

ADMINISTRATIVE RULE OF MONTANA

HEALTHCARE FACILITIES

37.106 Subchapter 20

Mental Health Center Adults with Mental Illness

RULE

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37.106.2001 FOSTER CARE FOR ADULTS WITH MENTAL ILLNESS (1) In addition to the requirements established in this subchapter, each mental health center providing foster care for mentally ill adults shall utilize only foster care providers licensed by the department pursuant to ARM Title 37, chapter 100, subchapter 1.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-204, MCA; NEW, 2002 MAR p. 1092, Eff. 3/29/02.

37.106.2004 POLICY AND PROCEDURES (1) Each mental health center that has a foster care program endorsement shall have policy and procedures in place to make initial and periodic assessment of the foster care provider's ability to meet the following criteria:

- (a) ability to provide necessary services and supports to the client; and
 - (b) ability to support the client's rights as outlined in [53-21-142](#), MCA.
- (2) The mental health center shall provide an orientation session prior to the mental health center entering into a client placement agreement with the foster care provider, and at least annually on issues that at minimum address the following:
- (a) the types of mental illnesses, etiology of mental illnesses, treatment approaches and recovery from mental illnesses.
 - (b) community resources and available mental health center services.
 - (c) therapeutic communications.
 - (d) program policies and procedures, including emergency procedures.
 - (e) legal responsibilities of mental health service providers and client rights.
 - (f) infection control and prevention of transmission of blood borne pathogens; and
 - (g) cardiopulmonary resuscitation (CPR) and Heimlich maneuver.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-204, MCA; NEW, 2002 MAR p. 1092, Eff. 3/29/02.

37.106.2005 RECORDS (1) For each foster care provider, the mental health center shall maintain the following information on file:

- (a) initial and annual assessments of the provider's ability to provide necessary services and supports to the client and ability to support the client's rights as outlined in [53-21-142](#), MCA; and
 - (b) documentation of the orientation session prior to entering into a client placement agreement, and annually thereafter.
- (2) For each client, the mental health center shall maintain the following information on file:
- (a) the mental health center's individual placement agreement with each client which sets forth the terms of the client's placement and the responsibilities of the foster care provider, the mental health center, the client, and when appropriate the guardian as defined in ARM [37.106.1902](#); and
 - (b) documentation that the client has received an assessment to ensure the appropriateness of foster care services in meeting the client's needs as provided in ARM [37.106.2015](#).

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-204, MCA; NEW, 2002 MAR p. 1092, Eff. 3/29/02.

37.106.2006 STAFF SUPERVISION AND TRAINING (1) A mental health center providing foster care shall employ a program supervisor who is experienced in providing services to individuals with mental illnesses. The program supervisor shall supervise all foster care specialists and ensure the program complies with the requirements of this subchapter. The program supervisor

may perform the duties of an adult foster care specialist if the mental health center has not more than 10 adult foster care clients.

(2) A mental health center providing foster care shall train the program supervisor and adult foster care specialists in the therapeutic de-escalation of crisis situations. The training must include the use of physical and non-physical methods of managing clients and must be updated, at least annually.

(3) The mental health center shall provide periodic training to reinforce and update the initial training outlined in this rule.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-204, MCA; NEW, 2002 MAR p. 1092, Eff. 3/29/02.

37.106.2011 ADULT FOSTER CARE SPECIALIST (1) A mental health center providing foster care shall employ or contract with at least one adult foster care specialist.

(2) The adult foster care specialist shall have the knowledge and skills needed to effectively perform foster care specialist duties. Minimum qualifications for a foster care specialist are a bachelor's degree in a human services field with 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 foster care specialists. The mental health center's foster care specialists position description may contain equivalency provisions.

(3) The adult foster care specialist shall:

(a) implement and coordinate mental health services to clients.

(b) carry a case load of not more than 16 foster care clients.

(c) meet with the foster care provider at least weekly in his or her home or whenever there is a significant change in the client's condition, to assess, at a minimum, the following:

(i) the provider's ability to continue to meet the needs of the client as determined by the treatment plan; and

(ii) whether supports for the foster care provider are adequate; and

(d) document bi-weekly summaries or sooner if there is a significant change in the client's condition regarding the client's treatment in the client's clinical record.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-204, MCA; NEW, 2002 MAR p. 1092, Eff. 3/29/02.

37.106.2015 CLIENT ADMISSION CRITERIA AND NEEDS ASSESSMENT (1) A mental health center providing foster care shall establish admission criteria which assesses the client's needs and the appropriateness of foster care services to meet those needs. At a minimum, the admission criteria must require that a client:

(a) be 18 years of age or older.

