legislature

- 1	(b) Therital relation services consisting of the following institutional components for eare and
2	treatment of the mentally ill pursuant to Title 53, chapter 21:
3	(i) Montana state hospital;
4	(ii) Montana center for the aged; and
5	(iii) a community services component consisting of appropriate services for the care and treatment
6	of the mentally ill pursuant to Title 53, chapter 21, part 2;
7	(e) ehemical dependency services consisting of appropriate detoxification, inpatient, intensive
8	outpatient, outpatient, prevention, education, and other necessary chemical dependency services pursuant
9	to Title 53, chapter 24;
10	(d) institutional and residential components of the developmental disabilities system for those
11	developmentally disabled persons with developmental disabilities who require that care according to Title
12	53, chapter 20, consisting of:
13	(i) the Montana developmental center; and
14	(ii) Eastmont human services center; and
15	(e) veterans' nursing homes for the nursing home and domiciliary care of honorably discharged
16	veterans as provided by law, consisting of:
17	(i) Montana veterans' home; and
18	(ii) eastern Montana veterans' home at Glendive.
19	(2) A state institution may not be moved, discontinued, or abandoned without prior consent of the
20	legislature."
21	
22	Section 2. Section 53 1-402, MCA, is amended to read:
23	"53-1-402. Residents subject to per diem and ancillary charges. (1) The department shall assess
24	and collect per diem and ancillary charges for the care of residents in the following institutions:
25	(a) Montana state hospital;
26	(b) Montana developmental center;
27	(e) Montana veterans' home;
28	(d) castern Montana veterans' home; and
29	(e) Montana senter for the aged;
30	(f)- Eastmont human services center.



4.	2) This section does no	t apply to the eastern Me	entana veterans'	home if the department	contracts
with a ne	ivate vendor to operate	the facility as provided	for in 10-2-416	3	

- Section 1. Section 53-20-102, MCA, is amended to read:
- "53-20-102. (Temporary) Definitions. As used in this part, the following definitions apply:
- (1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors created by 2-15-211.
- (2) "Community-based facilities" or "community-based services" includes means those services facilities and facilities which services that are available for the evaluation, treatment, and habilitation of the developmentally disabled persons with developmental disabilities in a community setting, including but not limited to outpatient facilities, special education services, group homes, foster homes, day care facilities, sheltered workshops, and other community based services and facilities.
 - (3) "Court" means a district court of the state of Montana.
- (4) "Developmentally disabled" "Developmental disabilities professional" means a licensed psychologist, a licensed psychiatrist, or a person with a master's degree in psychology, who:
 - (a) has training and experience in psychometric testing and evaluation;
 - (b) has experience in the field of developmental disabilities; and
- (c) is certified, as provided in 53-20-106, by the department of social and rehabilitation services and the department of corrections and human services.
- (5) "Developmental disability" means suffering from a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to mental retardation and requiring that requires treatment similar to that required by mentally retarded individuals, if the A developmental disability is a disability that originated before the individual attained age 18, that has continued or can be expected to continue indefinitely, and that constitutes a substantial handicap of such the individual.
- (6) "Habilitation" means the process by which a person who is developmentally disabled has a developmental disability is assisted to acquire in acquiring and maintain maintaining those life skills which that enable him the person to cope more effectively with personal needs and the demands of his own person and the environment and to raise in raising the level of his the person's physical, mental, and social efficiency. Habilitation includes but is not limited to formal, structured education and treatment.



1	$\frac{(6)(7)}{(6)}$ "Individual treatment planning team" means the interdisciplinary team of persons involved
2	in and responsible for the habilitation of a person committed to resident a residential facility. The
3	committed person <u>resident</u> is a member of the team.
4	(7)(8) "Next of kin" includes but need is not be limited to the spouse, parents, adult children, and
5	adult brothers and sisters of a person.
6	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with
7	a master's degree in psychology, who:
8	(a) has training and experience in psychometric testing and evaluation;
9	(b) has experience in the field of developmental disabilities; and
10	(e) is certified as provided for in 53-20-106 by the department of social and rehabilitation services
1 1	and the department of corrections and human services.
12	(9) "Qualified mental retardation professional" means a person who has at least 1 year of
13	experience working directly with persons with mental retardation or other developmental disabilities and
14	who is:
15	(a) a licensed physician or ostcopath;
16	(b) a registered nurse; or
17	(e) a professional program staff person for the residential facility who the department of
18	corrections and human services determines meets the professional requirements necessary for federal
19	certification of the facility.
20	(10) "Resident" means a person admitted committed to a residential facility for a course of
21	evaluation, treatment, or habilitation.
22	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont
23	human services center.
24	(12) "Residential facility screening team" means a team of persons, appointed as provided in
25	53-20-133, who are responsible for screening a respondent to determine if the commitment of the
26	respondent to a residential facility is appropriate.
27	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be seriously
28	developmentally disabled and in need of developmental disability services in a residential facility.
29	(14) "Responsible person" means any a person willing and able to assume responsibility for a



person who is seriously developmentally disabled or alleged to be seriously developmentally disabled.

1	(15) "Seriously developmentally disabled" means a person who:
2	(a) is developmentally disabled has a developmental disability;
3	(b) is impaired in cognitive functioning; and
4	(c) has behaviors that pose an imminent risk of serious harm to self or others or self-help deficit:
5	so severe as to require total care or near total care and who because of those behaviors or deficits, canno
6	be safely and effectively habilitated in community-based services. (Terminates September 30, 1995—see
7	27, Ch. 381. L. 1991.)
8	53-20-102. (Effective October 1, 1995) Definitions. As used in this part; the following definitions
9	apply:
10	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors
11	created by 2-15-211.
12	(2) "Community based facilities" or "community based services" includes those services and
13	facilities which are available for the evaluation, treatment, and habilitation of the developmentally disabled
14	in a community setting, including but not limited to outpatient facilities, special education services, group
15	homes, foster homes, day care facilities, sheltered workshops, and other community based services and
16	facilities.
17	(3) "Court" means a district court of the state of Montana.
18	(4) "Developmentally disabled" means suffering from a disability attributable to mental retardation,
19	ecrebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to
20	mental retardation and requiring treatment similar to that required by mentally retarded individuals if the
21	disability originated before the individual attained age 18, has continued or can be expected to continue
22	indefinitely, and constitutes a substantial handicap of such individual.
23	(5) "Habilitation" means the process by which a person who is developmentally disabled is assisted
24	to acquire and maintain those life skills which enable him to cope more effectively with the demands of
25	his own person and environment and to raise the level of his physical, mental, and social efficiency.
26	Habilitation includes but is not limited to formal, structured education and treatment.
27	(6) "Individual treatment planning team" means the interdisciplinary team of persons involved in
28	and responsible for the habilitation of a person committed to a residential facility. The committed person
29	is a member of the team.



