ADMINISTRATIVE RULE OF MONTANA
HEALTHCARE FACILITIES
Subchapter 37.106.30
Eating Disorder Centers

Rule

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37.106.3001 EATING DISORDER CENTERS (EDC): APPLICATION OF OTHER RULES

(1) In addition to these rules, an EDC must comply with licensure rules in ARM Title 37, chapter 106, subchapter 3. To the extent that licensure rules in ARM Title 37, chapter 106, subchapter 3 conflict with the terms of ARM Title 37, chapter 106, subchapter 12, the terms of subchapter 12 will apply to an EDC.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3002 EATING DISORDER CENTERS (EDC): DEFINITIONS

(1) "Clinical director" means a social worker, psychologist, or clinical professional counselor licensed under Title 37, MCA, who oversees an EDC's clinical services. A clinical director cannot be a licensure candidate.

(2) "Eating disorder" means any of several psychological disorders such as anorexia nervosa, bulimia nervosa, binge eating disorder, pica, rumination disorder, avoidant/restrictive food intake disorder, or other specific feeding or eating disorders characterized by serious disturbances to a person's eating behaviors.

(3) "Intensive outpatient program" means a program that provides more structure and support than standard outpatient therapy.

(4) "Meal support" means the provision of support during meal times, focused specifically on helping the individual to consume the food on their meal plan and redirecting behaviors that sabotage eating and recovery.

(5) "Medical director" means a psychiatrist licensed under Title 37, MCA, who oversees an EDC's services.

(6) "Mental health professional" means a psychologist, social worker, or professional counselor licensed under Title 37, MCA, or a licensure candidate registered under Title 37, MCA.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3005 EATING DISORDER CENTERS (EDC): LICENSES

(1) The department shall issue a license from one to three years in duration for an EDC to any applicant meeting all the requirements established by these rules and the governing statutes, as determined by the department after a licensing survey.

(2) The department will issue a renewal license for a period of one to three years in duration for an EDC if:

(a) the EDC makes written application for renewal at least 30 days prior to the expiration date of the current license; and

(b) the EDC continues to meet all requirements established by these rules and governing statutes, as determined by the department after a licensing survey.

(3) If an EDC makes timely application for renewal of a license, but the department does not complete the relicensing survey before the expiration date of the previous year's license, the previous year's license will continue in effect for the time necessary for the department to complete the relicensing survey and to determine compliance with licensing requirements.

(4) The department may in its discretion issue a provisional license for any period up to six months to any applicant which:

(a) has met all licensing requirements for fire safety; and

(b) has agreed in writing to comply fully with all licensing requirements established by these rules within the time covered by the provisional license.

(c) the department may, in its discretion, renew a provisional license if the applicant shows good cause for failure to comply fully with all licensing requirements within the time covered by the prior provisional license, but the total time covered by the initial provisional license and renewals may not exceed one year.

(5) The department may consider as eligible for licensure, during the accreditation period, an EDC that furnishes written evidence, including the recommendation for future compliance statements, of accreditation of its programs by the Commission on Accreditation of Rehabilitation Facilities or The Joint Commission. The department may inspect an EDC considered eligible for licensure to ensure compliance with state licensure standards.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3006 EATING DISORDER CENTERS (EDC): LICENSING PROCEDURES

(1) An application for an EDC license must be made on an application form provided by the department and include plans required by ARM 37.106.306.

(2) The EDC must submit all written program management policies and procedures to the department for approval with the initial application. Policies and procedures must comply with requirements outlined in this subchapter. The EDC shall submit to the department any significant changes to policies and procedures for approval.

(3) Upon receipt of a complete application for license or renewal of license and applicable fees pursuant to 50-5-202, MCA, the department will conduct a licensing survey to determine if the applicant meets applicable licensing requirements.

(4) If the department determines during the survey that the applicant is out of compliance with applicable licensing requirements, the department will notify the applicant of the specific deficiencies, and the applicant must submit a written plan of correction within ten working days of the department's notification of noncompliance specifying how compliance will be achieved.

(5) The department must approve the plan of correction prior to issuing a license.