(b) be unable to maintain the stability of their mental illness in an independent living situation.

(c) be diagnosed with a severe disabling mental illness.

(d) be medically stable.

(e) not be an immediate danger to self or others; and

(f) be able to take medications when prompted.

(2) A mental health center providing foster care shall assess the needs of each newly admitted client in the following areas:

(a) the client's ability to appropriately use community resources to access professional services, and to obtain services from public agencies.

- (b) the client's personal care skills.
- (c) the client's ability to socialize and participate in recreation and leisure activities; and
- (d) the likelihood the client will benefit from adult foster care.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-204, MCA; NEW, 2002 MAR p. 1092, Eff. 3/29/02.

37.106.2016 TREATMENT PLAN (1) A mental health center providing foster care shall implement a treatment plan for each client that:

- (a) structures rehabilitation and treatment activities to promote increasing levels of independence.
- (b) articulates a detailed crisis plan; and
- (c) articulates arrangements for the client's discharge from the foster care home in the following areas:
 - (i) housing.
 - (ii) employment.
 - (iii) education and training.
 - (iv) treatment; and
 - (v) any other services needed for independent living.

(2) A mental health center providing foster care shall 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.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-204, MCA; NEW, 2002 MAR p. 1092, Eff. 3/29/02.

37.106.2017 CLIENT PLACEMENT AGREEMENTS (1) The mental health center shall enter into an individual placement agreement which sets forth the terms of the client's placement, the responsibilities of the foster care provider, the mental health center, the client, and when appropriate, the guardian.

(2) The placement agreement must be signed with copies dispersed to all parties who are a part of the agreement.

(3) The placement agreement shall be reviewed quarterly by all parties who are part of the agreement to determine the need for any amendments to the agreement.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-204, MCA; NEW, 2002 MAR p. 1092, Eff. 3/29/02.

37.106.2018 CLIENT RIGHTS AND RESPONSIBILITIES (1) Upon admission a mental health center providing foster care shall provide each client with:

- (a) a written statement of the client's rights which, at a minimum, include the rights found in [53-21-142](#), MCA;
- (b) a copy of the mental health center grievance procedure; and
- (c) written rules of conduct for the foster care home and the consequences to the client for violating the rules.

History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103 and 50-5-204, MCA; NEW, 2002 MAR p. 1092, Eff. 3/29/02.

37.106.2025 APPLICATION OF OTHER RULES (1) In addition to the requirements established in this subchapter, each mental health center providing a secured inpatient crisis stabilization program shall comply with all the requirements established in ARM [37.106.1945](#) and [37.106.1946](#) with the exclusion of ARM [37.106.1946](#)(3)(j).

(2) 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 secured crisis stabilization facilities.

History: 50-5-103, MCA; IMP, 50-5-201, MCA; NEW, 2008 MAR p. 1993, Eff. 9/12/08

37.106.2026 SCOPE OF THE RULE (1) This rule is intended to apply to all state licensed mental health centers or hospitals providing a secured crisis stabilization service as part of the crisis service continuum.

History: 50-5-103, MCA; IMP, 50-5-201, MCA; NEW, 2008 MAR p. 1993, Eff. 9/12/08.

37.106.2027 DEFINITIONS In addition to the definitions in [50-5-101](#), MCA, the following definitions apply to this subchapter:

(1) "Crisis plan" means an initial, brief, individualized plan that:

(a) lists client problems identified by the secured crisis stabilization facility's mental health crisis assessment.

(b) lists the individual's strengths and resources.

(c) addresses cultural considerations.

(d) identifies support network options; and

(e) identifies referral and transition activities that will occur at discharge.

(2) "In-patient crisis stabilization program" means 24-hour supervised treatment for adults with a mental illness for the purpose of reducing the severity of an individual's mental illness symptoms.

(3) "Secured crisis stabilization facility (SCSF)" means a secure in-patient facility operated by a licensed hospital, critical access 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 only provide secured services to a client when a detention exists as defined in [53-21-129](#), MCA.

History: 50-5-103, MCA; IMP, 50-5-201, MCA; NEW, 2008 MAR p. 1993, Eff. 9/12/08.

37.106.2031 CONSTRUCTION REQUIREMENTS (1) Prior to construction, floor plans for the secured in-patient crisis stabilization facility must be submitted to the Licensure Bureau of the Department of Public Health and Human Services for review, comment, and approval.

(a) Prior to occupancy, the facility shall undergo an onsite inspection and receive the written approval of all authorities having jurisdiction.

