

ADMINISTRATIVE RULE OF MONTANA

HEALTHCARE FACILITIES

37.106 Subchapter 19

Mental Health Center

RULE

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37.106.1901 APPLICATION OF OTHER RULES (1) To the extent that other licensure rules in ARM Title 37, chapter 106, subchapter 3, conflict with the terms of this subchapter, the terms of this subchapter will apply to licensed mental health centers.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS, from DHES, 2002 MAR p. 916; AMD, 2016 MAR p. 144, Eff. 1/23/16

37.106.1902 DEFINITIONS In addition to the definitions in [50-5-101](#), MCA, the following definitions apply to this subchapter:

- (1) "Administrator" means a designated individual having daily overall management responsibility for the operation of a mental health center.
- (2) "Adult day treatment" means a program which provides a variety of mental health services to adults with mental illnesses.
- (3) "Chemical dependency services" means:
 - (a) screening of a client for substance abuse issues by the mental health center through its clinical intake assessment.
 - (b) as indicated by the substance abuse screening, the provision or arrangement by the mental health center for a client to be evaluated by a licensed addiction counselor.
 - (c) in accordance with the evaluation by a licensed addiction counselor, the provision or arrangement by the mental health center of chemical dependency treatment by a licensed addiction counselor or state-approved chemical dependency treatment program; and
 - (d) the integration and coordination by the mental health center of the client's mental health treatment with the chemical dependency treatment.
- (4) "Client" means an adult, child or adolescent, or resident receiving services from a mental health center.
- (5) "Community-based psychiatric rehabilitation and support" means the definition as defined in ARM [37.88.901](#).
- (6) "Community residential facility" means the definition provided in [76-2-411](#), MCA.
- (7) "Comprehensive school and community treatment program (CSCT)" means a comprehensive, planned course of community mental health outpatient treatment provided in cooperation and under written contract with the school district where the youth attends school. The program must be provided by a licensed mental health center with an endorsement under ARM [37.106.1955](#), [37.106.1956](#), [37.106.1960](#), [37.106.1961](#), and [37.106.1965](#).
- (8) "Crisis telephone services" means 24 hour telephone response to mental health emergencies for the mental health center's clients.
- (9) "Department" means the Department of Public Health and Human Services.
- (10) "Forensic mental health facility" (FMHF) means 24-hour, seven days a week, secured nonhospital-based forensic psychiatric treatment for adults who are committed by a court of competent jurisdiction for the purpose of psychiatric treatment or evaluation.
- (11) "Guardian" means a person appointed by a court to make medical, and possibly financial, decisions as provided in Title 72, chapter 5, MCA.
- (12) "Individualized education program" (IEP) means a written plan developed and implemented for each student with a disability in accordance with 34 CFR 300.320 through 300.325 amended as of October 30, 2007. The department adopts and incorporates by reference 34 CFR 300.320 through 300.325. A copy of the regulations may be obtained from the Department of Public Health and Human Services, Quality Assurance Division, 2401 Colonial Drive, P.O. Box 202953, Helena, MT 59620-2953.

- (13) "Individualized treatment plan" means a written plan that outlines individualized treatment activities for maximum reduction of mental disability and restoration of the client's ability to function adequately in the family, at work or school, and as a member of the community.
- (14) "Inpatient crisis stabilization facility" means 24 hour supervised treatment for adults with a mental illness for the purpose of stabilizing the individual's symptoms.
- (15) "In-training practitioner services" means the definition as defined in ARM [37.88.901](#).
- (16) "Licensed health care professional" means a licensed physician, physician assistant, advanced practice registered nurse, or registered nurse who is practicing within the scope of the license issued by the Department of Labor and Industry.
- (17) "Licensed mental health professional" means:
- (a) a physician, clinical psychologist, social worker, or professional counselor licensed to practice in Montana.
 - (b) an occupational therapist licensed to practice in Montana who has had at least three years' experience dedicated substantially to serving persons with serious mental illnesses and is working in a youth day treatment program or adult day treatment program; or
 - (c) a registered nurse who has had at least three years experience dedicated substantially to serving persons with serious mental illnesses and is licensed to practice in Montana.
- (18) "Medical director" means a physician licensed by the Montana Board of Medical Examiners who oversees the mental health center's clinical services and who has:
- (a) at least a three-year residency in psychiatry; or
 - (b) at least three years' post-graduate psychiatric training in a program approved by the Counsel on Medical Evaluation of the American Medical Association; or
 - (c) at least three years of experience in a medical practice dedicated substantially to serving persons with serious mental illnesses.
- (19) "Mental health group home" means a community residential facility as defined in ARM [37.88.901](#).
- (20) "Mental illness" means that condition of an individual in which there is either psychological, physiological, or biochemical imbalance which has caused impairment in functioning and/or behavior.
- (21) "Outpatient therapy services" means the provision of psychotherapy and related services by a licensed mental health professional acting within the scope of the professional's license or these same services provided by an in-training practitioner in a mental health center.
- (22) "Program supervisor" means a designated licensed mental health professional having daily overall responsibility for the operation of a mental health center area of endorsement.
- (23) "Program therapist" means a licensed mental health professional with the training and knowledge to provide psychotherapy.
- (24) "Representative payee" means a payee appointed by the Social Security Administration when a beneficiary is unable to manage their social security benefits, supplementary security income or Medicare benefits.
- (25) "Seclusion" means staff initiating or escorting a youth to a seclusion time-out room to calm down and appropriately manage their behavior.
- (26) "Severe disabling mental illness" means, with respect to a person who is 18 or more years of age, that the person meets the requirements defined in ARM [37.86.3502](#).
- (27) "Serious emotional disturbance" means, with respect to a youth, that the youth meets the requirements defined in ARM [37.87.303](#).
- (28) "Site based" means a specific location where the treatment services are consistently provided.
- (29) "Targeted case management " means the activities of a single person or team that assists individuals with mental illness to make informed choices for community services which seek to

maximize their personal abilities and enable growth in some or all aspects of the individual's vocational, educational, social, and health related environments.

(30) "Time-out" means staff or youth initiating a time-out generally away from the group activity to enable the youth to calm down and appropriately manage their behavior.

(31) "Youth" means a person 17 years of age or younger and includes students up to 20 years of age who still attend a secondary public school.

(32) "Youth day treatment" means a program which provides an integrated set of mental health, education, and family intervention services to youth with a serious emotional disturbance.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02; AMD, 2005 MAR p. 2260, Eff. 9/23/05; AMD, 2006 MAR p. 1285, Eff. 5/19/06; AMD, 2013 MAR p. 415, Eff. 7/1/13; AMD, 2016 MAR p. 144, Eff. 1/23/16; AMD, 2020 MAR p. 691, Eff. 11/1/20.

37.106.1906 SERVICES AND LICENSURE (1) Each applicant for licensure must submit a license application to the department requesting approval to provide the services in (3) and may request approval to provide one or more of the services in (4).

(2) Services provided by a mental health center must be rendered by a single administration in a discrete physical facility or multiple facilities or by written agreement or contract with licensed health care professionals, licensed mental health professionals or other facilities such as hospital, clinics, or educational institutions which may combine to provide services.

(3) For a mental health center to be licensed, it must provide to its clients all of the following services:

- (a) crisis telephone services.
- (b) medication management services;
- (c) outpatient therapy services.
- (d) community-based psychiatric rehabilitation and support; and
- (e) chemical dependency services.

(4) A licensed mental health center, with the appropriate license endorsement, may provide one or more of the following services:

- (a) youth targeted case management.
- (b) adult targeted case management.
- (c) youth day treatment.
- (d) adult day treatment.
- (e) adult foster care.
- (f) mental health group home.
- (g) an inpatient crisis stabilization facility.
- (h) an outpatient crisis response facility.
- (i) a comprehensive school and community treatment program; or
- (j) a forensic mental health facility.

(5) Each service listed in (4) that is endorsed by the department must be recorded on the mental health center's license.

(6) A mental health center may not condition a client's access to one of its services upon the client's receipt of another service provided by the mental health center unless continuity and quality of care require that services be provided by the same agency.

