

HCS SCS SB 1081 -- MENTAL HEALTH CARE PROVIDERS AND SERVICES

SPONSOR: Nodler (Cooper, 155)

COMMITTEE ACTION: Voted "do pass" by the Committee on Health Care Policy by a vote of 9 to 0.

This substitute changes the laws regarding mental health care and services.

FAMILY CARE SAFETY REGISTRY

Beginning January 1, 2009, the substitute requires every mental health worker to complete a registration form for the Family Care Safety Registry.

COMPREHENSIVE PSYCHIATRIC SERVICES

The substitute:

- (1) Includes suicide prevention intervention rendered in good faith by a qualified counselor or any other person to the list of care or services rendered in an emergency situation that are immune from civil liability;
- (2) Requires facilities or programs operated, funded, or licensed by the Department of Mental Health to disclose medical record information to a patient's guardian or legal custodian as allowed by the federal Health Insurance Portability and Accountability Act;
- (3) Allows the use of security escort devices to maintain safety and security and to prevent escape when a patient is being transported outside of a mental health facility;
- (4) Specifies that measures used to ensure the safety and security of patients by the head of a mental health facility during a natural or man-made disaster will not be considered restraint, isolation, or seclusion;
- (5) Revises the definition of "mental health coordinator" to any mental health professional authorized by the department director to serve a designated area or mental health facility; and
- (6) Adds investigations regarding mental health admission, detention for evaluation, and treatment by health care professionals, public officials, and certain peace officers to the list of actions that are immune from civil liability.

GROUP HOMES AND MENTAL RETARDATION FACILITIES

The substitute:

- (1) Defines "group home" as a residential facility serving nine or fewer residents that provides basic health supervision, training in skills of daily and independent living and community integration, and social support;
- (2) Adds direct care staff in a group home or mental retardation facility to the list of health care providers required to report suspected abuse of a patient to the department;
- (3) Requires group homes and mental retardation facilities to be licensed by the department and be subject to all federal and state laws and regulations;
- (4) Requires mental health workers to be subject to the same training requirements established for state mental health workers with comparable positions;
- (5) Requires, subject to appropriations, mental health workers to be paid an amount at least equal to the hourly wage paid by the state to mental health workers with comparable positions;
- (6) Requires group homes and mental retardation facilities to be subject to the same medical error reporting requirements as other mental health facilities and group homes;
- (7) Requires any employee of a group home or mental retardation facility who has been placed on the employee disqualification list to be terminated;
- (8) Requires all mental health facilities, beginning January 1, 2009, to submit a comprehensive quarterly report on staff and personnel turnover. Reports must be submitted within 30 days of the end of each calendar quarter;
- (9) Requires the department, beginning January 1, 2009, to collect information contained on the mental health facilities' quarterly reports and submit an annual report to the General Assembly by March 15; and
- (10) Prohibits the transfer of any person to a group home or mental retardation facility that has received a notice of noncompliance until there is an approved plan of correction.

PROVIDER ASSESSMENTS

The substitute:

- (1) Defines "intermediate care facility for the mentally

retarded" relating to health care for the developmentally disabled and provider assessments;

(2) Requires each intermediate care facility for the mentally retarded, beginning July 1, 2008, to pay a monthly assessment on their net operating revenue. Alternatively, the facility may direct the Department of Social Services to offset the amount of the assessment for any month from any payment made by the state to the provider;

(3) Creates the Intermediate Care Facility-Mentally Retarded Reimbursement Allowance Fund for the deposit of assessment payments;

(4) Requires each provider to maintain records for determining the amount of the assessment due. Beginning July 1, 2008, each provider must submit a report, within 45 days of the end of each month, to the Department of Social Services with the information needed to determine the amount of the assessment due;

(5) Requires each provider to submit an annual report of its operating revenue. Final assessments are payable upon the due date of the certified annual report;

(6) Specifies that the Department of Social Services must withhold payments to a provider upon the receipt of notification of delinquent payment of assessments; and

(7) Provides guidelines for hearings and final decisions when a provider disputes the estimated amount of the delinquent assessment.

The provisions regarding provider assessments will expire June 30, 2009.

The substitute contains an emergency clause for the provisions regarding provider assessments.

FISCAL NOTE: No impact on state funds in FY 2009, FY 2010, and FY 2011.

PROPOSERS: Supporters say that the bill is meaningful and useful, will allow the Department of Mental Health to add quality staff to facilities, and will improve the quality of care for mental health patients.

Testifying for the bill were Senator Nodler; Department of Mental Health; Missouri Association of Rehabilitation Facilities; Bellefontaine Parent Association; Greater St. Louis Parent Association; Higginsville Parent Association; Mental Retardation

Association of Missouri; and Missouri Voice of the Retarded.

OPPONENTS: There was no opposition voiced to the committee.