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(PRE-FILED)

3lr0506 CF HB 121

By: Senator Augustine

Requested: October 5, 2022 Introduced and read first time: January 11, 2023 Assigned to: Finance

Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 20, 2023

CHAPTER _____

1 AN ACT concerning

Mental Health – Treatment Plans for Individuals in Facilities – Requirements and Residence Grievance System

FOR the purpose of requiring that a plan of treatment for an individual with a mental 4 $\mathbf{5}$ disorder admitted to a certain health care facility include a certain discharge goal 6 and an estimate of the probable length of inpatient stay the individual requires 7 before transfer to a certain setting; requiring certain facility staff to review and 8 reassess a plan of treatment within certain time periods; establishing certain rights 9 and requirements relating to the participation of certain family members and other 10 individuals in the development, review, and reassessment of a plan of treatment; 11 establishing an appeals process for individuals admitted to a State facility relating 12to the review and reassessment of a plan of treatment; requiring the Maryland 13 Department of Health to adopt certain regulations relating to the appeals process; 14 requiring a certain State health care facility to take certain actions if the facility is 15unable to address certain needs under a plan of treatment; requiring the Department to report certain information related to the Resident Grievance System to the 16 17General Assembly on or before a certain date each year; and generally relating to 18 treatment plans for individuals with mental disorders admitted to mental health 19care facilities.

- 20 BY repealing and reenacting, with amendments,
- 21 Article Health General
- 22 Section 10–706
- 23 Annotated Code of Maryland

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



 $\mathbf{2}$ **SENATE BILL 8** 1 (2019 Replacement Volume and 2022 Supplement) $\mathbf{2}$ BY adding to 3 Article – Health – General Section 10-908 to be under the new part "Part II. Resident Grievance System 4 $\mathbf{5}$ Reporting" Annotated Code of Marvland 6 (2019 Replacement Volume and 2022 Supplement) 7 8 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows: 9 Article – Health – General 10 10 - 706.11 12(a) (1)Except as provided by paragraph (2) of this subsection, promptly after 13admission of an individual, a facility shall make and periodically update a written plan of 14 treatment for the individual in the facility, in accordance with the provisions of this 15subtitle. 16 (2)Promptly after admission of an individual to a psychosocial center, the 17center shall make and periodically update a written plan of rehabilitation for the individual 18 in the facility, in accordance with the provisions of this subtitle. 19 (b) The Director shall adopt rules and regulations under this section that include: 20[A] SUBJECT TO SUBSECTION (D) OF THIS SECTION, A description (1)21of the nature and content of plans of treatment; and 22(2)[Appropriate] SUBJECT TO SUBSECTION (E) OF THIS SECTION, 23**APPROPRIATE** time periods for the development, implementation, and review of each plan. 24(c) An individual shall: 25Participate, in a manner appropriate to the individual's condition, in (1)26the development and periodic updating of the plan of treatment; and 27(2)Be told, in appropriate terms and language, of: 28(i) The content and objectives of the plan of treatment; 29(ii) The nature and significant possible adverse effects of 30 recommended treatments: 31 (iii) The name, title, and role of personnel directly responsible for carrying out the treatment for the individual: and 32

1 (iv) When appropriate, other available alternative treatments, 2 services, or providers of mental health services.

- 3 (D) A PLAN OF TREATMENT SHALL INCLUDE:
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(1) A LONG–RANGE DISCHARGE GOAL; AND

5 (2) AN ESTIMATE OF THE PROBABLE LENGTH OF INPATIENT STAY 6 THE INDIVIDUAL REQUIRES BEFORE TRANSFER TO A LESS RESTRICTIVE OR 7 INTENSIVE TREATMENT SETTING.

8 (E) FACILITY STAFF WHO WORK DIRECTLY WITH AND PROVIDE TREATMENT 9 TO AN INDIVIDUAL SHALL REVIEW AND REASSESS THE PLAN OF TREATMENT FOR 10 THE INDIVIDUAL TO DETERMINE THE INDIVIDUAL'S PROGRESS AND ANY NEED FOR 11 ADJUSTMENTS TO THE PLAN NOT LESS THAN:

12 (1) ONCE EVERY 15 DAYS FOR THE FIRST 2 MONTHS AFTER 13 ADMISSION OF THE INDIVIDUAL TO THE FACILITY; AND

14(2)ONCE EVERY 60 DAYS FOR THE REMAINDER OF THE INPATIENT15STAY OF THE INDIVIDUAL IN THE FACILITY.