(7) Mental health center services must be available to recipients continuously throughout the year.

(8) A mental health center must report to the department, in writing, any of the following changes within at least 30 days before the planned effective date of the change:

- (a) a change of administrator.
- (b) a change of medical director.
- (c) any change in administrative location or service location.
- (d) a change in the name of the agency.
- (e) the addition of any endorsement service site; or
- (f) the discontinuation of providing a service for which the mental health center has an area of endorsement.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02; AMD, 2005 MAR p. 1787, Eff. 9/23/05; AMD, 2006 MAR p. 1285, Eff. 5/19/06; AMD, 2013 MAR p. 415, Eff. 7/1/13; AMD, 2016 MAR p. 144, Eff. 1/23/16; AMD, 2020 MAR p. 691, Eff. 11/1/20.

37.106.1907 ORGANIZATIONAL STRUCTURE (1) Each mental health center shall employ or contract with an administrator who shall:

- (a) maintain daily overall responsibility for the mental health center's operations.
 - (b) develop and oversee the implementation of policies and procedures pertaining to the operation and services of the mental health center.
 - (c) establish written orientation and training procedures for all employees including new employees, relief workers, temporary employees, students, interns, volunteers, and trainees. The training must include orientation on all the mental health center's policies and procedures.
 - (d) establish written policies and procedures:
 - (i) defining the responsibilities, limitations, and supervision of students, interns, and volunteers working for the mental health center.
 - (ii) for verifying each professional staff member's credentials, when hired, and thereafter, to ensure the continued validity of required licenses; and
 - (iii) for client complaints and grievances, to include an opportunity for appeal, and to inform clients of the availability of advocacy organizations to assist them.
 - (e) develop an organizational chart that accurately reflects the current lines of administration and authority; and
 - (f) maintain a file for all client incident reports.
- (2) Each mental health center shall employ or contract with a medical director who shall:
- (a) coordinate with and advise the staff of the mental health center on clinical matters.
 - (b) provide direction, consultation, and training regarding the mental health center's programs and operations as needed.
 - (c) act as a liaison for the mental health center with community physicians, hospital staff, and other professionals and agencies with regard to psychiatric services; and
 - (d) ensure the quality of treatment and related services through participation in the mental health center's quality assurance process.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02.

37.106.1908 Policies and Procedures (1) Each mental health center shall maintain a policy and procedure manual. The manual must be reviewed and approved, at least annually, by the medical director and administrator. The manual must contain policies and procedures for:

- (a) notifying staff of all changes in policies and procedures.
- (b) addressing client rights, including a procedure for informing clients of their rights.

- (c) addressing and reviewing ethical issues faced by staff and reporting allegations of ethics violations to the applicable professional licensing authority.
 - (d) informing clients of the policy and procedures for client complaints and grievances.
 - (e) initiating services to clients.
 - (f) informing clients of rules governing their conduct and the types of infractions that can result in suspension or discontinuation of services offered by the mental health center.
 - (g) suspending or discontinuing program services with the following information to be provided to the client:
 - (i) the reason for suspending or discontinuing services or access to programs.
 - (ii) the conditions that must be met to resume services or access to programs.
 - (iii) the grievance procedure that may be used to appeal the suspension or discontinuation; and
 - (iv) what services, if any, will be continued to be provided even though participation in a particular service or program may be suspended or discontinued.
 - (h) referring clients to other providers or services that the mental health center does not provide; and
 - (i) conducting quality assessment and improvement activities.
- (2) If the mental health center provides representative payee services, the center must comply with the accounting and reporting procedures established by the Commissioner of Social Security as identified in section 1631 (a) (2) of the Social Security Act and must further ensure that clients are involved in budgeting their money and that budget sheets be used which require client signatures.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02.

37.106.1909 CLINICAL RECORDS (1) Each mental health center shall:

- (a) collect assessment data and maintain clinical records on all clients who receive services and ensure the confidentiality of clinical records in accordance with the Uniform Health Care Information Act, Title 50, chapter 16, part 5, MCA. At a minimum, the clinical record must include:
 - (i) a clinical intake assessment.
 - (ii) additional assessments or evaluations, if clinically indicated.
 - (iii) a copy of the client's individualized treatment plan and all modifications to the treatment plan.
 - (iv) progress notes which indicate whether or not the stated treatment plan has been implemented, and the degree to which the client is progressing, or failing to progress, toward stated treatment objectives.
 - (v) medication orders from the prescribing physician and documentation of the administration of all medications.
 - (vi) signed orders by a licensed mental health professional for any restrictions of rights and privileges accorded clients of the mental health center including the reason(s) for the restriction; and
 - (vii) a discharge summary when the client's file is closed.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02.

37.106.1915 CLIENT ASSESSMENTS (1) Each mental health center shall complete a clinical intake assessment within 12 hours after admission for crisis stabilization program services and

within three contacts, or 14 days from the first contact, whichever is later, for other services. Intake assessments must be conducted by a licensed mental health professional trained in clinical assessments and must include the following information in a narrative form to substantiate the client's diagnosis and provide sufficient detail to individualize treatment plan goals and objectives:

- (a) presenting problem and history of problem.
 - (b) mental status.
 - (c) diagnostic impressions.
 - (d) initial treatment plan goals.
 - (e) risk factors to include suicidal or homicidal ideation.
 - (f) psychiatric history.
 - (g) substance use/abuse and history.
 - (h) current medication and medical history.
 - (i) financial resources and residential arrangements.
 - (j) education and/or work history; and
 - (k) legal history relevant to history of illness, including guardianships, civil commitments, criminal mental health commitments, and prior criminal background.
- (2) Based on the client's clinical needs, each mental health center shall conduct additional assessments which may include, but are not limited to, physical, psychological, emotional, behavioral, psychosocial, recreational, vocational, psychiatric, and chemical dependency evaluations.
- (3) Each mental health center shall maintain a current list of providers who accept referrals for assessments and services not provided by the center.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02.

37.106.1916 INDIVIDUAL TREATMENT PLANS (1) Based upon the findings of the assessment(s), each mental health center must establish an individualized treatment plan for each client within 24 hours after admission for crisis stabilization program services and within five contacts, or 21 days from the first contact, whichever is later, for other services. The treatment plan must:

- (a) identify treatment team members, from within and outside of the mental health center, who are involved in the client's treatment or care.
- (b) specifically state measurable treatment plan objectives that serve the client in the least restrictive and most culturally appropriate therapeutic environment.
- (c) describe the service or intervention with sufficient specificity to demonstrate the relationship between the service or intervention and the stated objective.
- (d) identify the staff person and program responsible for each treatment service to be provided.
- (e) include the client's or parent/legal representative/guardian's signature and date indicating participation in the development of the treatment plan. If the client's or parent/legal representative/guardian's participation is not possible or inappropriate, written documentation must indicate the reason.
- (f) include the signature and date of the mental health center's licensed mental health professional and of the person(s) with primary responsibility for implementation of the plan indicating development and ongoing review of the plan. If intensive care management is the only service being received from the mental health center, a program supervisor must sign the treatment plan indicating the supervisor's review and approval for appropriateness; and

- (g) state the criteria for discharge, including the client's level of functioning which will indicate when a particular service is no longer required.
- (2) The treatment plan must be reviewed at least every 90 days for each client and whenever there is a significant change in the client's condition. A change in level of care or referrals for additional mental health services must be included in the treatment plan.
- (3) The treatment plan review must be conducted by at least one licensed mental health professional from the mental health center and include persons with primary responsibility for implementation of the plan. Other staff members must be involved in the review process as clinically indicated. Outside service providers must be contacted and encouraged to participate in the treatment plan review, as clinically indicated.
- (4) If a client is receiving case management and/or medication management services along with one or more other services from the mental health center, the treatment plan review must be conducted by at least one licensed mental health professional from the mental health center and include persons with primary responsibility for implementing the treatment plan. Other staff members must be involved in the review process as clinically indicated. Outside service providers must be contacted and encouraged to participate in the treatment plan review, as clinically indicated.
- (5) A treatment team meeting for establishing an individual treatment plan and for treatment plan review must be conducted face-to-face and include:
- (a) the client as clinically appropriate.
 - (b) the client's legal representative/guardian if applicable.
 - (c) the client's parents or legal representative/guardian if the client is a youth and the involvement by the parent or legal representative/guardian is clinically appropriate.
 - (d) case manager, if the client has one; and
 - (e) in the case of an adult client, an adult friend or family member may be invited to participate in the treatment planning or treatment plan review meeting, at the request of and upon written consent of the client, and as deemed clinically appropriate by the client's treatment team, prior to the scheduling of the meeting.
- (6) The treatment plan review must be comprehensive with regard to the client's response to treatment and result in either an amended treatment plan or a statement of the continued appropriateness of the existing plan. The results of the treatment plan review must be entered into the client's clinical record. The documentation must include a description of the client's functioning and justification for each client goal.
- (7) If the mental health center develops separate treatment plans for each service, the treatment plans must be integrated with one another, and a copy of each treatment plan must be kept in the client's record.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02; AMD, 2013 MAR p. 415, Eff. 7/1/13.