(7) "Next of kin" includes but need not be limited to the spouse, parents, adult children, and adult

1	brothers and sisters of a person.
2	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with
3	a master's degree in psychology, who:
4	(a) has training and experience in psychometric testing and evaluation;
5	(b) has experience in the field of developmental disabilities; and
6	(e)—is certified as provided for in 53-20-106 by the department of social and rehabilitation services
7	and the department of corrections and human services.
8	(9) "Qualified mental retardation professional" means a person who has at least 1 year of
9	experience working directly with persons with mental retardation or other developmental disabilities and
10	who is:
11	(a)—a licensed physician or asteopath;
12	(b)—a registered nurse; or
13	(e) a professional program staff person for the residential facility who the department of
14	eorrections and human services determines meets the professional requirements necessary for federal
15	certification of the facility.
16	(10) "Resident" means a person admitted to a residential facility for a course of evaluation,
17	treatment, or habilitation.
18	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont
19	human services center.
20	(12) "Residential facility screening team" means a team of persons appointed as provided in
21	53-20-133.
22	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be
23	developmentally disabled and in need of developmental disability services.
24	(14) "Responsible person" means any person willing and able to assume responsibility for a person
25	who is developmentally disabled or alleged to be developmentally disabled.
26	(15). "Seriously developmentally disabled" means developmentally disabled due to developmental
27	or physical disability or a combination of both, rendering a person unable to function in a community based
28	setting and which has resulted in self-inflicted injury or injury to others or the imminent threat thereof or
29	which has deprived the person afflicted of the ability to protect his life or health."



1	Section 4. Section 53-20-102, MGA, is amended to read:
2	"53-20-102. (Temporary) Definitions. As used in this part, the following definitions apply:
3	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors
4	created by 2-15-211.
5	(2) "Gemmunity based facilities" or "community based services" includes means those services
6	facilities and facilities which services that are available for the evaluation, treatment, and habilitation of
7	the developmentally disabled persons with developmental disabilities in a community setting, including but
8	not limited to outpatient facilities, special education services, group homes, foster homes, day care
9	facilities, sheltered workshops, and other community based services and facilities.
10	(3) "Court" means a district court of the state of Montana.
11	(4) "Developmentally disabled" "Developmental disabilities professional" means a licensed
12	psychologist, a licensed psychiatrist, or a person with a master's degree in psychology, who
13	(a) has training and experience in psychometric testing and evaluation;
14	(b) has experience in the field of developmental disabilities; and
15	(e) is certified, as provided in 53-20-106, by the department of social and rehabilitation services
16	and the department of corrections and human services.
17	(6) "Developmental disability" means suffering from a disability that is attributable to mental
18	retardation, cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely
19	related to mental retardation and requiring that requires treatment similar to that required by mentally
20	retarded individuals, if the A developmental disability is a disability that originated before the individual
21	attained age 18, that has continued or can be expected to continue indefinitely, and that constitutes a
22	substantial handicap of such the individual.
23	(5)(6) "Habilitation" means the process by which a person who is developmentally disabled has
24	a developmental disability is assisted to acquire in acquiring and maintain maintaining those life skills which
25	that enable him the person to cope more effectively with personal needs and the demands of his own
26	person and the environment and to raise in raising the level of his the person's physical, mental, and social
27	efficiency. Habilitation includes but is not limited to formal, structured education and treatment.
28	(6)(7) "Individual treatment planning team" means the interdisciplinary team of persons involved
29	in and responsible for the habilitation of a person committed to resident a residential facility. The
	committed person resident is a member of the team.



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2	adult brothers and sisters of a person.
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6	(b) has experience in the field of developmental disabilities; and
7	(e) is certified as provided for in 53-20-106 by the department of social and rehabilitation services
8	and the department of corrections and human services.
9	(9) "Qualified mental retardation professional" means a person who has at least 1 year of
10	experience working directly with persons with mental retardation or other developmental disabilities and
11	who is:
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14	(e) a professional program staff person for the residential facility who the department of
15	corrections and human services determines meets the professional requirements necessary for federal
16	certification of the facility.
17	(10) "Resident" means a person admitted <u>committed</u> to a residential facility for a course of
18	evaluation, treatment, or habilitation.
19	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont
20	human services center.
21	(12) "Residential facility serecning team" means a team of persons, appointed as provided in
22	53-20-133, who are responsible for screening a respondent to determine if the commitment of the
2 3	respondent to a residential facility is appropriate.
24	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be <u>seriously</u>
25	developmentally disabled and in need of developmental disability services in a residential facility.
26	(14) "Responsible person" means any g person willing and able to assume responsibility for a
27	person who is seriously developmentally disabled or alleged to be seriously developmentally disabled.
28	(15) "Seriously developmentally disabled" means a person who:
29	(a) is developmentally disabled has a developmental disability:
30	(b) is impaired in cognitive functioning; and



1	(e) has behaviors that pose an imminent risk of serious harm to self or others or self help deficits
2	so severe as to require total care or near total care and who because of those behaviors or deficits, cannot
3	be safely and effectively habilitated in community based services. (Terminates September 30, 1895—sec-
4	27, Ch. 381. L. 1991.)
5	53-20-102. (Effective October 1, 1995) Definitions. As used in this part, the following definitions
6	a pply:
7	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors
8	ereated by 2-15-211.
9	(2) "Community based facilities" or "community based services" includes these services and
10	facilities which are available for the evaluation, treatment, and habilitation of the developmentally disabled
11	in a community setting, including but not limited to outpatient facilities, special education services, group
12	homes, foster homes, day care facilities, sheltered workshops, and other community based services and
13	facilities.
14	(3) "Court" means a district court of the state of Montana.
15	(4) "Developmentally disabled" means suffering from a disability attributable to mental retardation,
16	cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to
17	mental retardation and requiring treatment similar to that required by mentally retarded individuals if the
18	disability originated before the individual attained age 18, has continued or can be expected to continue
19	indefinitely, and constitutes a substantial handicap of such individual.
20	(5) "Habilitation" means the process by which a person who is developmentally disabled is assisted
21	to acquire and maintain those life skills which enable him to cope more effectively with the demands of
22	his own person and environment and to raise the level of his physical, mental, and social efficiency.
23	Habilitation includes but is not limited to formal, structured education and treatment.
24	(6) "Individual treatment planning team" means the interdisciplinary team of persons involved in
25	and responsible for the habilitation of a person committed to a residential facility. The committed person
26	is a member of the team.
27	(7) "Next of kin" includes but need not be limited to the spouse, parents, adult children, and adult
28	brothers and sisters of a person.
29	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with
30	a master's degree in psychology, who:



a master's degree in psychology, who:

1	(a) has training and experience in psychometric testing and evaluation;
2	(b) has experience in the field of developmental disabilities; and
3	(e)—is certified as provided for in 53-20-106 by the department of social and rehabilitation services
4	and the department of corrections and human services.
5	(9) "Qualified mental retardation professional" means a person who has at least 1 year of
6	experience working directly with persons with mental retardation or other developmental disabilities and
7	who is:
8	(a) a licensed physician or osteopath;
9	(b) a registered nurse; or
10	(e) a professional program staff person for the residential facility who the department of
11	eorrections and human services determines meets the professional requirements necessary for federal
12	certification of the facility.
13	(10) "Resident" means a person admitted to a residential facility for a course of evaluation,
14	treatment, or habilitation.
15	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastment
16	human services center.
17	(12) "Residential facility screening team" means a team of persons appointed as provided in
18	53-20-133.
19	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be
20	developmentally disabled and in need of developmental disability services.
21	(14) "Responsible person" means any person willing and able to assume responsibility for a person
22	who is developmentally disabled or alleged to be developmentally disabled.
23	(15) "Seriously developmentally disabled" means developmentally disabled due to developmental
24	or physical disability or a combination of both, rendering a person unable to function in a community based
25	setting and which has resulted in self-inflicted injury or injury to others or the imminent threat thereof or
26	which has deprived the person afflicted of the ability to protect his life or health."
27	
28	Section 5: Section 53-20-102, MCA, is amended to read:
29	"53-20-102. (Temporary) Definitions. As used in this part, the following definitions apply:
30	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors



29

30

1	created by 2-15-211.
2	(2) "Community based facilities" or "community based services" includes means those services
3	facilities and facilities which services that are available for the evaluation, treatment, and habilitation o
4	the developmentally disabled persons with developmental disabilities in a community setting, including bu
5	not limited to outpatient facilities, special education services, group homes, foster homes, day care
6	facilities, sheltered workshops, and other community based services and facilities.
7	(3) "Court" means a district court of the state of Montana.
8	(4) "Developmentally disabled" "Developmental disabilities professional" means a licensee
9	psychologist, a licensed psychiatrist, or a person with a master's degree in psychology, who:
10	(a) has training and experience in psychometric testing and evaluation;
11	(b) has experience in the field of developmental disabilities; and
12	(e) is certified, as provided in 53-20-106, by the department of social and rehabilitation services
13	and the department of corrections and human services.
14	(5) "Developmental disability" means suffering from a disability that is attributable to menta
15	retardation, cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely
16	related to mental retardation and requiring that requires treatment similar to that required by mentally
17	retarded individuals, if the A developmental disability is a disability that originated before the individua
18	attained age 18, that has continued or can be expected to continue indefinitely, and that constitutes a
19	substantial handicap of such the individual.
20	(5)(6) "Habilitation" means the process by which a person who is developmentally disabled has
21	a developmental disability is assisted to acquire in acquiring and maintain maintaining those life skills which
22	that enable him the person to cope more effectively with personal needs and the demands of his own
23	person and the environment and to raise in raising the level of his the person's physical, mental, and social
24	efficiency. Habilitation includes but is not limited to formal, structured education and treatment.
25	(6)(7) "Individual treatment planning team" means the interdisciplinary team of persons involved
26	in and responsible for the habilitation of a person committed to resident a residential facility. The
27	committed person resident is a member of the team.
28	(7)(8) "Next of kin" includes but need is not be limited to the spouse, parents, adult children, and



adult brothers and sisters of a person.

(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with

a master's degree in psychology, who:

2	(a) has training and experience in psychometric testing and evaluation;
3	(b) has experience in the field of developmental disabilities; and
4	(e) is certified as provided for in 53-20-106 by the department of social and rehabilitation services
5	and the department of corrections and human services.
6	(9) "Qualified mental retardation professional" means a person who has at least 1 year o
7	experience working directly with persons with mental retardation or other developmental disabilities and
8	who is:
9	(a) a licensed physician or osteopath;
0	(b) a registered nurse; or
1 1	(e) a professional program staff person for the residential facility who the department o
12	corrections and human services determines meets the professional requirements necessary for federa
3	certification of the facility.
4	(10) "Resident" means a person admitted committed to a residential facility for a course o
15	evaluation, treatment, or habilitation.
16	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmon
17	human services center.
18	(12) "Residential facility screening team" means a team of persons, appointed as provided in
19	53 20 133, who are responsible for screening a respondent to determine if the commitment of the
20	respondent to a residential facility is appropriate.
21	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be seriously
22	developmentally disabled and in need of developmental disability services in a residential facility.
23	(14) "Responsible person" means any a person willing and able to assume responsibility for a
24	person who is seriously developmentally disabled or alleged to be seriously developmentally disabled.
25	(15) "Seriously developmentally disabled" means a person who:
26	(a) is developmentally disabled has a developmental disability;
27	(b) is impaired in cognitive functioning; and
28	(e) has behaviors that pose an imminent risk of serious harm to self or others or self-help deficits
29	so severe as to require total care or near total care and who because of those behaviors or deficits, cannot
30	be safely and effectively habilitated in community based services. (Terminates September 30, 1995 see



27, Ch. 381, L. 1991.)