16 (F) (1) ON THE ADMISSION OF AN INDIVIDUAL TO A FACILITY AND AT 17 EACH REVIEW AND REASSESSMENT OF THE INDIVIDUAL'S PLAN OF TREATMENT, THE 18 FACILITY SHALL ASK:

19(I)AskTHEINDIVIDUALWHETHERTHEINDIVIDUAL20CONSENTS TO THE INCLUSION OFFAMILY MEMBERS OR ANY OTHER INDIVIDUALS IN21BEING INFORMED OF AND GIVEN THE OPPORTUNITY TO PARTICIPATE IN MEETINGS22WITH THE TREATMENT TEAM REGARDINGTHE DEVELOPMENT, REVIEW, AND23REASSESSMENT OF THE PLAN OF TREATMENT OF THE INDIVIDUAL; AND

24 (II) IF CONSENT IS GIVEN UNDER ITEM (I) OF THIS PARAGRAPH,
 25 AT LEAST EVERY 7 DAYS AFTER CONSENT IS GIVEN, RECONFIRM THE CONSENT AND
 26 PROVIDE THE INDIVIDUAL AT A CLINICAL VISIT WITH AN OPPORTUNITY TO CONSENT
 27 TO ADDITIONAL INDIVIDUALS BEING INFORMED OF AND GIVEN THE OPPORTUNITY
 28 TO PARTICIPATE IN MEETINGS WITH THE TREATMENT TEAM.

(2) IF AN INDIVIDUAL AGREES TO HAVE FAMILY MEMBERS OR OTHER
 INDIVIDUALS PARTICIPATE IN THE DEVELOPMENT, REVIEW, AND REASSESSMENT OF
 THE INDIVIDUAL'S PLAN OF TREATMENT, THE FACILITY SHALL:

	4 SENATE BILL 8
$rac{1}{2}$	(I) Include the family members and other individuals Authorized by the individual in:
$\frac{3}{4}$	1. Each stage of the development of the plan of the pl
$5 \\ 6$	2. Any review and reassessment of the plan of the the plan of the
7 8 9	3. Any meeting of facility staff that has a purpose of developing, reviewing, or reassessing the plan of treatment; and <u>Provide a schedule of routine treatment team meetings</u>
10 11 12	WHERE THE PLAN OF TREATMENT IS DISCUSSED; (II) PROVIDE NOTICE TO THE FAMILY MEMBERS AND OTHER INDIVIDUALS OF A TREATMENT TEAM MEETING:
13	1. AT LEAST 7 DAYS IN ADVANCE OF THE MEETING; OR
$14\\15\\16\\17$	2. If the treatment team meeting is being held due to an emergency, as soon as the meeting is scheduled Establish a process for the authorized individuals to participate in treatment team meetings;
$18 \\ 19 \\ 20$	(III) IF THE TREATMENT TEAM MEETING IS BEING HELD OUTSIDE THE REGULAR SCHEDULE, INFORM THE AUTHORIZED INDIVIDUALS AS SOON AS THE MEETING IS SCHEDULED; AND
$21\\22\\23$	(IV) IF THE TREATMENT TEAM MEETING IS BEING HELD DUE TO AN EMERGENCY, INFORM THE AUTHORIZED INDIVIDUALS OF THE OUTCOME OF THE MEETING AS SOON AS PRACTICABLE.
24 25	(3) THE INDIVIDUAL MAY WITHDRAW THE CONSENT GIVEN UNDER PARAGRAPH (1) OF THIS SUBSECTION AT ANY TIME ORALLY OR IN WRITING.
26 27 28	(4) <u>A TREATING PROVIDER MAY WITHHOLD INFORMATION ON AN</u> INDIVIDUAL PLAN OF TREATMENT FROM A FAMILY MEMBER OR OTHER AUTHORIZED INDIVIDUAL IF:
29 30 31	(I) IN THE TREATING PROVIDER'S CLINICAL JUDGMENT, THE CONSENT GIVEN UNDER PARAGRAPH (1) OF THIS SUBSECTION WAS PROVIDED THROUGH COERCIVE MEANS;