(6) The department will not issue a license or renew a license until it receives all required or corrected information.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3009 EATING DISORDER CENTERS (EDC): WRITTEN POLICIES AND PROCEDURES

(1) In addition to requirements in ARM 37.106.330, the EDC policy and procedure manual must include information for:

(a) eligibility for services;

(b) client screenings and assessments;

(c) plan of care;

(d) client rights and grievances;

(e) monitoring the client's weight and food related behaviors;

(f) maintaining clinical records;

(g) establishing fiscal policies governing the management of organizational funds;

(h) establishing and maintaining orientation and ongoing staffing requirements;

(i) informing clients of policies pertaining to the EDC;

(j) screening, hiring, and assessing staff which include conducting practices that assist the EDC in identifying employees that may pose a risk or threat to the health, safety, or welfare of any resident, and provide written documentation of the findings and the outcome in the employee's file;

(k) reporting suspected abuse or neglect in accordance with Title 52, chapter 3, part 8, MCA, for adults; and in accordance with Title 41, chapter 3, part 2, MCA, for children.

(l) reporting requirements to notify the department's Quality Assurance Division, by e-mail or fax within 24 hours, of a client, staff, volunteer, or visitor death where the death occurs on-site or in service related activities; of any fire, accident, or other incident resulting in significant damage to the service site;

(m) defining staff ethical standards and conduct, including investigating and reporting of unprofessional conduct to the applicable professional licensing authority;

(n) discharge;

(o) meal support, if applicable;

(p) the management, storage, and disposal of any prescription and over-the-counter drugs;

(q) client transportation, if provided by the EDC;

(r) crisis intervention services; and

(s) conducting staff criminal background checks including convictions that disqualify individuals from employment.

(2) The policy and procedure manual must include a current organizational chart delineating the current lines of authority, responsibility, and accountability for the administration and provision of all client services.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3011 EATING DISORDER CENTERS (EDC): SERVICES REQUIRED

(1) An EDC must provide the follow services:

(a) outpatient therapy;

(b) family therapy;

(c) group therapy;

(d) nutritional counseling; and

(e) crisis services.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3013 EATING DISORDER CENTERS (EDC): ELIGIBILITY FOR SERVICES

(1) An EDC must have written policies and procedures for determining eligibility for services that include:

(a) the criteria to determine eligibility for services;

(b) the information required to be collected to determine eligibility for services;

(c) the population of individuals accepted or not accepted for services; and

(d) the procedures for accepting referrals.

(2) The EDC must have a policy and procedures for managing wait lists for services.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3015 EATING DISORDER CENTERS (EDC): CLIENT SCREENING AND ASSESSMENTS

(1) An EDC must have a screening procedure for the early detection of risk of imminent harm to self or others. The procedure must:

(a) be completed on the first contact; and

(b) include a process for responding when an immediate risk of harm is identified.

(2) An EDC must complete a clinical intake assessment within three contacts, for each client, and must be updated annually.

(3) Clinical intake assessments must be conducted by a licensed mental health professional trained in clinical assessments and must include the following information in a narrative form to substantiate the client's diagnosis and provide sufficient detail to plan of care goals and objectives:

(a) presenting problem and history of problem;

(b) mental status;

(c) diagnostic impressions;

(d) initial plan of care goals;

(e) risk factors to include suicidal or homicidal ideation;

(f) psychiatric history;

(g) substance use/abuse and history;

(h) current medication and medical history;

(i) financial resources and residential arrangements;

(j) education and/or work history; and

(k) legal history relevant to history of illness, including guardianships, civil commitments, criminal mental health commitments, and prior criminal background.

(4) The clinical intake assessment must include an assessment of the client's food-related behaviors including the client's beliefs, perceptions, attitudes, and behavior regarding food. The assessment may include family observations regarding the individual's food-related behavior when available.

(5) Within two weeks of admission into the program the EDC must perform or make a documented referral for the following tests, screenings, and procedures based on the needs of the client:

(a) complete blood count;

(b) comprehensive serum metabolic profile, including phosphorus and magnesium;

(c) thyroid function test;

(d) electrocardiogram (ECG), if clinically indicated;

(e) body mass index;

(f) screenings for eating disorder behaviors; and

(g) any additional laboratory testing, as determined appropriate.

(6) The EDC may accept test results required in (5) from other health care professionals completed within two weeks prior to acceptance for services.