2	53-20-102. (Effective October 1, 1995) Definitions. As used in this part, the following definitions
3	apply:
4	(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors
5	created by 2-15-211.
6	(2) "Community based facilities" or "community based services" includes those services and
7	facilities which are available for the evaluation, treatment, and habilitation of the developmentally disabled
8	in a community setting, including but not limited to outpatient facilities, special education services, group
9	homes, foster homes, day care facilities, sheltered workshops, and other community based services and
10	facilities.
11	(3) "Court" means a district court of the state of Montana.
12	(4) "Developmentally disabled" means suffering from a disability attributable to mental retardation,
13	ecrebral palsy; epilepsy; autism; or any other neurologically handicapping condition closely related to
14	mental retardation and requiring treatment similar to that required by mentally retarded individuals if the
15	disability originated before the individual attained age 18, has continued or can be expected to continue
16	indefinitely, and constitutes a substantial handicap of such individual.
17	(5) "Habilitation" means the process by which a person who is developmentally disabled is assisted
18	to acquire and maintain those life skills which enable him to cope more effectively with the demands of
19	his own person and environment and to raise the level of his physical, mental, and social efficiency.
20	Habilitation includes but is not limited to formal, structured education and treatment.
21	(6) "Individual treatment planning team" means the interdisciplinary team of persons involved in
22	and responsible for the habilitation of a person committed to a residential facility. The committed person
23	is a member of the team.
24	(7) "Next of kin" includes but need not be limited to the spouse, parents, adult children, and adult
25	brothers and sisters of a person.
26	(8) "Professional person" means a licensed psychologist, licensed psychiatrist, or a person with
27	a master's degree in psychology, who:
28	(a) has training and experience in psychometric testing and evaluation;
29	(b) has experience in the field of developmental disabilities; and
30	(c) is cortified as provided for in 53-20-106 by the department of social and rehabilitation services



30

and the department of corrections and human services.

2	(8) "Qualified mental retardation professional" means a person who has at least 1 year of
3	experience working directly with persons with mental retardation or other developmental disabilities and
4	who is:
5	(a) a licensed physician or osteopath;
6	(b) a registered nurse; or
7	(e) a professional program staff person for the residential facility who the department of
8	corrections and human services determines meets the professional requirements necessary for federal
9	certification of the facility.
10	(10) "Resident" means a person admitted to a residential facility for a course of evaluation,
11	treatment, or habilitation.
12	(11) "Residential facility" or "facility" means the Montana developmental center and the Eastmont
13	human-services-center.
14	(1-2) "Residential facility screening team" means a team of persons appointed as provided in
15	53-20-133.
16	(13) "Respondent" means a person alleged in a petition filed pursuant to this part to be
17	developmentally disabled and in need of developmental disability services.
18	(14) "Responsible person" means any person willing and able to assume responsibility for a person
19	who is developmentally disabled or alleged to be developmentally disabled.
20	(15) "Seriously developmentally disabled" means developmentally disabled due to developmental
21	or physical disability or a combination of both, rendering a person unable to function in a community based
22	setting and which has resulted in self-inflicted injury or injury to others or the imminent threat thereof or
23	which has deprived the person afflicted of the ability to protect his life or health."
24	
25	Section 2. Section 53-20-104, MCA, is amended to read:
26	"53-20-104. Powers and duties of mental disabilities board of visitors. (1) The board is an
27	independent board of inquiry and review established to ensure that the treatment of all persons admitted
28	committed to a residential facility is humane and decent and meets the requirements set forth in this part.
29	(2) The board shall review all plans for experimental research or hazardous treatment procedures

involving persons admitted committed to a residential facility to ensure that the research project is humane

- and not unduly hazardous and that it complies with the principles of the statement on the use of human subjects for research of the American association on mental deficiency and with the principles for research involving human subjects required by the United States department of health and human services. An experimental research project involving persons admitted committed to a residential facility affected by this part may not be commenced unless it is approved by the mental disabilities board of visitors.
 - (3) The board shall investigate all cases of alleged mistreatment of a resident.
- (4) The board shall at least annually inspect every residential facility that is providing a course of residential habilitation and treatment to any person pursuant to this part. The board shall inspect the physical plant, including residential, recreational, dining, and sanitary facilities. It shall visit all wards and treatment or habilitation areas. The board shall inquire concerning all habilitation programs being implemented by the facility.
- (5) The board shall inspect the file of each person admitted committed to a residential facility pursuant to this part to ensure that a habilitation plan exists and is being implemented. The board shall inquire concerning all use of restraints, isolation, or other extraordinary measures.
- (6) The board may assist a resident at a residential facility in resolving any a grievance the resident may have concerning the resident's admission commitment or course of treatment and habilitation in the facility.
- (7) If the board believes that a facility is failing to comply with the provisions of this part in regard to its physical facilities or its treatment of any a resident, it shall report its findings at once to the superintendent of the facility and the director of the department of corrections and human services. If appropriate, after waiting a reasonable time for a response from the superintendent or the director, the board may notify the parents or guardian of the resident involved, the next of kin, if known, the responsible person appointed by the court for the resident involved, and the district court that has jurisdiction over the facility.
- (8) The board shall report annually to the governor concerning the status of the residential facilities and habilitation programs that it has inspected."
 - Section 3. Section 53-20-106, MCA, is amended to read:
- "53-20-106. Certification of professional persons developmental disabilities professionals. (1) The

 A developmental disabilities professional must be certified by the department of social and rehabilitation



services and the department of corrections and human services shall certify professional persons for purposes of this part.

(2) The department of social and rehabilitation services and the department of corrections and human services shall adopt rules governing the certification of professional persons developmental disabilities professionals. The rules must establish the appropriate combination of education, skills, and experience necessary for certification and set forth qualifications developed by reference to recognized national standards in the field of developmental disabilities."

Section 4. Section 53-20-107, MCA, is amended to read:

"53-20-107. Department to compile list of qualified visitors developmental disabilities professionals. The department of corrections and human services shall compile and provide to each district court within the state a list of professional persons within the region where the district court is located developmental disabilities professionals who possess competencies in the evaluation and habilitation of persons with developmental disabilities and who may be available to the court to act as visitors or to otherwise provide evaluation services in guardianship proceedings involving developmentally disabled persons, together with an indication of the particular competencies the professional person possesses."

Section 5. Section 53-20-112, MCA, is amended to read:

"53-20-112. Procedural rights. (1) A person-subject to emergency admittance to a residential facility or to any hearing held pursuant to this part respondent has all the rights accorded to a person subject to involuntary commitment proceedings under the laws of this state relating to involuntary commitment of the seriously mentally ill, as provided in 53-21-115 through 53-21-118.

- (2) In addition, the parents or guardian of a person alleged to be seriously developmentally disabled and in need of developmental disabilities services respondent have the right to:
 - (a) be present at any hearing held pursuant to this part;
 - (b) be represented by counsel in any hearing;
 - (c) offer evidence and cross-examine witnesses in any hearing; and
- (d) have the respondent examined by a professional person of their choice when such a professional person is reasonably available, unless the person so chosen is objected to by the respondent or by a responsible person appointed by the court."