(2) A SCSF is considered a separate mental health unit requiring a staff station located within the secured unit.

(a) The unit shall be staffed at all times patients are placed in the secured unit.

(3) The SCSF staff station (at a minimum) will provide the following:

(a) provisions for charting.

(b) provisions for hand washing.

(c) provisions for secured medication storage and preparation; and

(d) telephone access.

(4) The SCSF will provide access to a nourishment station or kitchen as required in 2001 Edition of the Guidelines for the Design and Construction of Hospitals and Health Care Facilities, Section 8.2.C9, For Serving Nourishments Between Meals. A copy of this publication can be obtained from the Department of Public Health and Human Services, Quality Assurance Division, Licensure Bureau, 2401 Colonial Drive, P.O. Box 202953, Helena MT 59620-2953.

(5) A nourishment station will contain the following:

(a) a work counters.

(b) refrigerator.

(c) storage cabinets.

(d) a sink.

(e) space for trays and dishes used for nonscheduled meal service;

(f) hand washing facilities in or immediately accessible; and

(g) ice for patient consumption will be provided by icemaker-dispenser units or periodically set up individually during the day.

(6) A dining/activities/day space within the unit must be provided at a ratio of 35 square feet per resident, with at least 14 square feet dedicated to dining space.

(7) Patient rooms will be at a ratio of 80 square feet for single bedrooms. The room square footage does not include bathrooms, door swings, alcoves, or vestibules. No more than one patient shall reside in a single room in a secured unit.

History: 50-5-103, MCA; IMP, 50-5-201, MCA; NEW, 2008 MAR p. 1993, Eff. 9/12/08.

37.106.2032 PATIENT TOILETS AND BATHING (1) There will be at least one toilet available for every four patients in the facility.

(2) There will be at least one bathing unit for every six patients in the facility. A shower or tub is not required if the facility utilizes a central bathing unit for every six patients.

(3) All doors to toilet rooms or bathing units must swing out or slide into the wall and shall be unlockable from the outside.

(4) Toilet rooms and bathing facilities may be under key control by staff.

History: 50-5-103, MCA; IMP, 50-5-201, MCA; NEW, 2008 MAR p. 1993, Eff. 9/12/08

37.106.2023 SPECIAL LOCKING AGREEMENTS (1) The facility must follow the provisions of the 2000 Edition of the NFPA 101, Life Safety Code, (LSC). A copy of this publication can be obtained from the Department of Public Health and Human Services, Quality Assurance Division, Licensure Bureau, 2401 Colonial Drive, P.O. Box 202953, Helena MT 59620-2953.

(2) The 2000 Edition of the NFPA 101, Life Safety Code, (LSC), has the following requirements for special locking arrangements for a secured SCSF unit. LSC 5-2.1.6.1 states:

(a) In buildings protected throughout by an approved supervised automatic fire detection system or approved supervised automatic sprinkler system and when permitted by chapters 8 through 30, doors in low or ordinary hazard areas, as defined by LSC 4-2.2, may be equipped with approved, listed, locking devices which shall:

(i) unlock upon actuation of an approved supervised automatic fire detection system or approved supervised automatic sprinkler system installed in accordance with LSC 7-6 or 7-7; and

(ii) unlock upon loss of power controlling the lock or locking mechanism; and

(iii) initiate an irreversible process which will release the lock within 15 seconds whenever a force of not more than 15 pounds (67N) is continuously applied, for a period of not more than three seconds to the release device required in LSC 5-2.1.5.3. Relocking of such doors shall be by manual means only. Operation of the release device shall activate a signal in the vicinity of the door for assuring those attempting to exit that the system is functional. Exception to this subsection: The authority having jurisdiction may approve a delay not to exceed 30 seconds provided that reasonable life safety is assured pursuant to LSC 5-2.1.6.2. A sign shall be provided on the door adjacent to the release device which reads:

PUSH UNTIL ALARM SOUNDS
DOOR CAN BE OPENED IN 15
SECONDS

- (A) Sign letters shall be at least one inch (2.5cm) high and one eighth inch (0.3cm) wide stroke.
- (3) The department shall grant an SCSF exception to the LSC code - Special Locking Arrangements, based on an equivalency for the automatically releasing, panic hardware required by LSC 5-2.1.6.1. All of the following conditions shall apply to granting the exception:
- (a) the use of mechanical locks, such as dead bolt, is not permitted. All locks used must be electromagnetically controlled.
 - (b) all secured doors in the unit must have a manual electronic keypad which must release the door after entry of the proper code sequence;
 - (c) all locks on all secured doors must automatically release upon any of the following conditions:
 - (i) the actuation of the approved supervised automatic fire alarm system.
 - (ii) the actuation of an approved supervised automatic sprinkler system.
 - (iii) loss of the public utility power controlling locks; and
 - (iv) a staff accessible switch at the staff station which is capable of releasing all doors.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2008 MAR p. 1993, Eff. 9/12/08.

