37.106.2899 CATEGORY D: CONSTRUCTION

(1) Category D services must be provided in a secured care unit and meet all requirements in ARM 37.106.316.

(2) A category D facility will be either:

(a) a stand-alone secured facility; or

(b) a separate, secured unit attached to a category A, B, and/or C facility.

(3) A category D unit attached to a category A, B, and/or C facility must have a separate entrance/exit and impenetrable doors used to separate the category D unit from the other units.

(4) The facility must devise a policy on how it plans to maintain security of the facility or unit.

(5) A category D facility or unit must have at least one seclusion room for every 24 residents. The room must meet the requirements set forth in ARM 37.106.2899H.

(6) A category D facility or unit must not use automatic door closures unless required. If required, such closures must be mounted on the public side of the door.

(7) All hardware and lights used in a category D facility or unit must be tamper-proof.

(8) All resident room doors must include a sight window.

(9) No more than one client must reside in a resident room.

Authorizing statute(s): 50-5-103, 50-5-226, 50-5-227, MCA

Implementing statute(s): 50-5-225, 50-5-226, 50-5-227, MCA

History: NEW, 2022 MAR p. 1857, Eff. 9/24/22.

37.106.2899A CATEGORY D: ADMINISTRATOR QUALIFICATIONS

(1) In addition to requirements in ARM 37.106.2873, an administrator for a category D facility must have a least three years of experience in the field of mental health and mental disorders.

(2) Of the 16 hours of annual continued education training required in ARM 37.106.2814, eight hours must be in the field of mental health and mental disorders.

Authorizing statute(s): 50-5-103, 50-5-226, 50-5-227, MCA

Implementing statute(s): 50-5-225, 50-5-226, 50-5-227, MCA

History: NEW, 2022 MAR p. 1857, Eff. 9/24/22.

37.106.2899B CATEGORY D: DISCLOSURE TO CATEGORY D RESIDENTS

(1) Each assisted living category D facility or unit must, prior to admission, inform the resident or resident's legal representative in writing of the following:

(a) the overall philosophy and mission of the facility regarding meeting the needs of residents with mental illness and the form of care or treatment offered;

(b) the process and criteria for admission and discharge;

(c) the process used for resident assessments;

(d) the process used to establish and implement a health care plan, including how the health care plan will be updated in response to changes in the resident's condition;

(e) staff training and continuing education practices;

(f) the physical environment and design features appropriate to support the functioning of mentally disabled residents, including features for the resident who requires seclusion and restraint;

(g) the frequency and type of resident activities; and

(h) any additional costs of care or fees.

(2) The facility must obtain from the resident or resident's legal representative a written acknowledgment that the information specified was provided. A copy of this written acknowledgment must be kept as part of the permanent resident file.

Authorizing statute(s): 50-5-103, 50-5-226, 50-5-227, MCA

Implementing statute(s): 50-5-225, 50-5-226, 50-5-227, MCA

History: NEW, 2022 MAR p. 1857, Eff. 9/24/22.

37.106.2899C CATEGORY D: STAFF

(1) A category D facility must have the following staff:

(a) a registered nurse (RN) must be on duty or on call and available physically to the facility within one hour;

(b) a licensed mental health professional who must be site-based; and

(c) direct care staff in sufficient number to meet the needs of the residents. Direct care staff must be certified nursing assistants.

(2) In addition to requirements in ARM 37.106.2816, all staff must:

(a) be at least 18 years old;

(b) complete an FBI fingerprint background check upon hiring;

(c) complete four hours of annual training related to mental health and mental disorders;

(d) complete training requirements in ARM 37.106.2908; and

(e) complete training on de-escalation techniques and methods of managing resident behaviors.

(3) All staff must remain awake, fully dressed, and available on the unit at all times when they are on duty.

Authorizing statute(s): 50-5-103, 50-5-226, 50-5-227, MCA

Implementing statute(s): 50-5-225, 50-5-226, 50-5-227, MCA

History: NEW, 2022 MAR p. 1857, Eff. 9/24/22.

37.106.2899D CATEGORY D: RESIDENT ASSESSMENTS

A category D facility must obtain or conduct three types of resident assessments for each resident:

(1) Prior to move in, the facility shall obtain the court determination documentation required in 53-21-199, MCA, as applicable, as well as a full medical history and physical and mental health and mental disorders assessment.

(2) A resident needs assessment must be completed within seven days prior to admission to facility. The assessment must be reviewed/updated quarterly, and upon significant change in status.

(3) The administrator, or designee, will request and retain copies of the healthcare assessment and written order for care completed monthly by the practitioner as defined in 50-5-226(5), MCA.

