

ADMINISTRATIVE RULE OF MONTANA

HEALTHCARE FACILITIES

37.106 subchapter 18

Specialty Mental Health Facility

RULE

37.106.1801 APPLICATION OF OTHER RULES

37.106.1802 DEFINITIONS

RULES 37.106.1803 AND 37.106.1804 RESERVED

37.106.1805 MEDICAL RECORDS

RULES 37.106.1806 THROUGH 37.106.1809 RESERVED

37.106.1810 ORGANIZATIONAL STRUCTURE; GOVERNING BODY

37.106.1811 ADMINISTRATOR

37.106.1812 MEDICAL AND PROFESSIONAL STAFF

37.106.1813 STAFF DEVELOPMENT

37.106.1814 TREATMENT PLAN

RULES 37.106.1815 THROUGH 37.106.1819 RESERVED

37.106.1820 QUALITY ASSURANCE

37.106.1821 UTILIZATION REVIEW

RULES 37.106.1822 THROUGH 37.106.1824 RESERVED

37.106.1825 PHYSICAL PLANT

37.106.1826 LIFE SAFETY AND BUILDING CODE

37.106.1827 PHYSICAL ENVIRONMENT

37.106.1828 ENVIRONMENTAL CONTROL

37.106.1829 INFECTION CONTROL

RULE 37.106.1830 RESERVED

37.106.1831 EMERGENCY SERVICES

37.106.1832 DISASTER PLAN

37.106.1833 LAUNDRY AND BEDDING

RULES 37.106.1834 THROUGH 37.106.1840 RESERVED

37.106.1841 REQUIRED TREATMENT SERVICES

37.106.1842 FOOD AND NUTRITION SERVICES

37.106.1843 NURSING SERVICES

37.106.1844 PHARMACEUTICAL SERVICES

37.106.1845 OUTPATIENT SERVICES

RULES 37.106.1846 THROUGH 37.106.1850 RESERVED

37.106.1851 ADMISSION PROCEDURES

37.106.1852 PROHIBITIONS

37.106.1853 TREATMENT PROGRAM

37.106.1854 PATIENT RIGHTS

37.106.1801 APPLICATION OF OTHER RULES (1) To the extent that other licensure rules in this chapter conflict with the terms of ARM [37.106.1802](#), [37.106.1805](#), [37.106.1810](#) through [37.106.1814](#), [37.106.1820](#), [37.106.1821](#), [37.106.1825](#) through [37.106.1829](#), [37.106.1831](#) through [37.106.1833](#), [37.106.1841](#) through [37.106.1845](#), [37.106.1851](#) through [37.106.1853](#), the terms of ARM [37.106.1802](#), [37.106.1805](#), [37.106.1810](#) through [37.106.1814](#), [37.106.1820](#), [37.106.1821](#), [37.106.1825](#) through [37.106.1829](#), [37.106.1831](#) through [37.106.1833](#), [37.106.1841](#) through [37.106.1845](#), [37.106.1851](#) through [37.106.1853](#) will apply to specialty mental health facilities.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1802 DEFINITIONS As used in ARM [37.106.1801](#), [37.106.1802](#), [37.106.1805](#), [37.106.1810](#) through [37.106.1814](#), [37.106.1820](#), [37.106.1821](#), [37.106.1825](#) through [37.106.1829](#), [37.106.1831](#) through [37.106.1833](#), [37.106.1841](#) through [37.106.1845](#), [37.106.1851](#) through [37.106.1853](#), the following definitions apply:

- (1) "Specialty mental health facility" means a health care facility that provides specialty mental health services in a residential setting to patients with mental health conditions associated with eating disorders, pathological gambling, and sexual disorders and may include a specialty unit attached to another type of licensed health care facility.
- (2) "Addiction" includes habituation and means a psychological dependence upon a substance or behavior for the purpose of achieving euphoria or temporary relief from painful stimuli, whether or not the stimuli are internal or external in origin, and which is associated with an eating disorder, pathological gambling, or a sexual disorder.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1805 MEDICAL RECORDS (1) A specialty mental health facility must maintain a medical records system in accordance with written policies and procedures, as well as meet the following standards:

- (a) Employ adequate personnel to ensure prompt and systematic completion, filing, and retrieval of records.
- (b) Create and maintain a record for each person receiving specialty mental health care services from the facility that includes, if applicable:
 - (i) identification and social data.
 - (ii) admitting diagnosis.
 - (iii) pertinent medical history.
 - (iv) properly executed consent forms.
 - (v) reports of physical examinations, diagnostic and laboratory test results, and consultation findings.
 - (vi) all physician's orders, nurses' notes, and reports of treatments and medications.
 - (vii) final diagnosis.
 - (viii) discharge summary; and
 - (ix) any other pertinent information necessary to monitor the patient's prognosis.

- (c) Include in each record the signatures of the physician or other health care professional authoring the record entries.
 - (d) Complete records of a discharged patient within 30 days after the discharge date and include, in addition to the information cited in (b) above, a recapitulation of the patient's period of treatment, a recommendation of the appropriate follow up or aftercare services for the patient, and a brief summary of the patient's medical and mental condition on discharge.
 - (e) Have written policies and procedures ensuring the confidentiality of patient records, and safeguards against loss, destruction or unauthorized use, in accordance with applicable state and federal law and including policies and procedures which:
 - (i) govern the use and removal of records from the record storage area;
 - (ii) specify the conditions under which information may be released and by whom;
 - (iii) specify when the patient's consent is required for release of information, in accordance with Title 50, chapter 16, part 5, MCA, the Uniform Health Care Information Act.
 - (f) In addition to the above, adhere to the provisions of ARM [37.106.314](#).
- (2) The department hereby adopts and incorporates by reference ARM [37.106.314](#), which contains medical records requirements for types of health care facilities other than hospitals. Copies 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.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1810 ORGANIZATIONAL STRUCTURE; GOVERNING BODY (1) A specialty mental health facility must have a governing body that is legally responsible for the conduct of the facility and that:

- (a) Ensures that the medical and professional staff of the facility:
 - (i) are appointed by the governing body to the medical staff after the governing body considers the recommendations of the existing members of the medical staff.
 - (ii) have bylaws and written policies that are approved by the governing body.
 - (iii) are accountable to the governing body for the quality of care provided to patients; and
 - (iv) are selected on the basis of individual character, competence, training, experience, judgment, and professional qualifications according to the specific areas in which they are to provide medical treatment.
- (b) Appoints a chief executive officer who is responsible for managing the facility.
- (c) In accordance with a written policy ensures that:
 - (i) every patient is under the care of a psychiatrist; and
 - (ii) whenever a patient is admitted to the facility, the admission procedures required by ARM [37.106.1851](#) are followed.
- (d) Prepares, adopts, reviews, and updates annually an overall institutional plan that includes the following:
 - (i) a system of financial management and accountability; and
 - (ii) a system that assures that members of the governing body and appropriate administrative and professional staff have adequate and comprehensive liability insurance.
- (e) Maintains a list of all contracted services, including the scope and nature of the services provided, and ensures that a contractor providing services to the facility:
 - (i) furnishes services that permit the facility, including the contracted services, to comply with all applicable licensure standards; and

(ii) provides the services in a safe and effective manner that will ensure that a patient may be able to return to a community setting as soon as possible.

(f) Ensures that the medical and nursing staff of the facility are licensed, certified, or registered in accordance with Montana law and rules and that each staff member provides health services within the scope of his or her license, certification, or registration.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1811 ADMINISTRATOR (1) A specialty mental health facility must have an administrator who has formal training and/or experience, preferably in the administration of a mental health facility, which demonstrates an ability to perform the functions and duties required by these licensure rules.

(2) The facility must ensure that the administrator is on the premises the number of hours necessary to manage and administer the facility in compliance with these licensure rules.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1812 MEDICAL AND PROFESSIONAL STAFF (1) A specialty mental health facility must:

(a) Have a single, organized professional staff with overall responsibility for the quality of all clinical care provided to patients and the professional practices of its members.

(b) Employ or contract with the numbers of qualified mental health professional and support staff necessary to adequately evaluate patients and to sufficiently participate in each individual treatment plan to its completion; thoroughly document such participation; formulate written, individualized, and comprehensive treatment plans; provide active treatment measures; and engage in discharge planning.

(c) Ensure that the medical staff adopts and enforces bylaws approved by the governing body that include:

(i) a description of the qualifications a medical and professional staff candidate must meet in order to be recommended to the governing body for appointment.

(ii) a statement of the duties and privileges of each category of medical and professional staff.

(iii) a requirement that a physical examination be made, and medical history taken of a patient by a member of the medical staff no more than seven days before or 24 hours after the patient's admission to the facility.

(d) Ensure that the medical staff includes at least one Montana-licensed psychiatrist.

(e) Ensure that a staff psychiatrist does the following:

(i) Provides medical direction for the facility's residential mental health care activities and consultation for, and medical supervision of, mental health professional and non-physician health care staff.

(ii) Reviews and signs the records of each patient admitted; and

(iii) is directly involved with the mental health treatment of each admitted patient as determined in each individual treatment plan and documents that direct involvement.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1813 STAFF DEVELOPMENT (1) A staff development program must be provided for administrative, professional, and support personnel, and must be supervised and directed by a staff committee or qualified person.

(2) Staff development programs must be outlined in the facility's policies and procedures, with annual updates.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1814 TREATMENT PLAN (1) A specialty mental health facility must have a multi-disciplinary treatment team supervised and directed by the admitting psychiatrist, and consisting of adequate numbers of individuals licensed, registered, or certified in the mental health disciplines appropriate to the condition of each patient.

(2) The treatment team for each patient must meet at least weekly with the supervising psychiatrist and document the progress of each patient according to each patient's individual treatment plan.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1820 QUALITY ASSURANCE (1) The governing body of the facility must ensure that there is an effective, ongoing, facility wide written quality assurance program and implementation plan in effect which ensures, monitors, and evaluates the quality of the patient care provided there and which includes the following:

(a) Identification of all health and safety aspects of each patient's individual treatment plan.

(b) Development and documentation of indicators that are used to monitor and evaluate the health and safety aspects of patient treatment and care.

(c) Documentation and evidence that the findings, conclusions, and results of corrective actions to improve patient care which are identified through the quality assurance program are applied in a manner which improves patient treatment and care.

(d) Consideration and documentation by the facility's medical and professional staff of the findings of the evaluation and the taking of subsequent remedial action, if necessary.

(e) Evaluation, with complete documentation, of all services provided by contractors.

(f) The taking and documentation of appropriate remedial action to address deficiencies found through the quality assurance program, as well as documentation of the outcome of the remedial action.

(g) Periodic review of all quality assurance activities, at least semi-annually, which is submitted in writing to the governing body and also made a part of the facility's medical records file.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1821 UTILIZATION REVIEW (1) A specialty mental health facility must have in effect a utilization review plan to review services furnished by the facility to patients, either through contracted services or by members of its medical staff to patients, in order to determine through

semi-annual review, whether utilization of services was appropriate, established policies were followed, and any changes are needed.

(2) Such a review mechanism shall consider, during each semi-annual review period, at least the following:

(a) the utilization of facility services, including at least the number of patients served and the volume of services.

(b) sample facility cases consisting of not less than 10% of both active and closed patient records.

(c) review of the sample cases to determine the medical necessity of the medical and professional services furnished, including drugs and biologicals; and

(d) the facility's health care policies.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1825 PHYSICAL PLANT (1) Each patient room in a specialty mental health facility must meet the following standards:

(a) No more than four patients may be housed in a room.

