

SENATE BILL NO. 212
INTRODUCED BY J. COBB

A BILL FOR AN ACT ENTITLED: "AN ACT REVISING THE TIME PERIOD IN WHICH A TREATMENT PLAN AND A DISCHARGE PLAN MUST BE DEVELOPED FOR A PATIENT ADMITTED TO A MENTAL HEALTH FACILITY; AND AMENDING SECTIONS 53-21-162 AND 53-21-180, MCA."

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

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

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

(2) Each patient must have an individualized treatment plan. This plan must be developed by appropriate professional persons, including a psychiatrist, and must be implemented no later than ~~10 days~~ 72 hours after the patient's admission. Each individualized treatment plan must contain:

- (a) a statement of the nature of the specific problems and specific needs of the patient;
- (b) a statement of the least restrictive treatment conditions necessary to achieve the purposes of hospitalization;
- (c) a description of treatment goals, with a projected timetable for their attainment;
- (d) a statement and rationale for the plan of treatment for achieving these goals;
- (e) a specification of staff responsibility for attaining each treatment goal;
- (f) criteria for release to less restrictive treatment conditions; and
- (g) a notation of any therapeutic tasks and labor to be performed by the patient.

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

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

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

(c) upon any major change in the patient's condition;

(d) at the conclusion of the initial estimated length of stay and subsequent estimated lengths of stay;

(e) no less than every 90 days; and

(f) at each of the times specified in subsections (4)(a) through (4)(e), by a treatment team that includes at least one professional person who is not primarily responsible for the patient's treatment plan.

(5) A patient has the right:

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

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

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

(ii) the objectives of treatment;

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

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

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

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

and

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

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

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

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

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

Section 2. Section 53-21-180, MCA, is amended to read:

"53-21-180. Discharge plan. Each patient admitted as an inpatient to a mental health facility must have

an individualized discharge plan developed within ~~40 days~~ 72 hours after admission. The discharge plan must be updated as necessary. Each individualized discharge plan must contain:

- (1) an anticipated discharge date;
- (2) criteria for discharge;
- (3) identification of the facility staff member responsible for discharge planning;
- (4) identification of the community-based agency or individual who is assisting in arranging postdischarge services;
- (5) referrals for financial assistance needed by the patient upon discharge; and
- (6) other information necessary to ensure an appropriate discharge and adequate postdischarge services."

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