

House Bill 121/Senate Bill 8 Mental Health- Treatment Plans for Individuals in Facilities and Resident Grievance System

Codifies existing requirements, including the review and reassessment of a patient's plan of treatment. Establishes new requirements relating to a patient's treatment plan, including the opportunity to have family members or other trusted individuals participate and a process to request the health care facility review the plan. The Maryland Department of Health must adopt regulations to establish a process for appeals and reconsideration of reviews and reassessments for patients admitted at state facilities and submit an annual report beginning in 2024.

Section	HB 121/SB 8 Original Version	HB 121/SB 8 Final Version
Treatment Plans 10-706(a)-(c)	Codifies existing COMAR regulatory requirements that individuals in a mental health facility have a treatment plan and participate in the development, implementation, and review of that plan.	No change
Family/ Other Engagement in Treatment Plan 10-706(F)	Requires the facility, on the admission of a patient and at each review and reassessment of the individual's plan of treatment, to seek consent from the patient to include a family member or other individual in the treatment planning process.	Requires a facility, on admission of a patient, to seek consent for family members or other individuals to be informed of and having the opportunity to participate in meetings with the treatment team on the development, review, and reassessment of the plan of treatment.
	If consent is given, requires the facility to include identified individuals at each stage of the development, review, and reassessment of the treatment plan. These individuals should also be included in any meeting of the facility staff that has the purpose of reviewing or reassessing the treatment plan. Identified individuals shall be given notice of these meetings at least seven days in advance, or, in the case	Requires the facility to <u>reconfirm this consent and provide opportunity for the</u> <u>patient to consent to additional individuals being informed of treatment plan</u> <u>meetings at least every seven days</u> .
	of an emergency, as soon as the meeting is scheduled. The patient has the right to withdraw consent to the inclusion of any individual at	The facility shall provide a schedule of routine treatment meetings where the plan of treatment is discussed and establish a process for authorized individuals to participate in meetings and provide feedback on care if requested.
	any time either orally or in writing.	If the treatment meeting is being held due to an emergency, the facility shall inform <u>authorized individuals of the outcome of the meeting.</u>
		The patient has the right to withdraw consent to the inclusion of any individual at any time either orally or in writing.
		 <u>The treating provider may withhold information on a patient's treatment plan from an authorized individual if:</u> <u>In the treating provider's clinical judgement, the consent was provided through coercive means,</u> <u>The treating provider believes it is in the best clinical interest of the patient,</u>
		or - <u>The patient requests a specific piece of the treatment plan be withheld.</u>

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Requests to Review Treatment Plan	If the patient, or individual approved by the patient to be part of the treatment planning process, believes the treatment plan does not meet the needs of the patient, any party can request the facility review and reassess the treatment plan.	If the patient, or individual approved by the patient to be part of the treatment planning process, believes that the plan of treatment is not meeting the needs of the patient, any party has the right to request that the facility review and reassess the plan of treatment.
10-706(G)	Upon receipt of the request, the facility staff who work directly with and provide treatment to the patient shall review and reassess the plan and explain in writing how all issues raised in the request were considered. If no changes are made to the treatment plan, the facility shall provide a detailed written explanation for the decision to the patient and the authorized individual(s) and include this explanation in the medical records.	Upon receipt request, the facility staff who work directly with and provide treatment to the patient shall conduct a review and reassessment of the plan of treatment and <u>communicated the results</u> of the review to the patient and authorized individual, that includes an explanation of how all issues were raised and considered. The facility will include the request, review, and outcome, including an explanation of the outcome in the medical record. If a state facility does not make any changes to the plan of treatment for the patient, the state facility shall provide referral information for the Resident Grievance System established under COMAR 10.21.14
Treatment Outside of Facility 10-706(J)	If a facility is unable to provide the treatment necessary to address the rehabilitation needs of an individual under the plan of treatment, the facility shall arrange for the patient to receive treatment from another facility or health care provider and ensure that treatment for the patient is coordinated between facilities and providers.	Limits section to State Facilities
New Requirements For State Facilities and Maryland Department of Health	 If a state facility is unable to provide the treatment necessary to address the rehabilitation needs of the patient outlined in a plan of treatment, the state facility must arrange for the patient to receive this treatment from another facility or health care provider. A patient admitted into a state facility, or authorized individual, can appeal the reconsideration of the treatment plan to the Maryland Department of Health (MDH) Healthcare System's Chief Medical Officer. The Department of Health shall adopt regulations to establish a process for the appeal of the reconsideration of the review of a treatment plan for a patient in a state facility. Beginning Jan. 1, 2024 MDH must report on the Resident Grievance System and grievances received by the system related to state facilities during the immediate preceding fiscal year. 	