(b) Patient room areas, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules, must be at least 100 square feet (9.29 square meters) in single-bed rooms and 80 square feet (7.43 square meters) per bed in multiple-bed rooms; minor encroachments, including columns and lavatories, that do not interfere with functions, may be ignored when determining space requirements for patient rooms.

(c) Multiple-bed rooms must allow a minimum clearance of 3 feet 8 inches (1.12 meters) at the foot of each bed to permit the passage of equipment and beds.

(d) Each room must have a window in accordance with section 7.28A(11) of the Guidelines for Construction and Equipment of Hospital and Medical Facilities (1992-1993 edition) published by the American institute of architects.

(e) In new construction, handwashing facilities must be provided.

(f) If a room is renovated and/or modernized, the lavatory must be added if it does not already exist, unless, in the case of a single bedroom or a two-bed room, a water closet and lavatory are provided in a toilet room designed to serve that room.

(g) Each patient must have within his/her room a separate wardrobe, locker, or closet suitable for hanging full-length garments and for storing personal effects.

(2) A toilet room must:

(a) serve no more than four beds and not more than two patient rooms.

(b) contain a water closet and a door that either swings outward or is double-acting.

(c) contain a lavatory unless each patient room served by that toilet contains a lavatory for handwashing.

(d) have a floor area of not less than 15 square feet if it has one toilet and one lavatory.

(3) Separate toilet facilities and lockers shall be provided for employees.

(4) The facility's water supply system must meet the standards contained in ARM [17.38.207](#) and [37.111.115](#).

(5) The facility's wastewater system must meet the standards contained in ARM [16.20.636](#).

(6) Fixtures must meet the following standards:

(a) Toilets must be:

- (i) provided in numbers ample for use according to the number of residents, at least one toilet for every four residents or fraction thereof.
- (ii) if for resident use, provided with grab bars of a type approved by the department on at least one side.
- (iii) ventilated, with a mechanical system vented to the outdoors that provides a minimum of four air changes per hour.
- (iv) where more than one toilet is provided in the same room, partitioned each from the other, including a door capable of remaining closed which affords full visual privacy.
- (v) be accessible to each resident without the resident having to enter a kitchen, dining room, living area, or another resident's room.
- (b) Sinks and handwashing fixtures must be:
 - (i) provided close to each workstation and in each utility room.
 - (ii) if used by staff, equipped with valves which can be operated without the use of hands.
 - (iii) provided separately in the main kitchen and located so that the person in charge may supervise handwashing by food service personnel; and
 - (iv) supplied with a paper towel dispenser, soap dispenser, and a covered wastebasket.
- (7) A bathroom must:
 - (a) when individual bathing facilities are not provided in patient rooms, include a bathtub or shower with approved grab bars and serve no more than 12 licensed beds or fraction thereof.
 - (b) be ventilated by a mechanical system to the outdoors providing a minimum of 10 air changes per hour.
 - (c) have a floor entirely covered with a non-absorbent covering approved by the department. [Note: A continuous solid covering is preferred over block tile but is not mandatory.]
 - (d) contain an adequate supply of toilet tissue, towels, soap, and wastebaskets.
 - (e) if it contains a shower or bath serving more than one patient, provide a private area for bathing, drying, and dressing.
- (8) At least one resident bathroom for residents with physically handicapping conditions must be provided that has space for a wheelchair and an assisting attendant, whether or not any of the residents are classified as handicapped.
- (9) Service areas must meet the following standards:
 - (a) The services noted below must be located in or readily available to each nursing unit.
 - (i) Administrative center or nurses' station.
 - (ii) Nurses' office for floor staff.
 - (iii) Administrative supplies storage.
 - (iv) A lavatory for handwashing.
 - (v) Charting facilities.
 - (vi) Toilet room(s) for staff.
 - (vii) Staff lounge facilities; these may be on another floor so long as they are centrally located.
 - (viii) Closets or cabinet compartments for the personal effects of nursing personnel; however, coats may be stored in closets or cabinets on each floor or in a central staff locker area.
 - (ix) Multipurpose room(s) for staff and patient conferences, education, demonstrations, and consultation; such a room may be on another floor if convenient for regular use and may serve several nursing units and/or departments.
 - (x) Examination and treatment room(s) , unless all rooms in the facility are single-bed patient rooms; the room(s) may serve several nursing units and may be on a different floor if conveniently located for routine use.
 - (xi) Clean workroom or clean holding room.
 - (xii) Soiled workroom.
 - (xiii) Drug distribution station.