- 16 -



1	Section 6. Section 53-20-113, MCA, is amended to read:
2	"53-20-113. Waiver of rights. (1) A person respondent may waive his the respondent's procedura
3	rights provided that the waiver is knowingly and intentionally made.
4	(2) The right to counsel in a hearing held pursuant to 53-20-125 may not be waived.
5	(3) The right to habilitation provided for in this part may not be waived.
6	(2)(4) A person admitted to a residential facility for evaluation and treatment or for an extended
7	eourse of habilitation respondent may knowingly and intentionally waive his the respondent's rights only
8	with the concurrence of the person's respondent's counsel, if any, or, if he the respondent has no counsel,
9	his the respondent's parents, guardian, or other responsible person appointed by the court.
0	(3) (a) In the case of a minor, the waiver of rights may be knowingly and intentionally made:
1	(i) when the minor is under the age of 12, by the parents of the minor with the concurrence of
2	the responsible person, if any;
3	(ii) when the minor is over the age of 12, by the minor and his parents;
14	(iii) when the minor is over the age of 12 and the minor and his parents do not agree, the minor
15	may make an effective waiver of his rights only with the advice of counsel.
16	(b) If the court believes that there may be a conflict of interest between a minor and his parents
17	or guardian, the court may appoint a responsible person or guardian ad litem for the minor."
8	
9	Section 7. Section 53-20-114, MCA, is amended to read:
20	"53-20-114. Appointment of responsible person. Whenever, in any (1) In a proceeding under this
21	part, the court believes shall appoint a responsible person to protect the interests of the respondent if the
22	court determines:
23	(a) that a conflict of interest may exist between a person who is developmentally disabled or
24	alleged to be developmentally disabled and his the respondent and the respondent's parents or guardian;
25	Of
26	(b) that the parents or guardian are unable to protect the interests of such person the respondent;
27	or
28	(c) whenever there is that the respondent has no parent or guardian, the court shall appoint a
29	responsible person to protect the interests of the person who is developmentally disabled or alleged to be
AO.	developmentally disabled



ı	12/ The responsible person may not be all employee of a residential facility.
2	(3) Only one person shall at any one time may be the responsible person within the meaning of
3	this part.
4	(4) In appointing a responsible person, the court shall consider the preference of the responden
5	or-patient. The court may at any time, for good cause shown, change its designation of who is the
6	responsible person.
7	(5) The appointment of the responsible person must terminate at the time of the resident's
8	discharge from the residential facility. However, the The appointment of the responsible person shall may
9	not terminate during any period of conditional release from the facility."
10	
11	Section 8. Section 53-20-116, MCA, is amended to read:
12	"53-20-116. Professional person to attend Residential facility screening team member testimony
13	at hearing. In any a hearing held pursuant to this part, a member of the residential facility screening team
14	or the professional person who evaluated the person must be present at the hearing and subject to
15	eress examination may be required to testify with regard to a determination made by the residential facility
16	screening team."
17	
18	Section 9. Section 53-20-118, MCA, is amended to read:
19	"53-20-118. Venue for hearing.(1) Hearings held pursuant to this part shall must be held in the
20	district court for the district where in which the respondent resides, except that at the request of any party
21	or the professional person, who must be present at the hearing, a hearing may be held in the district court
22	for the district where the respondent is undergoing evaluation, treatment, or habilitation in a residential
23	facility or is undergoing community based evaluation, treatment, or habilitation. or in which the residential
24	facility is located to which the respondent is or is to be committed.
25	(2) The cost of any hearing held pursuant to this part shall must be borne by the county where
26	the respondent resides."
27	
28	Section 10. Section 53-20-121, MCA, is amended to read:
29	"53-20-121. Petition for involuntary treatment contents of. (1) Any A person who believes that



there is a person who is seriously developmentally disabled and in need of placement in commitment to

a residential facility may request the county attorney to file a petition alleging that the person is seriously
developmentally disabled and in need of placement in commitment to a residential facility.

- (2) The petition must contain:
- (a) the name and address of the person requesting the petition and their the person's interest in the case;
 - (b) the name and address of the respondent;
 - (c) the name and address of the parents or guardian of the respondent and of any other person believed to be legally responsible for the care, support, and maintenance of the respondent;
 - (d) the name and address of the respondent's next of kin, to the extent known;
- (e) the name and address of any person who the county attorney believes might be willing and able to be appointed <u>as a responsible person</u>; and
- (f) a statement of the rights of the respondent and his the respondent's parents or guardian that must be in conspicuous print and identified by a suitable heading.
 - (3) A copy of the petition must be sent to the residential facility screening team."

- Section 11. Section 53-20-125, MCA, is amended to read:
- "53-20-125. Outcome of screening -- recommendation for treatment at commitment to residential facility -- hearing. (1) A person may be committed to a residential facility only if the person:
- (a) is 18 years of age or older; and
- (b) is determined to be seriously developmentally disabled and in need of commitment to a residential facility by the residential screening team, as provided in 53-20-133, and by a court, as provided in 53-20-129 or in this section.
- (2) If as a result of the screening required by 53-20-133 the residential facility screening team concludes that the person respondent who has been evaluated is seriously developmentally disabled and recommends that the respondent be committed to a residential facility for treatment and habilitation in a residential facility on an extended basis, the team shall file its written recommendation and report with the court and request that the court order the admission. The report shall must include the factual basis for the recommendation and shall must describe any tests or evaluation devices that have been employed in evaluating the patient respondent.
 - (2) If no responsible person has yet been appointed, the court may appoint one at this time. If



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- (3) At the request of the respondent, his the respondent's parents or guardian, or the responsible person, the court shall appoint counsel for the respondent. If the parents (or guardian) are indigent and if they request it or if a guardian is indigent and requests it, the court shall appoint counsel for the parents or guardian.
- 6 (4) Notice of the recommendation determination of the residential facility screening team must be mailed or delivered to:
- 8 (a) the respondent, his;
- 9 (b) the respondent's parents of guardian, or next of kin, if known;
- 10 (c) the responsible person, next of kin, if known,;
- 11 (d) the respondent's advocate, if any;
- 12 (e) the county attorney;
- 13 (f) the residential facility; and
 - (g) the attorney for the respondent, if any, and
- 15 (h) the attorney for the parents or guardian, if any.
 - (5) The respondent, his the respondent's parents or guardian, the responsible person, the respondent's advocate, if any, or the attorney for any party may request that a hearing be held on the recommendation of the residential facility screening team. If a hearing is requested, the court shall mail or deliver notice of the date, time, and place of the hearing
 - (6) Notice of the hearing must be mailed or delivered to each of the parties listed at the beginning of this in subsection (5).
 - (6)(8) If the court finds that the respondent is seriously developmentally disabled and in need of commitment to a residential facility, it shall order the respondent admitted committed to a residential facility for an extended course of treatment and habilitation. If the court finds that the respondent is developmentally disabled has a developmental disability but is not seriously developmentally disabled, it shall dismiss the petition and refer the respondent to the department of social and rehabilitation services to be considered for placement in community-based services according to 53-20-209. If the court finds that the respondent is not developmentally disabled does not have a developmental disability or is not in need of developmental disability services, it shall dismiss the petition.