(7) The EDC must maintain a current list of providers who accept referrals for assessments and services not provided by the EDC.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3017 EATING DISORDER CENTERS (EDC): PLAN OF CARE

(1) An EDC must have a multi-disciplinary plan of care that is supervised and directed by the admitting psychiatrist, and consisting of adequate numbers of individuals licensed, registered, or certified in the physical and mental health disciplines appropriate to the condition of each client.

(2) Based upon the findings of an assessment, the EDC must establish an individualized plan of care for each client within five contacts or 21 days from the first contact, whichever is later. The plan of care must:

(a) specify a diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), or the International Classification of Diseases, Tenth Revision (ICD-10);

(b) identify plan of care team members, from within and outside of the EDC, who are involved in the client's treatment and care;

(c) include individual goals that are expressed in a manner that captures the client's words or ideas;

(d) include objectives that include identified steps to achieve the goal;

(e) include nutritional rehabilitation to support regular and consistent weight when indicated;

(f) include measurable improvement in eating disorders behavior;

(g) identify projected timeframe for completion of goals and objectives as determined by the behavioral health needs of the client;

(h) identify the staff person responsible for each treatment service to be provided;

(i) include family participation in treatment unless such participation is contraindicated. Written documentation must indicate the reason participation is contraindicated;

(j) include signatures from the client, the client's legal guardian (if applicable), the licensed mental health professional and any other person responsible in implementation of the plan; and

(k) describe how the EDC will monitor the client's weight and food-related behaviors.

(3) The plan of care must be reviewed face-to-face at least every:

(a) 90 days for outpatient therapy;

(b) 30 days for intensive outpatient programs; or

(c) seven days for partial hospitalization programs.

(4) Plan of care reviews must include:

(a) the client;

(b) the client's legal guardian (if applicable);

(c) the licensed mental health professional involved in developing the plan;

(d) any person with responsibility in implementation of the plan;

(e) documentation on progress towards objectives and goals; and

(f) date and signature of all persons indicating participation in the review.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3019 EATING DISORDER CENTERS (EDC): GOVERNING BODY AND MANAGEMENT

(1) An EDC must identify an individual or individuals to constitute its governing body. The governing body must:

(a) exercise general policy, budget, and operating direction over the EDC; and

(b) appoint an administrator of the EDC.

(2) The administrator appointed by the governing body must:

(a) have the minimum qualifications for hire as determined by the governing body;

(b) maintain daily overall management responsibility for the operation of the EDC; and

(c) develop and oversee the implementation of policies and procedures pertaining to the operation and services of the EDC.

(3) The administrator may also serve as the medical director or clinical director if the administrator meets the qualifications of the respective position.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3020 EATING DISORDER CENTERS (EDC): STAFFING REQUIREMENTS

(1) An EDC shall employ or contract with a medical director who must:

(a) coordinate with and advise EDC staff on medical services provided;

(b) participate in the development and approval of the program's policy and procedure manual;

(c) act as a liaison for the EDC with community physicians, hospital staff, and other professionals and agencies regarding psychiatric services; and

(d) ensure the quality of treatment and related services through participation in the EDC's quality assurance process.

(2) The EDC must:

(a) employ a clinical director;

(b) employ a registered nurse licensed under Title 37, MCA;

(c) employ or contract with a psychiatrist or advanced practice registered nurse licensed under Title 37, MCA;

(d) employ the number of qualified mental health professionals and support staff necessary to adequately evaluate clients and to sufficiently participate in each individual plan of care; and

(e) employ or contract with a registered dietitian to provide for the client's nutritional needs, including assessing, educating, and counseling individuals, parents and/or legal guardians, and staff on food and nutritional related issues.

(3) The EDC must develop minimum qualifications for the hiring of all employed or contracted staff.

(4) All staff must receive orientation and training in areas relevant to the employee's duties and responsibilities, including:

(a) an overview of the EDC's policy and procedure manual in areas relevant to the staff's job responsibilities;

(b) a review of the staff's job description; and

(c) services provided by the EDC.

(5) Documentation of orientation and ongoing training must be placed in the staff's personnel record.