- (xiv) Clean linen storage in each nursing unit.
- (xv) Nourishment station.
- (xvi) An ice machine in each nursing unit to provide ice for treatments and nourishment.
- (xvii) Equipment storage room.
- (xviii) Showers, bathtubs, and sitz baths.
- (xix) Emergency equipment storage space.
- (xx) At least two separate social spaces, one appropriate for noisy activities and one for quiet activities.
- (xxi) Space for group therapy.
- (xxii) Occupational therapy unit.
- (b) The size and location of each service area will depend upon the numbers and types of beds served.
- (c) Identifiable spaces are required for each of the service areas listed in (a) above, but where the area is described as a room or office, a separate, enclosed space for the area is required; otherwise, the described area may be a specific space in another room or common area.
- (d) Each service area may be arranged and located to serve more than one nursing unit but, unless noted otherwise in this subsection, at least one of each type of service area must be provided on each nursing floor.
- (e) Examination rooms must have a minimum floor area of 120 square feet (11.2 square meters) excluding space for vestibule, toilets, and closets, and contain a lavatory or sink equipped for handwashing, storage facilities, and a desk, counter, or shelf space for writing.
- (f) A clean workroom or clean holding room used must contain:
 - (i) a work counter and handwashing and storage facilities if it is used for preparing patient care items.
 - (ii) storage facilities alone if the room is used only for storage and holding as part of a system to distribute clean and sterile supply materials.
- (g) A soiled work room must contain:
 - (i) a clinical sink or equivalent flushing-rim fixture, a sink equipped for handwashing, a work counter, waste receptacles, and a linen receptacle. Rooms used only for temporary holding of soiled material need not contain handwashing sinks or work counters. However, if the flushing-rim sink is omitted, other provisions for disposal or liquid waste at each unit may be added.
- (h) A drug distribution station must:
 - (i) be made for 24-hour distribution of medications, for example, by distributing medications from a medicine preparation room or unit or utilizing a self-contained medicine dispensing unit, or by another system.
 - (ii) if a medicine preparation room or unit, be under visual control of nursing staff; contain a work counter, sink, refrigerator, and locked storage for controlled drugs; and have a minimum area of 50 square feet (4.65 square meters).
 - (iii) if a self-contained medicine dispensing unit, be located at the nurses station, in the clean workroom, or in an alcove.
 - (iv) have convenient access to handwashing facilities; handwashing facilities do not include cup-sinks.
- (i) Clean linen storage must:
 - (i) be located either within the clean workroom, a separate closet, or some other distribution system on each floor that is approved by the department; and
 - (ii) if a closed cart system is used, be out of the path of normal traffic, e.g., in an alcove.
- (j) A nourishment station must:
 - (i) contain a sink, work counter, refrigerator, storage cabinets, and equipment for serving nourishment between scheduled meals.

- (ii) include provisions and space for separate temporary storage of unused and soiled dietary trays not picked up at mealtime; and
- (iii) have convenient access to a lavatory.
- (k) Ice-making equipment must:
 - (i) either be located in the clean work room or at the nourishment station under staff control; and
 - (ii) if producing ice for human consumption, be a self-dispensing ice maker.
- (l) Emergency equipment storage space must meet the following standards:
 - (i) The space, such as a cardiopulmonary resuscitation (CPR) cart, must be under direct control of the nursing staff;
 - (ii) The space must be directly accessible from the unit or floor and may serve more than one nursing unit on a floor.
 - (iii) In addition to separate janitor's closets that may be required for the exclusive use of specific services, at least one janitor's closet per floor must contain a service sink or receptor and provisions for storage of supplies.
- (m) Social spaces:
 - (i) must contain at least 40 square feet (3.72 square meters) per patient in their combined area.
 - (ii) must contain at least 120 square feet (11.1 square meters) in each; and
 - (iii) may share space with dining activities.
- (n) Group therapy space may be combined with the social space designated for quiet activities when the treatment unit accommodates no more than 12 patients, and when the space in question contains at least 225 square feet (21 square meters) in an enclosed private area.
- (o) An occupational therapy unit:
 - (i) must contain 15 square feet (1.39 square meters) of separate space per patient in a treatment unit for occupational therapy, with a minimum total area of at least 200 square feet (18.6 square meters), whichever is greater.
 - (ii) must provide handwashing facilities, work counters, and storage.
 - (iii) may serve more than one nursing unit; and
 - (iv) may perform its functions within the noisy activities area, if at least an additional 10 square feet (0.9 square meters) per patient served is included and the treatment unit contains less than 12 beds.
- (p) One lavatory may serve the nurses' station, drug distribution station, and nourishment center so long as it is convenient to each.
- (q) Closets or cabinets for the personal effects of nursing personnel must be securable and, at a minimum, large enough for purses and billfolds.
- (10) Where the requirements of this section appear in conflict with those of NFPA 101, chapters 22 and 23, the requirements of this section shall apply.
- (11) The department hereby adopts and incorporates by reference:
 - (a) section 7.28A(11) of the Guidelines for Construction and Equipment of Hospital and Medical Facilities (1992-1993 edition) published by the American Institute of Architects, a manual which specifies architectural requirements to ensure comfort, aesthetics, and safety in hospital and medical facilities. A copy of section 7.28A(11) or the entire manual may be obtained from the American Institute of Architects Press, 1735 New York Avenue NW, Washington, DC 20006.
 - (b) ARM [17.38.207](#), stating maximum microbiological contaminant levels for public water supplies, and ARM [37.111.115](#), which outlines the department construction, operation, and maintenance standards for springs, wells, and cisterns and other water supply system minimum requirements. Copies of the rules 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.

(c) ARM [16.20.636](#), outlining department construction and operation standards and other minimum requirements for sewage systems. A copy of the rule 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.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; AMD, 1995 MAR p. 851, Eff. 5/12/95; TRANS, from DHES, 2002 MAR p. 185.

37.106.1826 LIFE SAFETY AND BUILDING CODE (1) A specialty mental health facility must be in compliance with the provisions of the 1994 National Fire Protection Association (NFPA) 101 Life Safety Code, chapters 22 and 23, residential occupancy.

(2) The department hereby adopts and incorporates by reference the 1994 NFPA 101 Life Safety Code, chapters 22 and 23, residential occupancy. Copies of the codes 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.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; AMD, 1995 MAR p. 851, Eff. 5/12/95; TRANS, from DHES, 2002 MAR p. 185.

37.106.1827 PHYSICAL ENVIRONMENT (1) The facility must maintain adequate facilities for its services, the extent and complexity of facilities being determined by the services offered.

(2) The facility must be constructed, equipped, and maintained to protect the health and safety of patients, personnel, and the public.

(3) The facility must be constructed to prevent vermin problems.

(4) The facility must be kept clean and free of odors.

(5) Daily housekeeping services must be provided.

(6) Walls, ceilings, floors, and furniture must be kept clean and in good repair.

(7) Electrical, mechanical, plumbing, and heating systems must be in good, safe condition.

(8) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.