$\frac{(7)(9)}{(9)}$ If none of the parties notified of the recommendation request a hearing, the court may issue
an order authorizing the person to be admitted for the commitment of the respondent to the residential
facility for an extended period of treatment and habilitation or the court may initiate its own inquiry as to
whether the order should be granted.

- (10) The court may refuse to authorize admission commitment of a person respondent to a residential facility for an extended period of treatment and habilitation if admission commitment is not in the best interests of the person respondent.
 - (11) An order for commitment must be accompanied by findings of fact.
- (12) A court order entered in a proceeding under this part must be provided to the residential facility screening team."

Section 12. Section 53-20-126, MCA, is amended to read:

"53-20-126. Maximum period of admission commitment to residential facility. (1) No person shall be admitted to a residential facility for longer than 30 days except on approval of the court. Whenever a person is admitted to a residential facility for longer than 30 days, the court may appoint a person other than the parents or guardian to act as responsible person for the resident. If there is no parent or guardian, the court shall appoint a responsible person.

this The maximum period may not exceed 1 year."

Section 13. Section 53-20-127, MCA, is amended to read:

"53-20-127. Transfer to another residential facility -- release to community-based alternative -- hearing. (1) If, at any time during the period for which a person resident is admitted committed to a residential facility for an extended period of habilitation and treatment, the qualified mental retardation professional in charge of responsible for the resident resident's habilitation decides that the person resident no longer requires placement in a residential facility and that there exist sufficient community-based alternatives to provide adequate treatment and habilitation for the resident and adequate protection of the life and physical safety of the resident and others or that it is in the best interests of the resident that he be transferred to another residential facility, then he the qualified mental retardation professional may

1	release the resident to	the community-based	alternative	or transfer	the resident to	the other	residential
2	facility no less than 15	5 days after sending.					

- (2) notice Notice of the proposed release or transfer must be sent at least 15 days prior to the date of release to:
 - (a) the resident, his;
- 6 (b) the resident's parents or guardian;
- 7 (c) the attorney who most recently represented the resident, if any,
- 8 (d) the responsible person appointed by the court, if any, and;
- 9 (e) the resident's advocate, if any; and
 - (f) the court that ordered the admission commitment. If the resident has been found unfit to proceed to trial, notice must be sent to the court that found the resident unfit to proceed to trial and to the county attorney and the attorney who represented the resident at the time the resident was found unfit to proceed to trial.
 - (a)(3) If any of the parties so a party that was notified objects to the release or transfer, they the party may petition the court for a hearing to determine whether the release or transfer should be allowed. The hearing must comply with the procedures set forth in 53-20-125. The court may on its own initiative inquire concerning the propriety of the release or transfer.
 - (b)(4) Nothing in this subsection (1) prevents the transfer of a A resident may be transferred without the notice provided in subsection (2) to a hospital or other medical facility for necessary medical treatment or emergency transfer of a resident to a mental health facility for emergency treatment provided that the emergency transfer complies with the statutory requirements for emergency detention of the mentally ill. Within 24 hours of an emergency medical or psychiatric transfer, notice must be given to the parents or guardian of the resident, the responsible person appointed by the court, if any, and the court.
 - (2)(5) If a person is admitted committed to a residential facility for an extended course of habilitation without a hearing and if subsequent to admission commitment one of the parties who could have requested a hearing learns that an alternative course of treatment is available that is more suitable to the needs of the resident, the party may request the qualified mental retardation professional in-charge of responsible for the resident resident's habilitation to release the resident to the alternative if it is a community-based alternative or transfer the resident to the alternative if it is a residential alternative. Any transfer or A release must comply with the requirements of subsection subsections (1) through (4). If the

qualified mental retardation professional in charge of the resident refuses to authorize the release of transfer, then the party may petition the court for a hearing to determine whether the present residential alternative resident's commitment should be continued. The hearing must comply with the procedures set forth in 53-20-125."

Section 14. Section 53-20-128, MCA, is amended to read:

"53-20-128. Extension of admission period—hearing Recommitment. (1) If the qualified mental retardation professional in charge of the resident responsible for a resident's habilitation determines that the admission to the residential facility should continue beyond the period specified in the court order, he shall, at least 15 days before the end of the period set out in the court order, send written notice of his recommendation and request for renewal of the order to the court that issued the order, the resident, his parents or guardian, the next of kin, if known, the atterney who most recently represented the resident, if any, and the responsible person appointed by the court, if any. The recommendation and request must be accompanied by a written report describing the habilitation plan that has been undertaken for the resident and the future habilitation plan that is anticipated by the qualified mental retardation professional resident continues to be seriously developmentally disabled and in need of commitment to a residential facility beyond the term of the current commitment order, the qualified mental retardation professional shall request that a petition for recommitment be filed.