1	(II) THE TREATING PROVIDER BELIEVES IT IS IN THE BEST
2	CLINICAL INTEREST OF THE INDIVIDUAL; OR
3	(III) THE INDIVIDUAL REQUESTS THAT A SPECIFIC PIECE OF THE
4	PLAN OF TREATMENT BE WITHHELD.
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5	(G) (1) IF AN INDIVIDUAL ADMITTED TO A FACILITY OR ANY FAMILY
6	MEMBER OR OTHER INDIVIDUAL AUTHORIZED BY THE INDIVIDUAL TO PARTICIPATE
7	IN THE REVIEW AND REASSESSMENT OF THE PLAN OF TREATMENT FOR THE
8	INDIVIDUAL UNDER SUBSECTION (F) OF THIS SECTION BELIEVES THAT THE PLAN OF
9	TREATMENT IS NOT MEETING THE NEEDS OF THE INDIVIDUAL, THE INDIVIDUAL,
10	FAMILY MEMBER, OR OTHER AUTHORIZED INDIVIDUAL HAS THE RIGHT TO REQUEST
11	THAT THE FACILITY REVIEW AND REASSESS THE PLAN OF TREATMENT.
12	(2) ON RECEIPT OF A REQUEST UNDER PARAGRAPH (1) OF THIS
13	SUBSECTION, THE FACILITY STAFF WHO WORK DIRECTLY WITH AND PROVIDE
14	TREATMENT TO THE INDIVIDUAL SHALL CONDUCT:
15	(I) <u>CONDUCT</u> A REVIEW AND REASSESSMENT OF THE PLAN OF
16	TREATMENT THAT INCLUDES A WRITTEN EXPLANATION OF HOWALL ISSUES RAISED
17	IN THE REQUEST WERE CONSIDERED IN THE REVIEW AND REASSESSMENT OF THE
18	PLAN OF TREATMENT:
19	(II) COMMUNICATE THE RESULTS OF THE REVIEW AND
20	REASSESSMENT OF THE PLAN OF TREATMENT TO THE PATIENT AND INDIVIDUAL
21	WHO REQUESTED THE REVIEW AND REASSESSMENT, INCLUDING AN EXPLANATION
22	OF HOW ALL ISSUES RAISED IN THE REQUEST WERE CONSIDERED; AND
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23	(III) INCLUDE THE REQUEST FOR THE REVIEW AND
$\begin{array}{c} 24 \\ 25 \end{array}$	REASSESSMENT OF THE PLAN OF TREATMENT AND THE OUTCOME OF THE REVIEW AND ASSESSMENT, INCLUDING THE EXPLANATION OF THE OUTCOME, IN THE
$\frac{25}{26}$	MEDICAL RECORDS OF THE INDIVIDUAL.
20	MEDICAL RECORDS OF THE INDIVIDUAL.
27	(3) IF THE FACILITY DOES NOT MAKE ANY CHANGES TO THE PLAN OF
28	TREATMENT FOR THE INDIVIDUAL, THE FACILITY SHALL:
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29 30	(I) PROVIDE A DETAILED WRITTEN EXPLANATION FOR THE
30 31	DECISION TO THE INDIVIDUAL AND ANY FAMILY MEMBER AND INDIVIDUAL
$\frac{31}{32}$	AUTHORIZED BY THE INDIVIDUAL TO PARTICIPATE IN THE REVIEW AND REASSESSMENT OF THE PLAN OF TREATMENT; AND
04	WERSSESSMENT OF THE LEAN OF THEATHRENT, AND
33	(II) INCLUDE THE EXPLANATION IN THE MEDICAL RECORDS OF
34	THE INDIVIDUAL IF A STATE FACILITY DOES NOT MAKE ANY CHANGES TO THE PLAN
35	OF TREATMENT FOR THE INDIVIDUAL, THE STATE FACILITY SHALL PROVIDE