(9) The facility must establish a written preventive maintenance program to ensure that all equipment is operative.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1828 ENVIRONMENTAL CONTROL (1) A specialty mental health facility must be constructed and maintained so as to prevent entrance and harborage of rats, mice, insects, flies or other vermin.

(2) Hand cleansing soap or detergent and individual towels must be available at each lavatory in the facility. A waste receptacle must be located near each lavatory.

(3) The facility must develop and follow a written infection surveillance program describing the procedures that must be utilized by the entire facility staff in the identification, investigation, and mitigation of infections acquired in the facility.

(4) Cleaning devices used for lavatories, toilet bowls, urinals, showers, or bathtubs may not be used for other purposes, and those utensils used to clean toilets or urinals must not be allowed to contact other cleaning devices.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1829 INFECTION CONTROL (1) A specialty mental health facility must ensure that:

(a) the facility has an effective facility wide infection control surveillance program developed for the identification, investigation, prevention, and control of nosocomial infections.

(b) the facility has written policies and procedures that describe the types of surveillance carried out to monitor the rates of nosocomial infections, the systems used to collect and analyze data, and the activities carried out to prevent and control infection.

(c) A staff member is designated as a manager of the infection control program who has education, training or experience related to infection control, that facility records contain documented evidence of the manager's qualifications, and that the manager participates in continuing education in the area of infection control.

(d) A multidisciplinary committee oversees the program for surveillance, prevention, and control of infection, a committee that includes the designated infection control manager and representatives from the professional staff; administration; and housekeeping, laundry, dietary, maintenance and pharmacy services; and meets whenever the committee members determine the facility needs such a meeting.

(e) Each department, including housekeeping, laundry, dietary, maintenance, pharmacy, and nursing/medical, develops and implements policies and procedures which reflect current and accepted infection control standards of practice, and that these policies are updated and reviewed annually by the infection control committee.

(2) The facility must be in compliance with Title 75, part 10, MCA, the Infectious Waste Management Act.

(3) The department hereby adopts and incorporates by reference Title 75, part 10, MCA, containing requirements for health care facilities in handling of infectious wastes. A copy of the law 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.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1831 EMERGENCY SERVICES (1) The facility must ensure that patients have access to emergency services and to more intensive levels of care, including acute or inpatient psychiatric care.

(2) The facility must have an agreement with an outside source for emergency medical and inpatient psychiatric services to ensure that they are immediately available to patients who may need such services.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1832 DISASTER PLAN (1) A specialty mental health facility must develop a disaster plan in conjunction with other emergency services in the community which includes a procedure that will be followed in the event of a natural or man-caused disaster.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1833 LAUNDRY AND BEDDING (1) If a specialty mental health facility processes its own laundry on the facility site, it must:

- (a) Set aside a room for laundry and utilize it solely for that purpose.
- (b) Equip the laundry with a mechanical washer and dryer (or additional machines if necessary to handle the laundry load) , handwashing facilities, mechanical ventilation to the outside, a fresh air supply, and a hot water supply system which supplies the washer with water of at least 160 ° F (71 ° C) during each use for 25 minutes, or, if lower temperatures are used, with chemicals suitable for low temperature washing.
- (c) Sort and store soiled laundry in an area separate from that used to sort and store clean laundry.
- (d) Provide well maintained carts or other containers impervious to moisture to transport laundry, keeping those used for soiled laundry separate from those used for clean laundry.
- (e) Dry all bed linen, towels, and washcloths in a mechanical dryer.
- (f) Protect clean laundry from contamination.
- (g) Ensure that facility staff use hygienic techniques while handling soiled and clean laundry, including:
 - (i) covering their clothing while working with soiled laundry.
 - (ii) using separate clean covering for their clothes while handling clean laundry; and
 - (iii) washing their hands both after working with soiled laundry and before they handle clean laundry.
- (2) The facility must maintain a linen supply adequate to provide changes of bed and bath linens at appropriate intervals.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1841 REQUIRED TREATMENT SERVICES (1) A specialty mental health facility must:

- (a) Provide an individually planned regimen of 24-hour evaluation, care, and treatment for each patient with mental health conditions associated with the addiction that the regimen is designed to treat, prepared and delivered by mental health professionals, pursuant to a defined set of written policies and procedures.
- (b) Have permanent facilities that include, at least, inpatient beds.
- (c) Utilize a multi-disciplinary mental health staff appropriate and sufficient to care for patients whose emotional/behavioral problems are severe enough to require specialty mental health treatment services as determined through individual psychiatric evaluations and detailed admission criteria; and
- (d) Provide 24-hour staff observation to patients and have medical and/or mental health monitoring and treatment available to them by qualified professionals on a 24-hour basis.

(2) If medical monitoring and treatment is necessary for a patient on a continuous basis, then that individual must be transferred to an appropriate inpatient facility immediately.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1842 FOOD AND NUTRITION SERVICES.(1) A specialty mental health facility must have nutrition services that are directed and staffed by adequate personnel and meet the following standards:

(a) The facility must assign an employee or contract with a consultant who is qualified by experience and training as a food service supervisor to direct the food and nutrition service and to be responsible for the daily management of the nutrition service.

(b) The facility must utilize a nutritionist licensed in Montana, on a full-time, part-time, or consultant basis.

(c) Any therapeutic diet for a patient must be prescribed by the practitioner responsible for the care of that patient.

(d) Nutritional needs must be met in accordance with recognized dietary and nutrition practices, and, at a minimum, the recommended daily dietary allowances established by the Food and Nutritional Board of the National Research Council, National Academy of Sciences, 10th edition, 1989.

(2) The department hereby incorporates by reference the recommended daily dietary allowances established by the Food and Nutritional Board of the National Research Council, National Academy of Sciences, 10th edition, 1989, which set minimum nutrition requirements for human beings. A copy of the above dietary allowances 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.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1843 NURSING SERVICES.(1) A specialty mental health facility must provide 24-hour nursing services and meet the following standards:

(a) The director of nursing services must be a licensed registered nurse and must:

(i) determine the types and numbers of nursing personnel and staff necessary to provide nursing care; and

(ii) schedule adequate numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide nursing care as needed.