Authorizing statute(s): 50-5-103, 50-5-226, 50-5-227, MCA

Implementing statute(s): 50-5-225, 50-5-226, 50-5-227, MCA

History: NEW, 2022 MAR p. 1857, Eff. 9/24/22.

37.106.2899E CATEGORY D: HEALTH CARE PLAN

(1) In addition to requirements in ARM 37.106.2875, the health care plan for a category D resident must include:

(a) de-escalation techniques individualized to the resident;

(b) circumstances when the resident may need to be isolated from other residents;

(c) behaviors and/or situations in which a staff member may need to obtain orders for restraints and/or seclusion; and

(d) the requirements listed in ARM 37.106.2905.

(2) The health care plan must be reviewed and updated quarterly and upon significant change in status.

(3) Each direct care staff must document that they have reviewed and are capable of implementing each resident's health care plan.

Authorizing statute(s): 50-5-103, 50-5-226, 50-5-227, MCA

Implementing statute(s): 50-5-225, 50-5-226, 50-5-227, MCA

History: NEW, 2022 MAR p. 1857, Eff. 9/24/22.

37.106.2899F CATEGORY D: MEDICATION USE AND PHYSICIAN ORDERS

(1) All category D residents must be assessed on their ability and be encouraged to self-administer their own medication. If a resident is unable or unwilling to self-administer his or her medication, a licensed nurse shall administer all medication and the resident must be classified as a category B resident.

(2) When a resident refuses a medication, the resident's practitioner shall be notified within 24 hours and notification documented.

Authorizing statute(s): 50-5-103, 50-5-226, 50-5-227, MCA

Implementing statute(s): 50-5-225, 50-5-226, 50-5-227, MCA

History: NEW, 2022 MAR p. 1857, Eff. 9/24/22.

37.106.2899G CATEGORY D: DISCHARGE

(1) A comprehensive discharge plan directly linked to the behaviors and symptoms that resulted in admission and estimated length of stay must be developed upon admission.

(2) A resident's diversion order is discontinued when:

(a) the resident and facility choose to allow continued residency; a resident needs assessment must be completed to determine category and placement within the facility;

(b) the resident chooses not to remain in the facility; the facility shall issue a 30-day notice and conduct discharge planning. Discharge planning must include involvement from community resources.

(3) A resident may be involuntarily discharged in less than 30 days if the resident:

(a) has a medical emergency;

(b) is suffering from an acute psychotic episode; or

(c) commits a crime that causes serious bodily injury, death, or property damage.

(4) All discharges must be discussed with the resident or resident's legal representative and the resident's practitioner to ensure collaboration on a safe and appropriate discharge location.

Authorizing statute(s): 50-5-103, 50-5-226, 50-5-227, MCA

Implementing statute(s): 50-5-225, 50-5-226, 50-5-227, MCA

History: NEW, 2022 MAR p. 1857, Eff. 9/24/22.

37.106.2899H CATEGORY D: SECLUSION ROOM REQUIREMENTS

(1) A category D facility or unit must have at least one room designated to be used for seclusion for every 24 beds.

(2) The location of these rooms must facilitate staff observation and monitoring of residents in these rooms.

(3) Seclusion rooms may only be used by one resident at a time.

(4) Seclusion rooms must:

(a) be a minimum of 60 square feet, and a minimum of 80 square feet if restraint beds are used;

(b) be a minimum length of 7 feet and maximum wall length of 11 feet;

(c) be a minimum height of 9 feet;

(d) be accessed by an anteroom or vestibule that provides direct access to a toilet room;

(e) have door openings to the anteroom and toilet room with a minimum clear width of 3 feet 8 inches;

(f) be constructed to prevent hiding, escape, injury, or suicide;

(g) have walls designed to withstand direct and forceful impact and have materials that meet Class A or Class B finishes as defined by the 2012 National Fire Protection Association (NFPA) 101;

(h) have monolithic ceilings;

(i) not contain outside corners or edges;

(j) have doors that swing out, have a clear opening of 3 feet 8 inches, and permit staff observation through a vision panel, while maintaining provisions for privacy;

(k) have tamper resistant fixtures, such as light fixtures, vent covers, and cameras;

(l) have electrical switches and outlets that are restricted within the seclusion room; and

(m) have door lever handles that point downward when in the latched or unlatched position, except for specifically designed anti-ligature hardware.

(5) A licensed nurse must provide residents with constant one-on-one supervision when in the seclusion room.

Authorizing statute(s): 50-5-103, 50-5-226, 50-5-227, MCA

Implementing statute(s): 50-5-225, 50-5-226, 50-5-227, MCA

History: NEW, 2022 MAR p. 1857, Eff. 9/24/22.