37.106.2024 SECLUSION AND RESTRAINT (1) A SCSF must be capable of providing restraint or seclusion and must ensure that the restraint or seclusion is performed in compliance with 42 CFR 482.13(f)(1) through (7). The department adopts and incorporates by reference 42 CFR 482.13(f)(1) through (7) (July 2, 1999), which contains standards for use of seclusion and restraint for behavioral management.

(2) Restraint and seclusion must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, the patient's size, gender, physical, medical, and psychiatric condition and personal history.

(3) Seclusion or restraint may only be used in emergency situations needed to ensure the physical safety of the individual patient, other patients, or staff of the facility and when less restrictive measures have been found to be ineffective to protect the resident or others from harm.

(4) Seclusion and restraint procedures must be implemented in the least restrictive manner possible in accordance with a written modification to the patient's health care/treatment plan and discontinued when the behaviors that necessitated the restraint or seclusion are no longer in evidence.

(5) "Whenever needed" or "prescribed as needed" standing orders for use of seclusion or restraint are prohibited.

(6) A physician or other authorized health care provider must authorize use of the restraint or seclusion within one hour of initiating the restraint or seclusion. Each original order and renewal order is limited to four hours.

(7) Each order of restraint or seclusion is limited in length of time to a total of 24 hours.

(8) A SCSF will have a minimum one "comfort/safe" room for use for patient seclusion as prescribed by the facility's policy and procedures, and in accordance with applicable state and federal standards.

History: 50-5-103, MCA; IMP, 50-5-103, MCA; NEW, 2008 MAR p. 1993, Eff. 9/12/08.

37.106.2038 ADMISSIONS PROCEDURES (1) The facility will develop and implement a written policy outlining the admission criteria for placing a client into the secured service.

History: 50-5-103, MCA; IMP, 50-5-201, MCA; NEW, 2008 MAR p. 1993, Eff. 9/12/08.

37.106.2039 Discharge Procedures (1) The facility shall develop and implement discharge and transfer criteria for discharging a client from the secured setting. At the end of the detention the facility must:

(a) discharge the patient.

(b) refer the patient to a licensed nonsecured inpatient stabilization program.

(c) refer the patient to outpatient treatment; or

(d) transfer the client to an appropriate level of acute in-patient treatment.

(2) The facility must ensure in-patient care is available through a critical access hospital or hospital transfer agreement for clients in need of an acute level of medical treatment.

History: 50-5-103, MCA; IMP, 50-5-201, 50-5-202, MCA; NEW, 2008 MAR p. 1993, Eff. 9/12/08

37.106.2042 STAFF QUALIFICATIONS AND ORGANIZATIONAL STRUCTURE (1) Each SCSF shall employ or contract with a site based administrator who has daily overall management responsibility for the operation of the SCSF. The administrator of the mental health center or hospital if they are site based to the secured crisis stabilization or, if the SCSF is part of a hospital per ARM [37.106.2027](#)(2) may assume this responsibility.

(2) Each SCSF 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.

(3) Each SCSF 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, 2008 MAR p. 1993, Eff. 9/12/08.

37.106.2046 CLIENT ASSESSMENTS (1) Each SCSF 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 SCSF will refer any necessary additional assessments to appropriate and qualified providers. Additional assessments may include, but are not limited to:
- (a) physical.
 - (b) psychological.
 - (c) emotional.
 - (d) behavioral.
 - (e) psychosocial.
 - (f) recreational.
 - (g) vocational.
 - (h) psychiatric; and
 - (i) chemical dependency evaluations.
- (3) Each SCSF 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, 2008 MAR p. 1993, Eff. 9/12/08.

37.106.2047 CLIENT DISCHARGE (1) Each SCSF 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 SCSF including recommendations for aftercare services and referrals to the 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, 2008 MAR p. 1993, Eff. 9/12/08.

37.106.2048 EMERGENCY PROCEDURES (1) Each SCSF 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 crisis response facility staff in emergency situations.
- (2) Telephone numbers of the hospital, police department, ambulance, and poison control center must be posted by each telephone.

History: [50-5-103](#), MCA; [IMP](#), [50-5-103](#), MCA; [NEW](#), 2008 MAR p. 1993, Eff. 9/12/08.