37.106.1916 INDIVIDUALIZED TREATMENT PLANS (1) Based upon the findings of the assessment(s), each mental health center must establish an individualized treatment plan for each client within 24 hours after admission for crisis stabilization program services and within five contacts, or 21 days from the first contact, whichever is later, for other services. The treatment plan must:

- (a) identify treatment team members, from within and outside of the mental health center, who are involved in the client's treatment or care;

- (b) specifically state measurable treatment plan objectives that serve the client in the least restrictive and most culturally appropriate therapeutic environment;
 - (c) describe the service or intervention with sufficient specificity to demonstrate the relationship between the service or intervention and the stated objective;
 - (d) identify the staff person and program responsible for each treatment service to be provided;
 - (e) include the client's or parent/legal representative/guardian's signature and date indicating participation in the development of the treatment plan. If the client's or parent/legal representative/guardian's participation is not possible or inappropriate, written documentation must indicate the reason;
 - (f) include the signature and date of the mental health center's licensed mental health professional and of the person(s) with primary responsibility for implementation of the plan indicating development and ongoing review of the plan. If intensive care management is the only service being received from the mental health center, a program supervisor must sign the treatment plan indicating the supervisor's review and approval for appropriateness; and
 - (g) state the criteria for discharge, including the client's level of functioning which will indicate when a particular service is no longer required.
- (2) The treatment plan must be reviewed at least every 90 days for each client and whenever there is a significant change in the client's condition. A change in level of care or referrals for additional mental health services must be included in the treatment plan.
- (3) The treatment plan review must be conducted by at least one licensed mental health professional from the mental health center and include persons with primary responsibility for implementation of the plan. Other staff members must be involved in the review process as clinically indicated. Outside service providers must be contacted and encouraged to participate in the treatment plan review, as clinically indicated.
- (4) If a client is receiving case management and/or medication management services along with one or more other services from the mental health center, the treatment plan review must be conducted by at least one licensed mental health professional from the mental health center and include persons with primary responsibility for implementing the treatment plan. Other staff members must be involved in the review process as clinically indicated. Outside service providers must be contacted and encouraged to participate in the treatment plan review, as clinically indicated.
- (5) A treatment team meeting for establishing an individual treatment plan and for treatment plan review must be conducted face-to-face and include:
- (a) the client as clinically appropriate.
 - (b) the client's legal representative/guardian if applicable.
 - (c) the client's parents or legal representative/guardian if the client is a youth and the involvement by the parent or legal representative/guardian is clinically appropriate.
 - (d) case manager if the client has one; and
 - (e) in the case of an adult client, an adult friend or family member may be invited to participate in the treatment planning or treatment plan review meeting, at the request of and upon written consent of the client, and as deemed clinically appropriate by the client's treatment team, prior to the scheduling of the meeting.
- (6) The treatment plan review must be comprehensive with regard to the client's response to treatment and result in either an amended treatment plan or a statement of the continued appropriateness of the existing plan. The results of the treatment plan review must be entered into the client's clinical record. The documentation must include a description of the client's functioning and justification for each client goal.

(7) If the mental health center develops separate treatment plans for each service, the treatment plans must be integrated with one another and a copy of each treatment plan must be kept in the client's record.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02; AMD, 2013 MAR p. 415, Eff. 7/1/13

37.106.1917 CLIENT DISCHARGE (1) Each mental health center shall prepare a discharge summary for each client no longer receiving services. The discharge summary must include:

- (a) the reason for discharge.
- (b) a summary of the services provided by the mental health center including recommendations for aftercare services and referrals to other services, if applicable.
- (c) an evaluation of the client's progress as measured by the treatment plan and the impact of the services provided by the mental health center; and
- (d) the signature of the staff member who prepared the report and the date of preparation.

(2) Discharge summaries reports must be filed in the clinical record within one month of the date of the client's formal discharge from services or within three months of the date of the client's last service when no formal discharge occurs.

(3) For cases left open when a client has not received services for over 30 days, documentation must be entered into the record indicating the reason for leaving the case open.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02.

37.106.1918 PERSONAL RECORDS (1) For each employee or contracted individual, the mental health center shall maintain the following information on file:

- (a) a current job description.
- (b) if a licensed mental health professional, documentation of current licensure and certification; and
- (c) dated documentation of the individual's involvement in orientation, training, and continuing education activities.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS, from DHES, 2002 MAR p. 916.

37.106.1919 QUALITY ASSESSMENT (1) Each mental health center shall implement and maintain an active quality assessment program using information collected to make improvements in the mental health center's policies, procedures and services. At a minimum, the program must include procedures for:

- (a) conducting client satisfaction surveys, at least annually, for all mental health center programs. The survey must address:
 - (i) whether the client, parent or guardian is adequately involved in the development and review of the client's treatment plan.
 - (ii) whether the client, parent or guardian was informed of client rights and the mental health center's grievance procedure.
 - (iii) the client's, parent's or guardian's satisfaction with all mental health center programs in which the client participated; and

- (iv) the client's, parent's, or guardian's recommendations for improving mental health center's services.
 - (b) maintaining records on the occurrence, duration and frequency of seclusion and physical restraints used.
 - (c) reviewing, on an ongoing basis, incident reports, grievances, complaints, medication errors, and the use of seclusion and/or physical restraint with special attention given to identifying patterns and making necessary changes in how services are provided; and
 - (d) a quarterly review with the appropriate school district of the effectiveness, financial status, staffing patterns, and staff caseload of any CSCT program provided pursuant to an endorsement under ARM [37.106.1955](#), [37.106.1956](#), [37.106.1960](#), [37.106.1961](#) and [37.106.1965](#).
- (2) Each mental health center shall prepare and maintain on file an annual report of improvements made as a result of the quality assessment program.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02; AMD, 2005 MAR p. 1787, Eff. 9/23/05.

37.106.1925 COMPLIANCE WITH BUILDING AND FIRE CODES, FIRE EXTINGUISHERS, SMOKE DETECTORS AND MAINTENANCE (1) Each mental health center shall ensure that its facilities, buildings, and homes:

- (a) meet all applicable state and local building and fire codes.
 - (b) have a workable portable fire extinguisher on each floor, with a minimum rating of 2 A10BC. Extinguishers must be always readily accessible; and
 - (c) have a properly maintained and regularly tested smoke detector, approved by a recognized testing laboratory, on each floor. Building exits must be unobstructed and clearly marked.
- (2) Each mental health center shall ensure its facilities, buildings, homes, equipment, and grounds are clean and maintained in good repair at all times for the safety and wellbeing of its clients, staff, and visitors.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS, from DHES, 2002 MAR p. 916.

