

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

This bill changes the laws regarding mental health care providers and services.

FAMILY CARE SAFETY REGISTRY

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

COMPREHENSIVE PSYCHIATRIC SERVICES

The bill:

- (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 a patient from escaping when 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 admissions, detentions 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 bill:

- (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 or program to the list of health care providers required to report the suspected abuse of a patient to the department;

(3) Requires group homes and mental retardation facilities to be licensed by the department and 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 group homes and mental retardation facilities to be subject to the same medical error reporting requirements as other mental health facilities and group homes;

(6) Requires any employee of a group home or mental retardation facility who has been placed on the employee disqualification list to be terminated;

(7) Requires all mental health facilities, beginning January 1, 2009, to submit a comprehensive annual report on staff and personnel turnover to the Department of Mental Health. Reports must be submitted within 30 days of the end of each calendar year;

(8) Requires the department, beginning January 1, 2009, to collect information contained on the mental health facilities' annual reports and submit a report to the General Assembly by March 15 of each year; and

(9) 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 bill:

(1) Defines "intermediate care facility for the mentally retarded" as it relates 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 its 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 a certified annual report of its net operating revenue. Final assessments are payable upon the due date of the report;

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

(7) Establishes 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 bill contains an emergency clause for the provisions regarding provider assessments.