- (2) A petition for recommitment must be filed with the district court before the end of the current period of commitment.
- (3) The recommendation of the qualified mental retardation professional must be presented in a written report that includes a summary of the current habilitation plan for the resident.
- (4) The resident must be screened in accordance with 53-20-133 by the residential facility screening team.
- (5) Copies of the petition for recommitment and the report of the qualified mental retardation professional must be sent to:
 - (a) the court that issued the current order;
- 28 (b) the residential screening team;
- 29 (c) the resident;
- 30 (d) the resident's parents or guardian or next of kin, if any;



2	(f) the responsible person appointed by the court, if any; and
3	(g) the resident's advocate, if any.
4	(6) If the residential facility screening team recommends that the resident be recommitted, the
5	court may enter an order for recommitment without hearing unless a person notified as provided in
6	subsection (5) requests that a hearing be held or the court determines that it would be in the best interest
7	of the resident to hold a hearing.
8	(2)(7) If any person so notified requests the court sets a hearing, the court shall set a time and
9	place for the hearing and shall mail or deliver provide notice to all of the persons informed of the
10	recommendation. The hearing must be conducted in the manner set forth in 53-20-125. If the court finds
11	that the residential admission is still justified, it may order continuation of the admission to that residential
12	facility or transfer of the resident to a different residential facility. notified pursuant to subsection (5).
13	(8) A court may order a resident's recommitment to a residential facility if the court determines
14	that the resident continues to be seriously developmentally disabled and in need of continued commitment
15	to the residential facility. If the court finds that the resident is still in need of developmental disabilities
16	services but does not require treatment in commitment to a residential facility or if all parties are willing
17	for the resident to participate in a community-based program of habilitation, it shall refer the respondent
18	resident to the department of social and rehabilitation services to be considered for placement in
19	community-based services according to 53-20-209. If the person resident is placed in community-based
20	services or if the need for developmental disabilities services no longer exists, the court shall dismiss the
21	petition. The
22	(9) The court may not order continuation of admission recommitment to a residential facility that
23	does not have an individualized habilitation plan for the resident. In its order, the court shall make findings
24	of fact on which its order is based.
25	(10) At a hearing, the The court may on its own initiative inquire concerning the suitability of
26	continuing an admission a resident's commitment to a residential facility."
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28	Section 15. Section 53-20-129, MCA, is amended to read:

(e) the attorney who most recently represented the resident, if any;



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believed to be seriously developmentally disabled to may be admitted in a residential facility on an

"53-20-129. Emergency admission and commitment. (1) A professional person may admit a person

2	(2) An emergency admission to a residential facility may be initiated only by a developmenta
3	disabilities professional.
4	(3) An emergency admission may not proceed unless the residential facility and the department
5	of social and rehabilitation services are given reasonable notice of the need for placement by the
6	developmental disabilities professional responsible for emergency admission.
7	(4) A petition as set out in 53-20-121 and 53-20-125 for emergency commitment must be filed
8	on the next judicial day after an emergency admission by the county attorney of the county where the
9	person resides. If a petition is filed, the
10	(5) The residential facility screening team shall report back to the court on the fifth seventh judicial
11	day following the filing of the petition for emergency commitment.
12	(6) Once a petition is filed the report of the residential facility screening team is received by the
13	court, continued detention placement in the residential facility may be allowed only on not continue
4	without an order of the court for emergency commitment.
15	(7) A court may order an emergency commitment only when the court determines that the
16	emergency commitment is necessary to protect the respondent or others from death or serious bodily
17	harm. In no ease may an
18	(8) An order for emergency commitment may be entered without a hearing before the court, if the
19	court finds that the record supports the order.
20	(9) An emergency admission commitment to a residential facility may not continue for longer than
21	30 days without subsequent proceedings after placement in the residential facility unless a petition for an
22	extended commitment to the residential facility has been filed before the court.
23	(10) The residential facility screening team may recommend that the respondent under a petition
24	for emergency commitment be committed by court order to the residential facility on an extended basis."
25	
26	Section 16. Section 53-20-130, MCA, is amended to read:
27	"53-20-130. Patient transfers from mental health facilities. If any a person is a patient in a mental
28	health facility and the professional person, as defined in 53-21-102, in charge of the patient determines
29	that the patient is suffering from a developmental disability rather than mental illness and should more
30	properly be admitted committed to a residential facility or an appropriate less restrictive alternative, then

emergency basis when necessary to protect the person or others from death or serious bodily harm.



the professional person shall commence proceedings to effect such admission a commitment, consistent with the procedures set forth in this part for admissions commitments generally."

Section 17. Section 53-20-133, MCA, is amended to read:

"53-20-133. Residential facility screening team -- referral by court -- membership -- rules. (1) When the district court considers a person receives a petition for commitment to a residential facility under this part, the court, prior to proceeding, shall refer the person respondent to the residential facility screening team for screening to determine whether placement and habilitation in a residential facility are appropriate for the person respondent.

- (2) A court may not commit a person respondent to a residential facility under 53-20-125, 53-20-128, or 53-20-129 unless the residential facility screening team determines that placement and habilitation in a residential facility are appropriate for the person respondent.
- (3) The residential facility screening team may not determine that placement and habilitation in a residential facility are appropriate on an extended basis unless the residential facility screening team determines that the person respondent is seriously developmentally disabled.
- (4) The residential facility screening team shall provide the court and the county attorney with the social and placement information relied upon by the residential facility screening team in making its determination.
- (5) For purposes of this part, the department of social and rehabilitation services and the department of corrections and human services shall adopt rules providing for the membership and terms of the members of the residential facility screening team and setting forth the criteria and procedures to govern the determinations made by the residential facility screening team."

Section 18. Section 53-20-146, MCA, is amended to read:

"53-20-146. Right not to be subjected to certain treatment procedures. (1) Residents of a residential facility have a right not to be subjected to any unusual or hazardous treatment procedures without the express and informed consent of the resident, if the resident is able to give consent, and of his the resident's parents or guardian or the responsible person appointed by the court after opportunities for consultation with independent specialists and legal counsel. Such proposed Proposed procedures must first have been reviewed and approved by the mental disabilities board of visitors before consent is sought.



- (2) Physical restraint may be employed only when absolutely necessary to protect the resident from injury to himself or to prevent injury to others. Mechanical supports used to achieve proper body position and balance that are ordered by a physician are not considered a physical restraint. Restraint may not be employed as punishment, for the convenience of staff, or as a substitute for a habilitation program. Restraint may be applied only if alternative techniques have failed and only if the restraint imposes the least possible restriction consistent with its purpose. Use of restraints may be authorized by a physician, a developmental disabilities professional person, or a qualified mental retardation professional. Orders for restraints must be in writing and may not be in force for longer than 12 hours. Whenever physical restraint is ordered, suitable provision must be made for the comfort and physical needs of the person resident restrained.
- (3) Seclusion, defined as the placement of a resident alone in a locked room for nontherapeutic purposes, may not be employed. Legitimate "time out" procedures may be utilized used under close and direct professional supervision as a technique in behavior-shaping programs.
- (4) Behavior modification programs involving the use of noxious or aversive stimuli must be reviewed and approved by the mental disabilities board of visitors and may be conducted only with the express and informed consent of the affected resident, if the resident is able to give consent, and of his the resident's parents or guardian or the responsible person appointed by the court after opportunities for consultation with independent specialists and with legal counsel. Such These behavior modification programs may be conducted only under the supervision of and in the presence of a qualified mental retardation professional who has had proper training in such techniques.
- (5) A resident may not be subjected to a behavior modification program that attempts to extinguish socially appropriate behavior or to develop new behavior patterns when such the behavior modifications serve only institutional convenience.
- (6) Electric shock devices are considered a research technique for the purpose of this part. Such Electric shock devices may be used only in extraordinary circumstances to prevent self-mutilation leading to repeated and possibly permanent physical damage to the resident and only after alternative techniques have failed. The use of such electric shock devices is subject to the conditions prescribed by this part for experimental research generally and may be used only under the direct and specific order of a physician and the superintendent of the residential facility."