1	REFERRAL INFORMATION FOR THE RESIDENT GRIEVANCE SYSTEM ESTABLISHED
2	<u>UNDER COMAR 10.21.14</u> .
3	(h) (1) An individual admitted to a State facility may request
4	AN ADMINISTRATIVE HEARING FOR A RECONSIDERATION OF THE REVIEW AND
5	REASSESSMENT COMPLETED UNDER SUBSECTION (G) OF THIS SECTION BY FILING A
6	REQUEST FOR HEARING WITH THE CHIEF EXECUTIVE OFFICER OF THE STATE
7	FACILITY OR THE CHIEF EXECUTIVE OFFICER'S DESIGNEE WITHIN 7 DAYS AFTER
8	RECEIPT OF THE WRITTEN EXPLANATION OF THE REVIEW AND REASSESSMENT.
9	(2) WITHIN 72 HOURS AFTER RECEIPT OF A REQUEST FOR A
10	HEARING, THE CHIEF EXECUTIVE OFFICER OF THE STATE FACILITY OR THE CHIEF
11	EXECUTIVE OFFICER'S DESIGNEE SHALL FORWARD THE REQUEST TO THE OFFICE
12	OF ADMINISTRATIVE HEARINGS.
13	(3) SUBJECT TO PARAGRAPH (5) OF THIS SUBSECTION, THE OFFICE
14	OF ADMINISTRATIVE HEARINGS SHALL CONDUCT A HEARING AND ISSUE A DECISION
15	WITHIN 15 CALENDAR DAYS AFTER THE RECEIPT OF THE REQUEST FORWARDED
16	UNDER PARAGRAPH (2) OF THIS SUBSECTION.
1 🗖	(4) The individual admitted to a State facility is entitled to
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18	BE REPRESENTED BY COUNSEL AT THE ADMINISTRATIVE HEARING.
19	(5) The administrative hearing may be postponed by
20	AGREEMENT OF THE PARTIES OR FOR GOOD CAUSE SHOWN.
21	(6) THE ADMINISTRATIVE LAW JUDGE SHALL CONDUCT A DE NOVO
22	HEARING TO DETERMINE WHETHER THE PLAN OF TREATMENT IS MEETING THE
23	NEEDS OF THE INDIVIDUAL.
24	(7) AT THE HEARING, THE INDIVIDUAL REPRESENTING THE STATE
$\frac{24}{25}$	(7) AT THE HEARING, THE INDIVIDUAL REPRESENTING THE STATE
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26	(I) MAY INTRODUCE THE WRITTEN EXPLANATION RELATING
27	TO THE PLAN OF TREATMENT AS EVIDENCE; AND
28	(II) SHALL PROVE, BY CLEAR AND CONVINCING EVIDENCE,
29	THAT THE PLAN OF TREATMENT IS MEETING THE NEEDS OF THE INDIVIDUAL.
30	(8) (1) THE ADMINISTRATIVE LAW JUDGE SHALL STATE ON THE
30 31	(8) (1) THE ADMINISTRATIVE LAW JUDGE SHALL STATE ON THE RECORD THE FINDINGS OF FACT AND CONCLUSIONS OF LAW.
9T	RECORD THE FINDINGS OF FACE MAD CONCLUSIONS OF LAW.
32	(II) THE ADMINISTRATIVE LAW JUDGE SHALL DETERMINE
33	THAT:

1 1. BY CLEAR AND CONVINCING EVIDENCE. THE PLAN OF 2 TREATMENT IS MEETING THE NEEDS OF THE INDIVIDUAL: OR 3 2 THE PLAN OF TREATMENT IS NOT MEETING THE 4 NEEDS OF THE INDIVIDUAL. (III) IF THE ADMINISTRATIVE LAW JUDGE DETERMINES THAT $\mathbf{5}$ 6 THE PLAN OF TREATMENT IS NOT MEETING THE NEEDS OF THE INDIVIDUAL. THE ADMINISTRATIVE LAW JUDGE SHALL ORDER THE STATE FACILITY TO MAKE 7 8 ARRANGEMENTS FOR THE INDIVIDUAL TO RECEIVE NECESSARY TREATMENT. WHICH 9 MAY INCLUDE TREATMENT FROM ANOTHER FACILITY OR ANOTHER HEALTH CARE PROVIDER OUTSIDE THE STATE FACILITY. 10 11 (9) THE DETERMINATION OF THE ADMINISTRATIVE LAW JUDGE IS A 12 FINAL DECISION FOR THE PURPOSE OF JUDICIAL REVIEW OF A FINAL DECISION **UNDER THE ADMINISTRATIVE PROCEDURE ACT.** 13 14 (1) (1) WITHIN 14 CALENDAR DAYS AFTER THE ADMINISTRATIVE LAW JUDGE ISSUES A DECISION UNDER SUBSECTION (H) OF THIS SECTION, THE 1516 INDIVIDUAL OR THE STATE FACILITY MAY APPEAL THE DECISION TO THE CIRCUIT 17 COURT ON THE RECORD FROM THE HEARING CONDUCTED BY THE OFFICE OF **ADMINISTRATIVE HEARINGS.** 18 (2) THE SCOPE OF REVIEW SHALL BE AS A CONTESTED CASE UNDER 19 20 THE ADMINISTRATIVE PROCEDURE ACT. 21 (3) (1) **REVIEW SHALL BE ON THE RECORD MADE BEFORE THE** 22**OFFICE OF ADMINISTRATIVE HEARINGS. UNLESS EITHER PARTY TO THE APPEAL** 23**REQUESTS TRANSCRIPTION OF THE TAPE.** 24(II) A REQUEST FOR TRANSCRIPTION OF THE TAPE SHALL BE MADE AT THE TIME THE APPEAL IS FILED. 25 26THE OFFICE OF ADMINISTRATIVE HEARINGS SHALL (III) 1. 27PREPARE THE TRANSCRIPTION BEFORE THE APPEAL HEARING. 282 THE PARTY REQUESTING THE TRANSCRIPTION SHALL 29BEAR THE COST OF TRANSCRIPTION. 30 (4) THE CIRCUIT COURT SHALL HEAR AND ISSUE A DECISION ON AN 31APPEAL WITHIN 30 CALENDAR DAYS AFTER THE DATE THE APPEAL WAS FILED AN 32 INDIVIDUAL ADMITTED TO A STATE FACILITY OR ANOTHER INDIVIDUAL