(b) A registered nurse must be on duty at least eight hours per day, and the director of nursing or another registered nurse designated as the director's alternate must be on call and available within 20 minutes at all times.

(c) The nursing service must have a procedure to ensure that all nursing personnel have valid and current Montana nursing licenses.

(d) The nursing staff must develop and keep current a nursing care plan for each patient when a nursing care plan is required.

(e) Upon admission of a patient to the facility, a registered nurse must assign the nursing care of that patient to other nursing personnel in accordance with the patient's needs as determined by the admitting psychiatrist and the specialized qualifications and competence of the nursing staff.

(f) All drugs and biologicals must be administered by, or under the supervision of, nursing or other qualified medical personnel in accordance with federal and state law and rules, including applicable licensing requirements, and in accordance with medical staff policies and procedures which have been approved by the governing body.

(g) Each order for drugs and biologicals must be consistent with federal and state law and be in writing and signed by the practitioner who is both responsible for the care of the patient and legally authorized to prescribe.

(h) When an oral or telephonically transmitted order must be used, it must be:

(i) accepted only by personnel that are authorized to do so by the medical staff policies and procedures, consistent with federal and state law; and

(ii) signed or initialed by the prescribing practitioner as soon as possible and in conformity with state and federal law.

(i) The facility must adopt a procedure for reporting to the attending practitioner adverse drug reactions and errors in administration of drugs.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1844 PHARMACEUTICAL SERVICES (1) A specialty mental health facility must have pharmaceutical services that meet the needs of the patients and include either a pharmacy directed by a registered pharmacist or a drug storage area under the supervision of a consulting pharmacist who develops, supervises, and coordinates all the facility's pharmacy services.

(2) The facility must ensure that:

(a) The pharmacy or drug storage area is administered in accordance with accepted professional principles.

(b) When a pharmacist is not available, drugs and biologicals are removed from the pharmacy or storage area solely by the personnel designated in writing in medical staff and pharmaceutical services policies, and in a manner consistent with federal and state law.

(c) All compounding, packaging, and dispensing of drugs and biologicals is under the supervision of a pharmacist and performed in a manner consistent with federal and state law and rules.

(d) Drugs and biologicals are kept in a locked storage area.

(e) Outdated, mislabeled, or otherwise unusable drugs and biologicals are removed from the facility and destroyed.

(f) Drug administration errors, adverse reactions, and incompatibilities are immediately reported to the attending practitioner.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1845 OUTPATIENT SERVICES (1) If the specialty mental health facility provides outpatient services, each outpatient must be examined by a psychiatrist licensed in Montana and the services must meet the standards contained in ARM [37.106.1008](#).

(2) The department incorporates by reference ARM [37.106.1008](#), which contains minimum licensure standards for outpatient facilities. Copies of ARM [37.106.1008](#) 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.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185; AMD, 2011 MAR p. 578, Eff. 4/15/11.

37.106.1851 ADMISSION PROCEDURES (1) A specialty mental health facility must develop, maintain, and implement admission procedures designed to ensure that no client is admitted prior to the facility's documented determination of its ability to meet the needs of the client based on a documented appraisal of the client's individual service needs.

(2) The facility must assign a psychiatrist licensed in Montana to admit all patients according to a defined set of admission criteria based upon the Diagnostic and Statistical Manual III-R (DSM III-R) of the American Psychiatric Association and may admit only those patients whose mental health conditions are associated with addictions related to eating disorders (codes 307.10, 307.50, 307.51, 307.52, and 307.53 in the DSM III-R), pathological gambling (code 312.31 in the DSM III-R), or sexual disorders (codes 302.20, 302.30, 302.40, 302.71, 302.72, 302.79, 302.81, 302.82, 302.83, 302.84, 302.89, and 302.90 in the DSM III-R).

(3) Whenever a patient is admitted to the facility by a physician other than a psychiatrist, the facility must assure that the physician consults with the facility psychiatrist, by phone or otherwise, within 12 hours after admission, that a written notation of that consultation and the psychiatrist approval of the admission for a mental health condition or suspected mental health condition is made and kept in the patient's records, and that a psychiatric evaluation is conducted in accordance with the standards in (4) below prior to admission.

(4) Each patient must receive a psychiatric evaluation that must be completed by a psychiatrist licensed in Montana prior to admission unless (5) below applies; include a medical history; contain a record of mental status; note the onset of illness and the circumstances leading to admission; describe attitudes and behavior; estimate intellectual functioning, and orientation; and include an inventory of the patient's assets in descriptive rather than interpretive fashion.

(5) If an individual seeks admission or is referred to the facility outside of the hours of 6:00 a.m. to 7:00 p.m., Monday through Friday, or during national holidays, then the facility may allow that person temporary occupancy under the direction of a Montana licensed physician or Montana licensed psychiatrist until the psychiatric evaluation can be conducted during the facility's next regularly scheduled business day.

(6) If an individual is referred to the facility by a licensed psychiatrist or licensed physician who is not affiliated with the facility, the psychiatric evaluation must still be completed by the facility's staff psychiatrist within the time frame otherwise prescribed for such an evaluation. If a psychiatric evaluation has been conducted by a Montana-licensed psychiatrist not affiliated with the facility, the staff psychiatrist must review and approve the evaluation and note such review and approval in the patient's records.

(7) When indicated, a complete neurological examination must be conducted within 72 hours of admission.

(8) A licensed physician must conduct a physical examination of each patient within 24 hours after or seven days prior to that patient's admission.