HB 65

Section 19. Section 53-20-161, MCA, is amended to read:

"53-20-161. Maintenance of records. (1) Complete records for each resident must be maintained and must be readily available to persons who are directly involved with the particular resident and to the mental disabilities board of visitors. All information contained in a resident's records must be considered privileged and confidential. The parents or guardian, the responsible person appointed by the court, and any person properly authorized in writing by the resident, if the resident is capable of giving informed consent, or by his the resident's parents or guardian or the responsible person must be permitted access to the resident's records. Information may not be released from the records of a resident or former resident of the residential facility unless the release of the information has been properly authorized in writing by:

- (a) the court;
- (b) the resident or former resident if he the resident is over the age of majority and is capable of giving informed consent;
 - (c) the parents or guardian in charge of a resident under the age of 12;
- (d) the parents or guardian in charge of a resident over the age of 12 but under the age of majority and the resident if the resident is capable of giving informed consent;
 - (e) the guardian of a resident over the age of majority who is incapable of giving informed consent;
- (f) the superintendent of the residential facility or his the superintendent's designee as custodian of a resident over the age of majority who is incapable of giving informed consent and for whom no legal guardian has been appointed;
- (g) the superintendent of the residential facility or his the superintendent's designee as custodian of a resident under the age of majority for whom there is no parent or legal guardian; or
- (h) the superintendent of the residential facility or his the superintendent's designee as custodian of a resident of that facility whenever release is required by federal or state law or department of social and rehabilitation services rules.
- (2) Information may not be released by a superintendent or his the superintendent's designee as set forth in subsection (1)(f), (1)(g), or (1)(h) less than 15 days after sending notice of the proposed release of information to the resident, his the resident's parents or guardian, the attorney who most recently represented the resident, if any, the responsible person appointed by the court, if any, the resident's advocate, if any, and the court that ordered the admission. If any of the parties so notified objects to the release of information, they may petition the court for a hearing to determine whether the release of



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information should be allowed. Information may not be released pursuant to subsection (1)(f), (1)(g), or
(1)(h) unless it is released to further some legitimate need of the resident or to accomplish a legitimate
purpose of the facility that is not inconsistent with the needs and rights of the resident. Information may
not be released pursuant to these subsections subsection (1)(f), (1)(g), or (1)(h) except in accordance with
written policies consistent with the requirements of this part adopted by the facility. Persons receiving
notice of a proposed release of information shall must also receive a copy of the written policy of the
facility governing release of information.

- (3) These records must include:
- 9 (a) identification data, including the resident's legal status;
 - (b) the resident's history, including but not limited to:
 - (i) family data, educational background, and employment record;
- 12 (ii) prior medical history, both physical and mental, including prior institutionalization;
- 13 (c) the resident's grievances, if any;
 - (d) an inventory of the resident's life skills, including mode of communication;
 - (e) a record of each physical examination that describes the results of the examination;
 - (f) a copy of the individual habilitation plan and any modifications thereto to the plan and an appropriate summary that will to guide and assist the resident care workers in implementing the resident's program habilitation plan;
 - (g) the findings made in monthly reviews of the habilitation plan, which findings must include including an analysis of the successes and failures of the habilitation program and direct whatever modifications are necessary;
 - (h) a copy of the postinstitutionalization plan that includes a statement of services needed in the community and any modifications thereto to the postinstitutionalization plan and a summary of the steps that have been taken to implement that plan;
 - (i) a medication history and status;
 - (j) a summary of each significant contact by a <u>qualified mental retardation</u> professional person with a resident;
 - (k) a summary of the resident's response to his the resident's habilitation plan, prepared by a qualified mental retardation professional involved in the resident's habilitation and recorded at least monthly. Wherever possible, such the response must be scientifically documented.



1	(i) a monthly summary of the extent and nature of the resident's work activities and the effect of
2	the activity upon the resident's progress in the habilitation plan;
3	(m) a signed order by a qualified mental retardation professional, professional person, or physician
4	for any physical restraints;
5	(n) a description of any extraordinary incident or accident in the facility involving the resident, to
6	be entered by a staff member noting personal knowledge of the incident or accident or other source of
7	information, including any reports of investigations of the resident's mistreatment;
8	(o) a summary of family visits and contacts;
9	(p) a summary of attendance and leaves from the facility;
10	(q) a record of any seizures,; illnesses,; injuries;, and treatments thereof of seizures, illnesses, and
11	injuries; and immunizations."
12	
13	Section 24. Section 53-20-501, MCA, is amended to read:
14	"53-20-501. Primary function of Montana developmental center and Eastmont human services
15	center. The primary functions of the Montana developmental center and the Eastmont human services
16	center are the care, treatment, training, education, and necessary medical treatment of mentally retarded
17	persons who have been determined to be seriously developmentally disabled."
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19	NEW SECTION. Section 20. Repealer. Sections 53-20-105, AND 53-20-111, 53-20-502, MCA
20	and Section 27, Chapter 381, Laws of 1991, are repealed.
21	
22	NEW SECTION. Section 21. Phrase change directions to code commissioner. Wherever a
23	reference to a person who is developmentally disabled or to a developmentally disabled person appears in
24	the Montana Code Annotated or in legislation enacted by the 1995 legislature, the code commissioner is
25	directed to change the reference to a person with developmental disabilities. The phrase "seriously
26	developmentally disabled" should remain.
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28	NEW SECTION. Section 22. Effective dates DATE. (1) (Sections 3, 6 through 23, 25, 26,
29	[SECTIONS 1 THROUGH 21 and this section] are effective on passage and approval.
30	(2) [Sections 1, 2, 4, and 24] are effective January 1, 1997.



1 (3) {Section 5} is effective January 1, 1998.

2 -END-