37.106.1926 PHYSICAL ENVIRONMENT (1) Each mental health center providing a mental health group home, or a crisis intervention stabilization facility must ensure that no more than four residents reside in a single bedroom. Each multi-bedroom must contain at least 80 square feet per bed, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules. Each center must further provide:

- (a) one toilet for every four residents.
 - (b) a toilet and sink in each toilet room.
 - (c) one bathing facility for every 12 residents; and
 - (d) showers and tubs with non-slip surfaces.
- (2) Any provision of this rule may be waived at the discretion of the department if conditions in existence prior to the adoption of this rule or construction factors would make compliance extremely difficult or impossible and if the department determines that the level of safety to residents and staff is not diminished.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS, from DHES, 2002 MAR p. 916.

37.106.1927 EMERGENCY PROCEDURES (1) Each mental health center shall develop a written plan for emergency procedures. At a minimum, the plan must include:

- (a) emergency evacuation procedures to be followed in the case of fire or other emergency.
- (b) procedures for contacting emergency service responders; and
- (c) the names and phone numbers for contacting other mental health center staff in emergency situations.

(2) Telephone numbers of the hospital, police department, fire department, ambulance, and poison control center must be posted by each telephone.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS, from DHES, 2002 MAR p. 916.

37.106.1935 YOUTH AND ADOLESCENT AND ADULT TARGETED CASE MANAGEMENT (1) In addition to the requirements established in this subchapter, each mental health center providing youth and adolescent and adult targeted case management services shall comply with the requirements established in this rule.

(2) Each mental health center providing targeted case management program services shall:

- (a) ensure each targeted case manager is meeting with a supervisor at least once per month, as necessary based on the case manager's documented skills and skill sets such as developing treatment plans, facilitating family or caregivers treatment team meetings, and educating the youth and the youth's family or caregivers about the mental health system. In addition, targeted case managers must have access to clinical consultation through the treatment team meeting;
- (b) employ or contract with case managers who have the knowledge and skills needed to effectively perform targeted case management duties. Minimum qualifications for a case manager are a bachelor's degree in a human services field with at least one year of full-time experience serving people with mental illnesses. Individuals with other educational backgrounds who, as providers, consumers, or advocates of mental health services have developed the necessary skills, may also be employed as targeted case managers. The mental health center's targeted case management position description must contain equivalency provisions.
- (c) train the supervisor and program staff in the therapeutic de-escalation of crisis situations to ensure the protection and safety of the clients and staff. The training must include the use of physical and non-physical methods of managing clients and must be updated, at least annually, to ensure the maintenance of necessary skills.
- (d) develop a written protocol for case managers and supervisors that includes a minimum of 20 hours of initial training, and 20 hours of annual continuing education. Areas of focus should include:
 - (i) competencies in key skill sets such as developing treatment plans, facilitating treatment team meetings, and educating the youth and the youth's family or caregivers about the mental health system; and
 - (ii) training on suicide prevention, including crisis and safety planning.
- (e) maintain progress notes for each client. The progress notes must be entered into the client's clinical record at least every 30 days and upon the occurrence of any significant change in the client's condition.
- (f) ensure caseload sizes are sufficiently small to permit case managers to respond flexibly to differing service needs of youth and families, including frequency of contact.

(g) develop written policies and procedures addressing the independence of the targeted case manager and targeted case management program. At a minimum, the policies and procedures must address:

- (i) the targeted case manager acting as a client's advocate in involuntary commitment proceedings.
 - (ii) the targeted case manager's role in conflicts between the client and the mental health center or other agencies.
 - (iii) the ability of the targeted case manager to freely advocate for services from or outside of the mental health center on behalf of the client.
 - (iv) the relationship between the primary therapist, if the client has one, and the case manager.
 - (v) the obligation to report information to the mental health center staff that the client has requested to be kept confidential; and
 - (vi) the ability of the targeted case manager to contact an advocacy organization if the case manager believes the mental health center is unresponsive to the needs of the client.
- (3) The availability of targeted case management services may not be made contingent upon a client's willingness to receive other services. A client suspended or excluded from other programs or services provided by the mental health center may not be restricted or suspended from targeted case management services solely due to the action involving the other program or services.
- (4) Targeted case management services are largely provided throughout the community rather than in an office or a facility. All contacts with clients must occur in a place that is convenient for the client. More than 50% of a case managers in person contacts with clients must be outside of the mental health center's facility. Restrictions may not be placed on a case manager's ability to meet with a client in any reasonable location.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02; AMD, 2020 MAR p. 691, Eff. 11/1/20.

37.106.1938 MENTAL HEALTH GROUP HOME (1) In addition to the requirements established in this subchapter, each mental health center providing a mental health group home shall comply with the requirements established in this rule.

- (2) The purpose of a mental health group home is to provide residential treatment for adults with a mental illness.
- (3) The mental health group home is considered to be a community residential facility for the purposes of local zoning and building codes reviews.
- (4) The mental health group home must be annually inspected for compliance with fire codes by the state fire marshal or the marshal's designee. The home shall maintain a record of such inspection for at least one year following the date of the inspection.
- (5) The mental health group home shall:
 - (a) employ or contract with a program supervisor who is knowledgeable about the service and support needs of individuals with mental illnesses.
 - (b) maintain staffing at least eight hours daily. Additional staff hours and supervision shall be dictated by the needs of the group home residents.
 - (c) ensure that 24 hour a day emergency mental health care is available through the mental health center or other contracted entities.
 - (d) structure its treatment activities to promote increasing levels of independence in the client's functioning.

- (e) establish admission criteria which assess the individual's needs and the appropriateness of the services to meet those needs. At a minimum, admission criteria must require that the person:
- (i) be 18 years of age or older and be unable to maintain the stability of their mental illness in an independent living situation.
 - (ii) be diagnosed with a mental illness.
 - (iii) be medically stable.
 - (iv) not be an immediate danger to self or others.
 - (v) requires a transitional residential level of care from a short acute hospital stay or long-term commitment or requires some ongoing residential structure or supervision.
 - (vi) sign a contract to follow group home rules.
- (f) assess new admissions to the mental health group home and offer ongoing treatment and training in the following areas:
- (i) community adjustment (ability to use community resources such as stores, professional services, recreational facilities, government agencies, etc.);
 - (ii) personal care (grooming, food preparation, housekeeping, money management, etc.);
 - (iii) socialization; and
 - (iv) recreation/leisure.
- (g) maintain progress notes for each client. The progress notes must be entered into the client's clinical record at least every 30 days and upon the occurrence of any significant change in the client's condition.
- (6) Staff working in the mental health group home must:
- (a) be 18 years of age.
 - (b) possess a high school diploma or GED.
 - (c) have received training in the treatment of adults with a mental illness.
 - (d) be capable of implementing each resident's treatment plan; and
 - (e) be trained in the Heimlich maneuver and maintain certification in cardiopulmonary resuscitation (CPR) .
- (7) The program supervisor shall orient new staff on how to deal with client rule violations, new admissions, emergency situations, after hour admissions and client incident reports. Written policies and procedures for handling day-to-day operations must be available at the group home.
- (8) The program supervisor and all program staff must each have a minimum of six contact hours of annual training relating to adult mental illness and treatment.
- (9) The program supervisor and group home program staff must be trained in the therapeutic de-escalation of crisis situations to ensure the protection and safety of the residents and staff. The training must include the use of physical and nonphysical methods of managing residents, and must be updated, at least annually, to ensure that necessary skills are maintained.
- (10) Upon admission, each resident must be provided with:
- (a) a written statement of resident rights which, at a minimum, include the applicable patient rights in [53-21-142](#) , MCA;
 - (b) a copy of the mental health center grievance procedure; and
 - (c) the written rules of conduct including the consequences for violating the rules.
- (11) At the time of a resident's discharge from the group home, the staff shall assist the resident in making arrangements for housing, employment, education, training, treatment, and/or other services needed for adequate adjustment to community living.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02.

37.106.1945 CRISIS TELEPHONE SERVICES (1) In addition to the requirements established in this subchapter, each mental health center shall provide crisis telephone services and comply with the following requirements:

(a) ensure that crisis telephone services are available 24 hours a day, seven days a week. Answering services and receptionists may be used to transfer calls to individuals who have been trained to respond to crisis calls.