(6) The EDC must conduct criminal background checks on all staff in accordance with EDC policy.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3022 EATING DISORDER CENTERS (EDC): DISCHARGE OR TRANSFER

(1) An EDC must have written policies and procedures for discharge.

(2) The EDC must develop a discharge summary for each client no longer receiving services. The discharge summary must include:

(a) reason for discharge;

(b) a summary of services provided;

(c) evaluation of the client's progress towards plan of care goals;

(d) level of care recommendations;

(e) specific recommendations for aftercare and follow-up treatment;

(f) contact information for follow-up appointments;

(g) medication education as needed; and

(h) the signature of the staff person who prepared the report and date the summary was completed.

(3) Discharge summaries must be developed within 30 days of formal discharge from services or within 90 days of the client's last day of service when no formal discharge occurs.

(4) A copy of the discharge summary must be provided to the client or the client's legal guardian.

(5) The EDC must have a written policy and procedure to share information about the client served to facilitate coordination and continuity when the client is referred to other providers.

(6) If during the course of treatment or services the client is transferred to a hospital or inpatient program, the EDC must provide the hospital or inpatient program with the client's current condition.

(7) The EDC must establish a coordinated transfer of care through a mutually established agreement with a hospital or inpatient program.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3025 EATING DISORDER CENTERS (EDC): CLINICAL RECORDS

(1) An EDC's clinical records must contain the following:

(a) the name, address, date of birth, and gender of the client;

(b) the name and contact information for the client's family and any legally authorized representative;

(c) be in the preferred language and include any special communication needs of the client;

(d) a reason of admission for care, treatment, or services;

(e) an initial screening assessment;

(f) a clinical intake assessment;

(g) medical information including results of physical exam and laboratory testing;

(h) an initial plan of care and plan of care reviews;

(i) documentation of individual, family, and group therapy;

(j) documentation of family involvement or reason why involvement is contraindicated;

(k) documentation of consultations with a registered dietitian;

(l) documentation of monitoring the client's weight and food related behaviors as outlined in the plan of care; and

(m) a discharge summary.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3030 EATING DISORDER CENTERS (EDC): QUALITY ASSESSMENT

(1) An EDC shall implement and maintain an active quality assessment program using information collected to make improvements in the EDC's policies, procedures, and services. The program must include procedures for:

(a) conducting client satisfaction surveys, at least annually, for all eating disorder services.

(2) The client satisfaction survey must address:

(a) whether the client, parent, or legal guardian is adequately involved in the development and review of the client's plan of care;

(b) whether the client, parent, or legal guardian was informed of client rights and the EDC's grievance procedure;

(c) the client's, parent's, or legal guardian's satisfaction with the EDC services in which the client participated;

(d) the client's, parent's, or legal guardian's recommendations for improving the EDC's services; and

(e) reviewing, on an ongoing basis, incident reports, grievances, complaints, medication errors with special attention given to identifying patterns and making necessary changes in how services are provided.

(3) The EDC shall prepare and maintain on file an annual report of improvements made as a result of the quality assessment program.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3033 EATING DISORDER CENTERS (EDC): CRISIS TELEPHONE SERVICES

(1) An EDC must provide crisis telephone services and comply with the following requirements:

(a) ensure that crisis telephone services are available 24 hours a day, seven days a week;

(b) an answering service or receptionists may be used to transfer calls to individuals who have been trained to respond to crisis calls;

(c) employ or contract with appropriately trained individuals, under the supervision of the medical director or clinical director, to respond to crisis calls; and

(d) ensure that a licensed mental health professional provides consultation and backup, as indicated, for unlicensed individuals responding to crisis calls.

(2) An appropriately trained individual listed in (1)(c) is one who has received training and instruction regarding:

(a) the policies and procedures of the EDC for crisis intervention services;

(b) crisis intervention techniques;

(c) conducting assessments of risk of harm to self or others, and prevention approaches;

(d) the process for voluntary and involuntary hospitalization; and

(e) the appropriate utilization of community resources.

(3) The EDC must maintain documentation for each crisis call. The documentation must include:

(a) the date and time of the call;

(b) crisis responder;

(c) identifying data, if possible;

(d) the nature of the emergency;

(e) risk assessment; and

(f) the result of the intervention.