(9) The department hereby incorporates by reference codes 302.20, 302.30, 302.40, 302.71, 302.72, 302.79, 302.81, 302.82, 302.83, 302.84, 302.89, 302.90, 307.10, 307.50, 307.51, 307.52, 307.53, and 312.31 of the DSM III-R of the American Psychiatric Association, which contain descriptions of various diagnoses of mental disorders associated with eating disorders, pathological gambling, and sexual disorders. A copy of the manual may be obtained from the American Psychiatric Association, 1700 18th Street NW, Washington, D.C. 20009.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1852 PROHIBITIONS (1) A specialty mental health facility may not admit as a patient any person who:

- (a) does not voluntarily seek admission.
 - (b) requires physical or chemical restraints.
 - (c) is non-ambulatory or bedridden.
 - (d) may have impaired judgment or is incapable of appropriate physical action for self-preservation under emergency conditions.
 - (e) requires a medication regime:
 - (i) to orient him or her to reality.
 - (ii) for stabilization or any other purpose related to behavior modification.
 - (iii) for a mental health condition unrelated to an eating disorder, pathological gambling, or sexual dysfunction; or
 - (iv) that would otherwise suggest that the person is in need of inpatient psychiatric treatment on such medications.
 - (f) requires intensive supervision or specialized therapeutic interaction where medical or psychiatric attention or monitoring and treatment is necessary on a continuous basis as determined through a medical or psychiatric evaluation.
 - (g) requires a treatment that focuses on management of a psychiatric condition that may endanger the person, facility, staff, or others, as determined through a psychiatric evaluation prior to admission.
 - (h) requires electro-convulsive therapy.
 - (i) requires a locked environment; or
 - (j) requires treatment for a mental health condition other than one associated with an addiction.
- (2) For purposes of this rule, a person is ambulatory if he or she is capable of self-mobility, either with or without mechanical assistance; if mechanical assistance is necessary, a person is considered ambulatory only if he or she can, without help from another person, utilize the mechanical assistance, exit and enter the facility, or access all common areas in the facility.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1853 TREATMENT PROGRAM (1) A specialty mental health facility shall have written policies and procedures to assure the individual patient the right to dignity, privacy, and safety, and shall support and protect the basic human, civil, and constitutional rights of the individual patient.

(2) A written policy and procedure approved by the governing body shall provide a description of the patient's rights and the means by which these rights are protected and exercised.

(3) At the point of admission, the facility shall provide the patient and family, designated relative, guardian, or custodian, with a clearly written and readable statement of patients' rights and responsibilities. The statement shall be read to the patient and family, guardian, or custodian if any cannot read, and shall cover, at a minimum:

- (a) each patient's access to treatment, regardless of race, religion or ethnicity.
- (b) each patient's right to recognition and respect of his or her personal dignity in the provision of all treatment and care.
- (c) each patient's right to be provided treatment and care in the least restrictive environment possible.
- (d) each patient's right to an individualized treatment plan.

- (e) each patient's and family's participation in planning for treatment.
 - (f) the nature of care, procedures, and treatment that he or she will receive.
 - (g) the risks, side effects, and benefits of all medications and treatment procedures used.
 - (h) the right, to the extent permitted by law, to refuse the specific medications or treatment procedures and the responsibility of the facility when the patient refuses treatment, or, in accordance with legal and professional standards, to terminate the relationship with the patient upon reasonable notice; and
 - (i) the patient and family members' right to access to a patient advocate.
- (4) The rights of patients must be written in language which is understandable to the patient, his or her family, custodian, or guardian, and must be posted in appropriate areas of the facility.
- (5) The policy and procedure concerning patient rights shall assure and protect the patient's personal privacy within the constraints of his or her treatment plan. These rights to privacy shall at least include:
- (a) visitation by the resident's family, relatives, guardian, or custodian in a suitable private area of the facility.
 - (b) sending and receiving mail without hindrance or censorship; and
 - (c) telephone communications with the patient's family, relatives, guardian, or custodian at a reasonable frequency.
- (6) If any rights to privacy must be limited, the patient and his or her family, guardian, or custodian shall receive a full explanation. Limitations must be documented in the patient's record and their therapeutic effectiveness must be evaluated and documented by professional staff every seven days.
- (7) The right to initiate a complaint or grievance procedure and the means for requesting a hearing or review of a complaint must be specified in a written policy approved by the governing body and made available to patients, family, guardians, and custodians responsible for the patient. The procedure shall indicate:
- (a) to whom the grievance is to be addressed; and
 - (b) steps to be followed for filing a complaint, grievance, or appeal.
- (8) The patient and his or her family, guardian, or custodian must be informed of the current and future use and disposition of products of special observation and audio visual techniques such as one-way vision mirrors, tape recorders, television, movies, or photographs.
- (9) The policy and procedure regarding patient's rights shall ensure the patient's right to confidentiality of all information recorded in his record maintained by the facility. The facility shall ensure the initial and continuing training of all staff in the principles of confidentiality and privacy.
- (10) The patient may be allowed to work for the facility only under the following conditions:
- (a) the work is part of the individual treatment plan.
 - (b) the work is performed voluntarily.
 - (c) the patient receives wages commensurate with the economic value of the work.
 - (d) the work project complies with applicable law and regulations; and
 - (e) the performance of tasks related to the responsibilities of family-like living, such as laundry and housekeeping, are not considered work for the facility and need not be compensated or voluntary.
- (11) Measures utilized by the facility to discipline patients must be:
- (a) established by written policy and procedure developed in consultation with professional and direct care staff and approved by the governing body.
 - (b) fully explained to each patient and the patient's family, guardian, or custodian.
 - (c) fair, consistent, and administered based on the individual's needs and treatment plan.
- (12) The facility shall prohibit all cruel and unusual disciplinary measures, including but not limited to the following:

- (a) corporal punishment.
 - (b) forced physical exercise.
 - (c) forced fixed body positions.
 - (d) group punishment for individual actions:
 - (e) verbal abuse, ridicule, or humiliation.
 - (f) denial of three balanced nutritional meals per day.
 - (g) denial of clothing, shelter, bedding, or personal hygiene needs.
 - (h) denial of access to educational services.
 - (i) denial of visitation, mail, or phone privileges for punishment.
 - (j) exclusion of the patient from entry to his or her assigned living quarters; and
 - (k) restraint or seclusion as a punishment or employed for the convenience of the staff.
- (13) Written policy shall prohibit patients from administering disciplinary measures upon one another and shall prohibit persons other than professional or direct care staff from administering disciplinary measures to patients.
- (14) Written rules of patient conduct must be:
- (a) developed in consultation with the professional and direct care staff and approved by the governing body.
 - (b) developed with the participation of patients to a reasonable and appropriate extent; and
 - (c) based on generally acceptable normal and natural behavior for the patient population served.
- (15) The application of disciplinary measures should correlate with the violation of established rules.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.

37.106.1854 PATIENT RIGHTS (1) A specialty mental health facility shall have written policies and procedures to assure the individual patient the right to dignity, privacy, and safety, and shall support and protect the basic human, civil, and constitutional rights of the individual patient.

(2) A written policy and procedure approved by the governing body shall provide a description of the patient's rights and the means by which these rights are protected and exercised.

(3) At the point of admission, the facility shall provide the patient and family, designated relative, guardian, or custodian, with a clearly written and readable statement of patients' rights and responsibilities. The statement shall be read to the patient and family, guardian, or custodian if any cannot read, and shall cover, at a minimum:

- (a) each patient's access to treatment, regardless of race, religion or ethnicity.
- (b) each patient's right to recognition and respect of his or her personal dignity in the provision of all treatment and care.
- (c) each patient's right to be provided treatment and care in the least restrictive environment possible.
- (d) each patient's right to an individualized treatment plan.
- (e) each patient's and family's participation in planning for treatment.
- (f) the nature of care, procedures, and treatment that he or she will receive.
- (g) the risks, side effects, and benefits of all medications and treatment procedures used.
- (h) the right, to the extent permitted by law, to refuse the specific medications or treatment procedures and the responsibility of the facility when the patient refuses treatment, or, in accordance with legal and professional standards, to terminate the relationship with the patient upon reasonable notice; and

- (i) the patient and family members' right to access to a patient advocate.
- (4) The rights of patients must be written in language which is understandable to the patient, his or her family, custodian, or guardian, and must be posted in appropriate areas of the facility.
- (5) The policy and procedure concerning patient rights shall assure and protect the patient's personal privacy within the constraints of his or her treatment plan. These rights to privacy shall at least include:
 - (a) visitation by the resident's family, relatives, guardian, or custodian in a suitable private area of the facility.
 - (b) sending and receiving mail without hindrance or censorship; and
 - (c) telephone communications with the patient's family, relatives, guardian, or custodian at a reasonable frequency.
- (6) If any rights to privacy must be limited, the patient and his or her family, guardian, or custodian shall receive a full explanation. Limitations must be documented in the patient's record and their therapeutic effectiveness must be evaluated and documented by professional staff every seven days.
- (7) The right to initiate a complaint or grievance procedure and the means for requesting a hearing or review of a complaint must be specified in a written policy approved by the governing body and made available to patients, family, guardians, and custodians responsible for the patient. The procedure shall indicate:
 - (a) to whom the grievance is to be addressed; and
 - (b) steps to be followed for filing a complaint, grievance, or appeal.
- (8) The patient and his or her family, guardian, or custodian must be informed of the current and future use and disposition of products of special observation and audio visual techniques such as one-way vision mirrors, tape recorders, television, movies, or photographs.
- (9) The policy and procedure regarding patient's rights shall ensure the patient's right to confidentiality of all information recorded in his record maintained by the facility. The facility shall ensure the initial and continuing training of all staff in the principles of confidentiality and privacy.
- (10) The patient may be allowed to work for the facility only under the following conditions:
 - (a) the work is part of the individual treatment plan.
 - (b) the work is performed voluntarily.
 - (c) the patient receives wages commensurate with the economic value of the work.
 - (d) the work project complies with applicable law and regulations; and
 - (e) the performance of tasks related to the responsibilities of family-like living, such as laundry and housekeeping, are not considered work for the facility and need not be compensated or voluntary.
- (11) Measures utilized by the facility to discipline patients must be:
 - (a) established by written policy and procedure developed in consultation with professional and direct care staff and approved by the governing body.
 - (b) fully explained to each patient and the patient's family, guardian, or custodian.
 - (c) fair, consistent, and administered based on the individual's needs and treatment plan.
- (12) The facility shall prohibit all cruel and unusual disciplinary measures, including but not limited to the following:
 - (a) corporal punishment.
 - (b) forced physical exercise.
 - (c) forced fixed body positions.
 - (d) group punishment for individual actions:
 - (e) verbal abuse, ridicule, or humiliation.
 - (f) denial of three balanced nutritional meals per day.
 - (g) denial of clothing, shelter, bedding, or personal hygiene needs.

- (h) denial of access to educational services.
 - (i) denial of visitation, mail, or phone privileges for punishment.
 - (j) exclusion of the patient from entry to his or her assigned living quarters; and
 - (k) restraint or seclusion as a punishment or employed for the convenience of the staff.
- (13) Written policy shall prohibit patients from administering disciplinary measures upon one another and shall prohibit persons other than professional or direct care staff from administering disciplinary measures to patients.
- (14) Written rules of patient conduct must be:
- (a) developed in consultation with the professional and direct care staff and approved by the governing body.
 - (b) developed with the participation of patients to a reasonable and appropriate extent; and
 - (c) based on generally acceptable normal and natural behavior for the patient population served.
- (15) The application of disciplinary measures should correlate with the violation of established rules.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.