(b) employ or contract with appropriately trained individuals, under the supervision of a licensed mental health professional, to respond to crisis calls. An appropriately trained individual is one who has received training and instruction regarding:

(i) the policies and procedures of the mental health center for crisis intervention services.

(ii) crisis intervention techniques.

(iii) conducting assessments of risk of harm to self or others, and prevention approaches.

(iv) the process for voluntary and involuntary hospitalization.

(v) the signs and symptoms of mental illness; and

(vi) the appropriate utilization of community resources.

(c) ensure that a licensed mental health professional provides consultation and backup, as indicated, for unlicensed individuals responding to crisis calls.

(d) establish written policies and procedures governing in-person contacts between crisis responders and crisis callers. The policies and procedures must address the circumstances under which the contacts may or may not occur and safety issues associated with in-person contacts.

(e) maintain documentation for each crisis call. The documentation must reflect:

(i) the date of the call.

(ii) the staff involved.

(iii) identifying data, if possible.

(iv) the nature of the emergency, including an assessment of dangerousness/lethality, medical concerns, and social supports; and

(v) the result of the intervention.

(2) No individual may respond to crisis calls until the mental health center documents in writing in the individual's personnel file that the individual has received the training and instruction required in (1) (b) above. Additional training and instruction must be provided to crisis responders based upon an ongoing assessment of presenting problems and responder needs and to ensure that necessary crisis intervention skills are maintained.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02.

37.106.1946 INPATIENT CRISIS STABILIZATION PROGRAM (1) In addition to the requirements established in this subchapter, each mental health center providing an inpatient crisis stabilization program shall comply with the requirements established in this rule.

(2) The facility must be annually inspected for compliance with fire codes by the state fire marshal or the marshal's designee. The facility shall maintain a record of such inspection for at least one year following the date of the inspection.

(3) The inpatient crisis stabilization program shall:

(a) employ or contract with a program supervisor knowledgeable about the service and support needs of individuals with mental illness experiencing a crisis. The program supervisor or a licensed mental health professional must be site based.

(b) require staff working in the crisis stabilization program:

- (i) be 18 years of age.
- (ii) possess a high school diploma or GED; and
- (iii) be capable of implementing each resident's treatment plan.
- (c) ensure that the program supervisor and all staff each have a minimum of six contact hours of annual training relating to the service and support needs of individuals with mental illness experiencing a crisis.
- (d) orient staff prior to assuming the duties of the position on:
 - (i) the types of mental illness and treatment approaches.
 - (ii) suicide risk assessment and prevention procedures; and
 - (iii) program policies and procedures, including emergency procedures.
- (e) orient staff within eight weeks from assuming the duties of the position on:
 - (i) therapeutic communications.
 - (ii) the legal responsibilities of mental health service providers.
 - (iii) mental health laws of Montana regarding the rights of consumers.
 - (iv) other services provided by the mental health center; and
 - (v) infection control and prevention of transmission of blood borne pathogens.
- (f) maintain written program policies and procedures at the facility.
- (g) train staff in the abdominal thrust maneuver and ensure staff maintain current certification in cardiopulmonary resuscitation (CPR).
- (h) maintain 24-hour awake staff.
- (i) maintain a staff-to-patient ratio dictated by resident need. A procedure must be established to increase or decrease staff coverage as indicated by resident need.
- (j) establish admission criteria which assess the individual's needs and the appropriateness of the services to meet those needs. At a minimum, admission criteria must require that the person:
 - (i) be at least 18 years of age.
 - (ii) be medically stable (with the exception of the person's mental illness);
 - (iii) be willing to enter the program, follow program rules, and accept recommended treatment.
 - (iv) be willing to sign a no-harm contract, if clinically indicated.
 - (v) not require physical or mechanical restraint.
 - (vi) be in need of frequent observation on a 24-hour basis.
- (k) establish written policies and procedures:
 - (i) for completing a medical screening and establishing medical stabilization, prior to admission.
 - (ii) to be followed should residents, considered to be at risk for harming themselves or others, attempt to leave the facility without discharge authorization from the licensed mental health professional responsible for their treatment; and
 - (iii) for the secure storage of toxic household chemicals and sharp household items such as utensils and tools.
- (l) when clinically appropriate, provide each resident upon admission, or as soon as possible thereafter:
 - (i) a written statement of resident rights which, at a minimum, include the applicable patient rights in [53-21-142](#), MCA;
 - (ii) a copy of the mental health center grievance procedure; and
 - (iii) the written rules of conduct including the consequences for violating the rules.
- (m) ensure hospital care is available through a transfer agreement for residents in need of hospitalization.
- (n) maintain progress notes for each resident. The progress notes must be entered at least daily into the resident's clinical record. The progress notes must describe the resident's physical condition, mental status, and involvement in treatment services; and

(c) make referrals for services that would help prevent or diminish future crises at the time of the resident's discharge. Referrals may be made for the resident to receive additional treatment or training or assistance such as securing housing.

(4) The program supervisor and program staff must be trained in the therapeutic de-escalation of crisis situations to ensure the protection and safety of the residents and staff. The training must include the use of physical and nonphysical methods of managing residents and must be updated, at least annually, to ensure that necessary skills are maintained.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1998 MAR p. 539, Eff. 2/27/98; TRANS & AMD, 2002 MAR p. 916, Eff. 3/29/02; AMD, 2006 MAR p. 1285, Eff. 5/19/06; AMD, 2008 MAR p. 1993, Eff. 9/12/08.

37.106.1950 MEDICATION MANAGEMENT SERVICES (1) Each mental health center shall make medication management services available to the clients it serves for medications needed to treat their mental illnesses.

(2) Medication management services shall be provided by licensed health care professionals, acting within the scope of their licenses, who are either employed by or contracted with the mental health center.

(3) A mental health center shall have medication management policies and procedures in its policy procedure manual which include, at minimum, the following:

(a) maintaining a current, chronological and dated record of medication orders by the client's licensed health care professional in the client's clinical records.

(b) self-administration of medications by clients.

(c) administering client prescription and over-the-counter medications by licensed health care professionals.

(d) adjusting dosages or prescribing new medications for clients to include the rationale for the use of and changes in the client's medication.

(e) monitoring the client's response to medication or dosage changes.

(f) maintaining a medication administration record for each client documenting medications and dosages prescribed, the client's compliance in taking prescribed medications, doses taken or not taken, any measure taken to obtain compliance, and the reason for omission of any scheduled dose of medication.

(g) documenting any medication errors.

(h) reporting and addressing in a timely manner, any medication errors and adverse drug reactions to the licensed health care professional who prescribed the client's medication, and to the program supervisor and medical director.

(i) providing and documenting education about the effects, side effects, contraindications and management procedures of the client's medication.

(j) providing safe and secure storage of all medications.

(k) providing refrigeration for medication segregated from food items, within the temperature range specified by the manufacturer for medication that requires refrigeration; and

(l) storing medication in the container dispensed by the pharmacy or in the container in which it was purchased in the case of over-the-counter medication, with the label intact and clearly legible.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 2002 MAR p. 916, Eff. 3/29/02.

37.106.1955 COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT PROGRAM (CSCT) ENDORSEMENT REQUIREMENTS (1) In addition to the requirements established in this

subchapter, a licensed mental health center providing a comprehensive school and community treatment program (CSCT) must have a CSCT program endorsement issued by the department.

To receive a CSCT program endorsement, the licensed mental health center must establish to the department's satisfaction that it meets the requirements stated in ARM [37.106.1955](#), [37.106.1956](#), [37.106.1960](#), [37.106.1961](#), and [37.106.1965](#).

(2) The licensed mental health center's CSCT program must have written admission and discharge criteria.

(3) The licensed mental health center must have a written contract with the school district in accordance with ARM [37.87.1802](#).

History: 53-2-201, 53-6-113, MCA; IMP, 50-5-103, 53-2-201, 53-6-101, 53-6-111, 53-6-113, MCA; NEW, 2005 MAR p. 1787, Eff. 12/1/05; AMD, 2013 MAR p. 415, Eff. 7/1/13; AMD, 2014 MAR p. 1401, Eff. 6/27/14; AMD, 2016 MAR p. 1706, Eff. 9/24/16; AMD, 2022 MAR p. 159, Eff. 1/29/22.