33 AUTHORIZED BY THE ADMITTED INDIVIDUAL MAY REQUEST A RECONSIDERATION OF

1THE REVIEW AND REASSESSMENT COMPLETED UNDER SUBSECTION (G) OF THIS2SECTION BY FILING A GRIEVANCE WITH THE RESIDENT GRIEVANCE SYSTEM UNDER3COMAR 10.21.14.

4 (I) (1) AN INDIVIDUAL ADMITTED TO A STATE FACILITY OR ANOTHER 5 INDIVIDUAL AUTHORIZED BY THE ADMITTED INDIVIDUAL MAY APPEAL THE 6 RECONSIDERATION OF THE REVIEW AND REASSESSMENT COMPLETED UNDER 7 SUBSECTION (H) OF THIS SECTION BY FILING A REQUEST WITH THE DEPARTMENT'S 8 HEALTHCARE SYSTEM'S CHIEF MEDICAL OFFICER.

9 (2) <u>THE DEPARTMENT SHALL ADOPT REGULATIONS TO ESTABLISH A</u>
 10 <u>PROCESS FOR THE APPEAL OF THE RECONSIDERATION OF THE REVIEW AND</u>
 11 <u>REASSESSMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION.</u>

12 (J) IF A AN INDIVIDUAL IS ADMITTED TO A STATE FACILITY AND THE STATE 13 FACILITY IS UNABLE TO PROVIDE THE TREATMENT NECESSARY TO ADDRESS THE 14 REHABILITATION NEEDS OF AN INDIVIDUAL UNDER A PLAN OF TREATMENT FOR THE 15 INDIVIDUAL, THE <u>STATE</u> FACILITY SHALL:

16 (1) MAKE ARRANGEMENTS FOR THE INDIVIDUAL TO RECEIVE 17 NECESSARY TREATMENT FROM ANOTHER FACILITY OR OTHER HEALTH CARE 18 PROVIDER OUTSIDE THE <u>STATE</u> FACILITY; AND

19 (2) ENSURE THAT TREATMENT FOR THE INDIVIDUAL IS 20 COORDINATED BETWEEN THE <u>STATE</u> FACILITY AND THE OTHER FACILITY OR 21 HEALTH CARE PROVIDER.

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PART II. RESIDENT GRIEVANCE SYSTEM REPORT.

23 **10–908.**

24ON OR BEFORE JANUARY 1 EACH YEAR, BEGINNING IN 2024, THE25DEPARTMENT SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH26§ 2–1257 OF THE STATE GOVERNMENT ARTICLE, ON:

27 (1) THE RESIDENT GRIEVANCE SYSTEM ESTABLISHED UNDER 28 COMAR 10.21.14; AND

29(2)THE GRIEVANCES THAT WERE RECEIVED BY THE RESIDENT30GRIEVANCE SYSTEM RELATED TO STATE FACILITIES DURING THE IMMEDIATELY31PRECEDING FISCAL YEAR.

32 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 33 October 1, 2023.