(4) No individual may respond to crisis calls until the EDC documents in the individual's personnel file that the individual has received the training and instruction required in (2).

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3036 EATING DISORDER CENTERS (EDC): CLIENT RIGHTS AND GRIEVANCES

(1) An EDC must develop and maintain a rights policy that supports and protects the fundamental human, civil, constitutional, and statutory rights of all clients. These rights must include:

(a) clients are admitted to treatment without regard to race, color, creed, national origin, religion, sex, sexual orientation, age, or disability, except for bona fide program criteria;

(b) clients are reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, or cultural differences;

(c) clients are treated in a manner sensitive to individual needs and which promote dignity and self-respect;

(d) all clinical and personal information is treated in accordance with state and federal confidentiality regulations;

(e) clients can review their own treatment records in the presence of the administrator or designee;

(f) clients are fully informed of fees charged, including fees for copying records to verify treatment and methods of payment available; and

(g) clients are protected from abuse, harassment, and exploitation by staff or from other clients who are on agency premises.

(2) The EDC must post a copy of client rights in a conspicuous place in the facility accessible to clients and staff.

(3) These rights must be explained at the time of admission to the client and/or legal representative in terms that the client can understand.

(4) The EDC must develop a written client grievance policy that includes:

(a) a procedure for the submission of the client's written or verbal grievance to the EDC;

(b) time frames in which the EDC must review a grievance and reach a decision;

(c) a process for providing the client with written notice of the grievance decision that contains:

(i) the name of the EDC's contact person;

(ii) the steps taken on behalf of the client to investigate the grievance;

(iii) the results of the grievance process; and

(iv) the date of completion.

(d) clients will receive a copy of client grievance procedures describing the submission and disposition of complaints by the client and right to appeal without threat of reprisal; and

(e) client consent must be obtained for each release of information to any other person or entity.

(5) The grievance policy must be explained at the time of admission to the client in terms that the client and/or legal representative can understand.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3037 EATING DISORDER CENTERS (EDC): INTENSIVE OUTPATIENT PROGRAM

(1) In addition to the requirements established in this subchapter, an EDC providing intensive outpatient programs must comply with the requirements established in this rule.

(2) Intensive outpatient programs must be available three days per week for at least three hours per day.

(3) Intensive outpatient programs must include:

(a) individual and family therapy as required by the plan of care;

(b) group therapy; and

(c) meal support during at least one meal provided by the program.

(4) Group therapy sessions must include at least two staff members, one of which must be a mental health professional, registered nurse, or registered dietitian.

(5) Intensive outpatient programs must have:

(a) a licensed mental health professional on-site during hours of operation; and

(b) additional support staff as needed in accordance with the EDC policy.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.3038 EATING DISORDER CENTERS (EDC): PARTIAL HOSPITALIZATION PROGRAM

(1) In addition to the requirements established in this subchapter, an EDC providing partial hospitalization programs must comply with the requirements established in this rule.

(2) Partial hospitalization services may include day, evening, night, and weekend treatment programs that must employ an integrated, comprehensive, and complementary schedule of recognized treatment or therapeutic activities.

(3) Partial hospitalization programs must operate five days per week for at least five hours per day.

(4) Partial hospitalization programs must include:

(a) individual and family therapy as required by the plan of care;

(b) group therapy;

(c) meal support during at least one meal provided by the program;

(d) weekly medical consultations with a psychiatrist, advanced practice registered nurse, or registered nurse; and

(e) laboratory testing in accordance with the EDC's policy.

(5) Group therapy sessions must include at least two staff members, one of which must be a mental health professional, registered nurse, or registered dietitian.

(6) Partial hospitalization program staff must include:

(a) a licensed mental health professional on-site during hours of operation;

(b) a registered nurse available for consultation and treatment planning during hours of operation;

(c) a licensed psychiatrist or advanced practice registered nurse available for consultation and treatment planning during hours of operation;

(d) a registered dietitian available for consultation and treatment planning during hours of operation; and

(e) additional support staff as needed in accordance with the EDC policy.

Authorizing statute(s): 50-5-247, MCA

Implementing statute(s): 50-5-247, MCA

History: NEW, 2018 MAR p. 2214, Eff. 11/3/18.