37.106.1956 COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT PROGRAM (CSCT), SERVICES AND STAFFING

(1) For any youth receiving CSCT services, the CSCT program must be able to provide the following services to each youth as specified in that youth's individualized treatment plan (ITP):

(a) individual, group, and family therapy.

(b) behavioral intervention.

(c) other evidence and research-based practices effective in the treatment of youth with a serious emotional disturbance (SED).

(d) direct crisis intervention services during the time the youth is present in a school-owned or operated facility.

(e) a crisis plan that identifies a range of potential crisis situations with a range of corresponding responses including physically present face-to-face encounters and telephonic responses 24/7, as appropriate.

(f) treatment plan coordination with substance use disorder and mental health treatment services the youth receives outside the CSCT program;

(g) access to emergency services.

(h) referral and aftercare coordination with inpatient facilities, psychiatric residential treatment facilities, or other appropriate out-of-home placement programs; and

(i) continuous treatment that must be available twelve months of the year. The program must provide a minimum of four service days per month of CSCT services in summer months. For any youth who does not receive CSCT services in the summer, providers must document in the youth's medical record the reason why the youth did not receive such services, as well as a summary of attempts to engage the youth and family.

(2) CSCT services for youth with SED must be provided according to an ITP designed by a licensed or in-training mental health professional who is a staff member of a CSCT program team.

(3) The CSCT ITP team must include:

(a) licensed or in-training mental health professional.

(b) school administrator or designee.

(c) parent(s) or legal representative/guardian.

(d) the youth, as appropriate; and

(e) other person(s) who are providing services, or who have knowledge or special expertise regarding the youth, as requested by the parent(s), legal representative/guardian, or the agencies.

(4) Providers must inform the youth and the parent(s)/legal representative/guardian that Medicaid requires coordination of CSCT with home support services and outpatient therapy.

(5) The CSCT program must employ sufficient qualified staff to deliver all CSCT services to the youth as outlined in the ITP for the youth and in accordance with the contract between the school and the licensed mental health center.

(6) The CSCT team may be assigned to provide services in two schools if the CSCT team responds to crisis situations for youth enrolled in CSCT in each school building during typical school hours.

(7) The CSCT program must employ or contract with a program supervisor who has daily overall responsibility for the CSCT program and who is knowledgeable about the mental health service and support needs of the youth. The program supervisor may provide direct CSCT services, but this position may not fill the functions of the staff positions described in (8) and (9) for more than six months.

(8) Each CSCT team must include a mental health professional, who may be a licensed or in-training mental health professional, as defined in ARM [37.87.702](#)(3). In-training mental health professionals must be:

(a) supervised by a licensed mental health professional; and

(b) supervised according to ARM [24.219.422](#).

(9) Each CSCT team may include up to two behavioral aides. A behavioral aide must work under the clinical oversight of a licensed mental health professional and provide services for which they have received training that do not duplicate the services of the licensed or in-training mental health professional. All behavioral aides initially employed after July 1, 2013, must have a high school diploma or a GED and at least two years:

(a) experience working with emotionally disturbed youth.

(b) providing direct services in a human services field; or

(c) post-secondary education in human services.

(10) The licensed mental health center CSCT program supervisor and an appropriate school district representative must meet regularly, at least four times per calendar year, during the time period CSCT services are provided to mutually assess program effectiveness utilizing the following indicators:

(a) progress on the individual treatment plan of each youth receiving CSCT services.

(b) attendance.

(c) CSCT program referrals.

(d) contact with law enforcement.

(e) referral to a higher level of care; and

(f) discharges from the program.

History: 53-2-201, 53-6-113, MCA; IMP, 50-5-103, 53-2-201, 53-6-101, 53-6-111, 53-6-113, MCA; NEW, 2005 MAR p. 1787, Eff. 9/23/05; AMD, 2013 MAR p. 415, Eff. 7/1/13; AMD, 2022 MAR p. 159, Eff. 1/29/22.

37.106.1960 COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT PROGRAM (CSCT)

PROGRAM, PERSONAL TRAINING (1) The CSCT program must be delivered by adequately trained staff. Training should be competency-based and must be documented and maintained in personnel files.

(2) All CSCT program staff are required to receive a minimum of 18 hours of orientation training during the first three months of employment which addresses all of the following:

(a) certified de-escalation training inclusive of physical and nonphysical methods.

(b) child development.

(c) behavior management;

(d) crisis planning.

- (e) roles and responsibilities of CSCT staff in the school setting.
 - (f) school culture.
 - (g) confidentiality requirements.
 - (h) staff and program supervision; and
 - (i) CSCT program procedures.
- (3) All CSCT program staff are required to receive a minimum of 18 hours training per year in topics that support staff competency in working with youth with serious emotional disturbance (SED) to decrease severity of presenting symptoms. Training must include:
- (a) positive behavioral intervention planning and support.
 - (b) classroom and youth behavior management techniques that include certified de-escalation training inclusive of physical and nonphysical methods.
 - (c) evidence and research-based therapeutic interventions and practices.
 - (d) progress monitoring techniques to inform treatment decisions; and
 - (e) trauma-informed practices.

History: 53-2-201, 53-6-113, MCA; IMP, 50-5-103, 53-2-201, 53-6-101, 53-6-111, 53-6-113, MCA; NEW, 2005 MAR p. 1787, Eff. 9/23/05; AMD, 2013 MAR p. 415, Eff. 7/1/13; AMD, 2022 MAR p. 159, Eff. 1/29/22.

37.106.1961 COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT (CSCT) PROGRAM, RECORD REQUIREMENTS.

(1) In addition to any clinical records required in ARM [37.85.414](#) or elsewhere in these rules, the licensed mental health center's CSCT program must maintain the following records for youth with serious emotional disturbance (SED):

- (a) a signed verification indicating the parent(s), legal representative, or guardian has been informed by the licensed mental health center that Medicaid requires coordination between CSCT, home support services, and outpatient therapy.
 - (b) a copy of the clinical assessment which documents the presence of SED.
 - (c) the individualized treatment plan for CSCT.
 - (d) daily progress notes from each team member that document individual therapy sessions and other direct services provided to the youth and family throughout the day including:
 - (i) when any therapy or therapeutic intervention begins and ends; and
 - (ii) the sum total number of minutes spent each day with the youth.
 - (e) 90-day treatment plan reviews.
 - (f) discharge plan; and
 - (g) the Comprehensive School and Community Treatment Data Collection Template, that must be completed each March and September for each youth enrolled in CSCT and submitted to the Children's Mental Health Bureau by the licensed mental health center. The department adopts and incorporates by reference the Comprehensive School and Community Treatment Data Collection Template (form), dated November 1, 2021. A copy of this form may be obtained from the department by a request in writing to the Department of Public Health and Human Services, Developmental Services Division, Children's Mental Health Bureau, 111 N. Sanders, P.O. Box 4210, Helena, MT, 59604-4210 or at found at <https://dphhs.mt.gov/dsd/CMB/>.
- (2) In addition to any clinical records required in ARM [37.85.414](#) or elsewhere in these rules, records for youth referred to CSCT regardless of their diagnosis as described in ARM [37.87.1803](#)(4) must include the following:
- (a) progress notes for each individual therapy session and other direct services provided to the youth and family throughout the day; and
 - (b) discharge plan with referral to additional services, if appropriate.

(3) Records for youth referred to CSCT and denied acceptance into the program must include documentation detailing the reason for the denial.

History: 53-2-201, 53-6-113, MCA; IMP, 50-5-103, 53-2-201, 53-6-101, 53-6-111, 53-6-113, MCA; NEW, 2005 MAR p. 1787, Eff. 9/23/05; AMD, 2013 MAR p. 415, Eff. 7/1/13; AMD, 2014 MAR p. 1401, Eff. 6/27/14; AMD, 2016 MAR p. 1706, Eff. 9/24/16; AMD, 2022 MAR p. 159, Eff. 1/29/22.

37.106.1965 COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT (CSCT) PROGRAM SPECIAL EDUCATION REQUIREMENTS

(1) The licensed mental health center's CSCT program must be coordinated with the individualized education program (IEP) of the youth if the youth is identified as a child with a disability and is receiving special education services under the Individuals with Disabilities Education Act (IDEA).

(2) The licensed or in-training mental health professional or behavioral aide, as appropriate, must attend the IEP meeting when requested by the parent(s)/legal representative/guardian or the school.

History: 53-2-201, 53-6-113, MCA; IMP, 50-5-103, 53-2-201, 53-6-101, 53-6-111, 53-6-113, MCA; NEW, 2005 MAR p. 1787, Eff. 9/23/05; AMD, 2013 MAR p. 415, Eff. 7/1/13; AMD, 2022 MAR p. 159, Eff. 1/29/22.

37.106.1975 APPLICATION OF OTHER RULES (1) To the extent that other licensure rules in ARM Title 37, chapter 106, subchapter 3, conflict with the terms of this subchapter, the terms of this subchapter will apply to outpatient crisis response facilities.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

37.106.1976 DEFINITIONS In addition to the definitions in [50-5-101](#), MCA, the following definitions apply to this subchapter:

(1) "Inpatient crisis stabilization program" means 24-hour supervised treatment for adults with a mental illness for the purpose of stabilizing the individual's symptoms.

(2) "Outpatient crisis response facility" means an outpatient facility operated by a licensed hospital or a licensed mental health center that provides evaluation, intervention, and referral for individuals experiencing a crisis due to serious mental illness or a serious mental illness with a co-occurring substance use disorder. The facility may not provide services to a client for more than 23 hours and 59 minutes from the time the client arrives at the facility. The facility must discharge or transfer the client to the appropriate level of care.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

37.106.1979 SERVICES AND LICENSURE (1) Each applicant for licensure shall submit a license application to the department requesting approval to provide outpatient crisis services.

(a) A licensed hospital does not have to comply with the requirements found at ARM [37.106.1906](#)(3) to provide outpatient crisis response services.

(2) Services provided by an outpatient crisis response facility must be rendered by:

(a) a single administration in a discrete physical facility or multiple facilities; or

(b) written agreement or contract with:

(i) licensed health care professionals.

- (ii) licensed mental health professionals; or
 - (iii) other facilities such as hospital, clinics, or educational institutions which may combine to provide crisis services.
- (3) Outpatient crisis response facility services must be available to clients continuously throughout the year.
- (4) An outpatient crisis response facility must report to the department, in writing, any of the following changes within at least 30 days before the planned effective date of the change:
- (a) a change of administrator.
 - (b) a change of medical director.
 - (c) any change in administrative location or service location.
 - (d) a change in the name of the agency; or
 - (e) the discontinuation of services.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-201, 50-5-203, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

37.106.1980 ORGANIZATIONAL STRUCTURE (1) Each crisis response facility shall employ or contract with an administrator who shall:

- (a) maintain daily overall responsibility for the crisis response facility's operations.
- (b) develop and oversee the implementation of policies and procedures pertaining to the operation and services of the crisis response facility.
- (c) establish written orientation and training procedures for all employees including new employees, relief workers, temporary employees, students, interns, volunteers, and trainees. The training must include orientation on all the crisis response facility's policies and procedures.
- (d) develop an organizational chart that accurately reflects the current lines of administration and authority; and
- (e) maintain a file for all client incident reports.

(2) Each outpatient crisis response facility shall employ or contract with a medical director who shall:

- (a) coordinate with and advise the staff of the outpatient crisis response facility on clinical matters.
- (b) provide direction, consultation, and training regarding the outpatient crisis response facility's programs and operations as needed.
- (c) act as a liaison for the outpatient crisis response facility with community physicians, hospital staff, and other professionals and agencies with regard to psychiatric or hospital services; and
- (d) ensure the quality of treatment and related services through participation in the outpatient crisis response facility's quality assurance process.

(3) Each outpatient crisis response facility shall employ or contract with a program supervisor knowledgeable about the service and support needs of individuals with co-occurring mental illness and intoxication/addiction disorders who may be experiencing a crisis. The program supervisor must be site based.

(4) Each outpatient crisis response facility shall employ or contract with a licensed health care professional as defined in [50-5-101](#) (34) , MCA for all hours of operation. The licensed health care professional may be the program supervisor.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

37.106.1981 STAFFING AND OPERATIONS (1) In addition to the requirements established in this subchapter, each outpatient crisis response facility shall comply with the requirements established in this rule. The outpatient crisis response facility shall require staff working in the facility:

- (a) to be at least 18 years of age.
 - (b) possess a high school diploma or GED; and
 - (c) be capable of implementing each client's crisis facility treatment plan.
- (2) The facility must ensure the program supervisor and all staff each have a minimum of six contact hours of annual training relating to the service and support needs of individuals with mental illness experiencing a crisis.
- (3) The facility must orient direct care staff, prior to their contact with clients, on the following:
- (a) the types of mental illness and treatment approaches.
 - (b) alcohol and drug intoxication treatment approaches.
 - (c) dependence and addiction treatment approaches.
 - (d) suicide risk assessment and prevention procedures; and
 - (e) program policies and procedures, including emergency procedures.
- (4) The facility must orient staff within four weeks of employment on the following:
- (a) therapeutic communications.
 - (b) legal responsibilities of mental health service providers.
 - (c) mental health and substance abuse laws of Montana relating to the rights of consumers.
 - (d) other services provided by mental health centers and substance abuse providers; and
 - (e) infection control and prevention of transmission of blood borne pathogens.
- (5) The facility must annually train staff in the abdominal thrust maneuver and ensure staff maintain current certification in cardiopulmonary resuscitation (CPR) .
- (6) The facility must maintain locked and secured storage for all medications kept on site.
- (7) The facility must maintain 24-hour awake staff.
- (8) The facility must maintain staff-to-patient ratio dictated by client need.
- (9) The facility must establish admission criteria that assess the individual client's needs and the appropriateness of the services to meet those needs. At a minimum, admission criteria must require that the client:
- (a) be at least 18 years of age.
 - (b) be medically stable, with the exception of the person's mental illness or serious mental illness with a co-occurring substance use disorder; and
 - (c) be in need of frequent observation on an ongoing basis.
- (10) The facility must provide each client upon admission, or as soon as possible if not clinically appropriate upon admission with:
- (a) a written statement of client rights which, at a minimum, includes the applicable patient rights in [53-21-142](#) , MCA;
 - (b) a copy of the crisis response facility grievance procedure; and
 - (c) the written rules of conduct including the consequences for violating the rules.
- (11) The facility must ensure inpatient care is available through a transfer agreement for clients in need of a higher level of care.
- (12) The facility must maintain progress notes for each client. The progress notes must be entered following the clinical intake assessment and updated by the end of each shift into the client's clinical record. The progress notes must describe the client's physical condition, mental status, and involvement in treatment services.
- (13) The facility must make referrals for services that would help prevent or diminish future crises at the time of the client's discharge. Referrals include, but are not limited to, additional treatment or training or assistance such as securing housing.

- (14) The program supervisor and program staff must be trained in the therapeutic de-escalation of crisis situations to ensure the protection and safety of clients and staff. The training must:
- (a) include the use of physical and nonphysical methods of managing clients; and
 - (b) be updated at least annually to ensure that necessary skills are maintained.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06

- 37.106.1982 POLICES AND PROCEDURES (1) Each outpatient crisis response facility shall maintain a policy and procedure manual. The manual must be reviewed and approved, at least annually, by the medical director and administrator. The manual must, at a minimum, contain policies and procedures for:
- (a) defining the responsibilities, limitations, and supervision of students, interns, and volunteers working for the crisis response facility.
 - (b) verifying each professional staff member's credentials, when hired, and annually thereafter, to ensure the continued validity of required licenses.
 - (c) client complaints and grievances, to include an opportunity for appeal, and to inform clients of the availability of advocacy organizations to assist them.
 - (d) completing a medical screening and determining methods for medical stabilization and criteria for transfer to appropriate level of medical care that may include emergency care in a hospital.
 - (e) interacting with clients considered to be at risk for harming themselves or others who attempt to leave the facility without discharge authorization from the licensed mental health professional responsible for their treatment.
 - (f) increasing or decreasing staff coverage as indicated by client need.
 - (g) identifying client rights, including a procedure for informing clients of their rights.
 - (h) addressing and reviewing ethical issues faced by staff and reporting allegations of ethics violations to the applicable professional licensing authority.
 - (i) informing clients of the policy and procedures for client complaints and grievances.
 - (j) initiating services to clients.
 - (k) informing clients of rules governing their conduct and the types of infractions that can result in suspension or discontinuation of services offered by the crisis response facility.
 - (l) suspending or discontinuing program services with the following information to be provided to the client:
 - (i) the reason for suspending or discontinuing services or access to programs.
 - (ii) the conditions that must be met to resume services or access to programs.
 - (iii) the grievance procedure that may be used to appeal the suspension or discontinuation; and
 - (iv) what services, if any, will be continued to be provided even though participation in a particular service or program may be suspended or discontinued.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

- 37.106.1983 Clinical Records (1) Each crisis response facility shall collect assessment data and maintain clinical records on all clients who receive services.
- (2) Each facility must ensure the confidentiality of clinical records in accordance with the Health Information Portability and Accountability Act (HIPAA).
- (3) At a minimum, the clinical record must include:
- (a) a clinical intake assessment.

- (b) additional assessments or evaluations, if clinically indicated.
- (c) a copy of the client's individualized crisis treatment plan and all modifications to the crisis treatment plan.
- (d) progress notes which indicate whether the stated treatment plan has been implemented, and the degree to which the client is progressing, or failing to progress, toward stated treatment objectives.
- (e) medication orders from the prescribing physician and documentation of the administration of all medications.
- (f) signed orders by a licensed mental health professional for any restrictions of rights; and, privileges accorded clients of the crisis response facility including the reasons for the restriction; and
- (g) a discharge summary which must be completed within one week of the date of discharge.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

37.106.1987 CLIENT ASSESSMENTS (1) Each outpatient crisis response facility shall employ or contract with licensed mental health professionals to conduct clinical intake assessments which may be abbreviated assessments focusing on the crisis issues and safety.

(a) Abbreviated intake assessments must be conducted by a licensed mental health professional trained in clinical assessments including chemical dependency screening. The clinical intake assessment must include sufficient detail to individualize crisis plan goals and objectives.

(2) Based on the client's clinical needs, each crisis response facility will refer any necessary additional assessments to appropriate and qualified providers. Additional assessments may include, but are not limited to, physical, psychological, emotional, behavioral, psychosocial, recreational, vocational, psychiatric, and chemical dependency evaluations.

(3) Each crisis response facility shall maintain a current list of providers who accept referrals for assessments and services not provided by the facility.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

37.106.1989 CLIENT DISCHARGE (1) Each outpatient crisis response facility shall prepare a discharge summary for each client no longer receiving services. The discharge summary must include:

(a) the reason for discharge.

(b) a summary of the services provided by the crisis response facility including recommendations for aftercare services and referrals to other services, if applicable.

(c) an evaluation of the client's progress as measured by the treatment plan and the impact of the services provided by the facility; and

(d) the signature of the staff member who prepared the report and the date of preparation.

(2) Discharge summary reports must be filed in the clinical record within one week of the date of the client's formal discharge from services.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

- 37.106.1990 MANAGEMENT OF INAPPROPRIATE CLIENT BEHAVIOR (1) The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior only as allowed in 42 CFR 482.13(f) (1) through (6).
- (2) The department adopts and incorporates by reference 42 CFR 482.13(f) (1) through (6) (July 2, 1999), which contains standards for use of seclusion and restraint for behavioral management.
- (3) The policies and procedures must:
- (a) specify all facility-approved interventions to manage inappropriate client behavior and designate these interventions on a hierarchy to be implemented, ranging from most positive or least intrusive, to least positive or most intrusive.
 - (b) ensure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective; and
 - (c) address the following:
 - (i) the use of observation and seclusion rooms.
 - (ii) the use of time-out procedures.
 - (iii) the use of appropriate medication to manage inappropriate behavior.
 - (iv) the staff members who may authorize the use of specified interventions; and
 - (v) a mechanism for monitoring and controlling the use of such interventions.
- (4) Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare, and civil and human rights of each client are adequately protected.
- (5) Techniques to manage inappropriate client behavior must never be used for disciplinary purposes, for the convenience of staff or as a substitute for a treatment and habilitation program.
- (6) The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's crisis facility treatment plan.
- (7) Standing or as needed programs to control inappropriate behavior are not permitted.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

- 37.106.1993 PERSONAL RECORDS (1) For each employee or contracted individual, the outpatient crisis response facility shall maintain the following information on file:
- (a) a current job description.
 - (b) if a licensed mental health professional, documentation of current licensure and certification; and
 - (c) dated documentation of the individual's involvement in orientation, training, and continuing education activities.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

- 37.106.1994 QUALITY ASSESSMENT (1) Each outpatient crisis response facility shall implement and maintain an active quality assessment program using information collected to make improvements in the facility's policies, procedures and services. At a minimum, the program must include procedures for:
- (a) conducting client satisfaction surveys, at least annually.
 - (b) maintaining records on the occurrence, duration, and frequency of seclusion and physical restraints used; and

(c) reviewing, on an ongoing basis, incident reports, grievances, complaints, medication errors, and the use of seclusion and/or physical restraint with special attention given to identifying patterns and making necessary changes in how services are provided.

(2) Each crisis response facility shall prepare and maintain on file an annual report of improvements made as a result of the quality assessment program.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

37.106.1995 COMPLIANCE WITH BUILDING AND FIRE CODES, FIRE EXTINGUISHERS, SMOKE PROTECTORS AND MAINTENANCE (1) Each outpatient crisis response facility shall ensure that

its facilities, buildings, and homes:

(a) meet all applicable state and local building and fire codes. The facility must be annually inspected for compliance with fire codes by the state fire marshal or the marshal's designee, and the facility shall maintain a record of such inspection for at least one year following the date of the inspection.

(b) have a workable portable fire extinguisher on each floor, with a minimum rating of 2A10BC. Extinguishers must be readily accessible at all times.

(c) have a properly maintained and monthly tested smoke detector, approved by a recognized testing laboratory, on each floor of the facility; and

(d) have building exits which must be unobstructed and clearly marked.

(2) Each facility shall ensure its facilities, buildings, homes, equipment, and grounds are clean and maintained in good repair at all times for the safety and well being of its clients, staff, and visitors.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

37.106.1996 PHYSICAL ENVIRONMENT (1) Each outpatient crisis response facility must ensure that no more than four clients reside in a single treatment room. Each treatment room must contain at least 80 square feet per client, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules. Each center must further provide:

(a) one toilet for every four clients.

(b) a hand washing sink in each toilet room.

(c) one bathing facility for every 12 clients; and

(d) showers and tubs with nonslip surfaces and handicap grab bars capable of supporting a sustained weight of 250 lbs.

(2) Any provision of this rule may be waived at the discretion of the department if conditions in existence prior to the adoption of this rule or construction factors would make compliance extremely difficult or impossible and if the department determines that the level of safety to clients and staff is not diminished.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2006 MAR p. 1285, Eff. 5/19/06.

37.106.1997 EMERGENCY PROCEDURES (1) Each outpatient crisis response facility shall develop a written plan for emergency procedures. At a minimum, the plan must include:

(a) emergency evacuation procedures to be followed in the case of fire or another emergency.

(b) procedures for contacting emergency service responders; and

(c) the names and phone numbers for contacting other crisis response facility staff in emergency situations.

(2) Telephone numbers of the hospital, police department, fire department, ambulance, and poison control center must be posted by each telephone.

History: [50-5-103](#), MCA; [IMP](#), [50-5-103](#), MCA; [NEW](#), 2006 MAR p. 1285, Eff. 5/19/06.