

HOUSE BILL NO. 6355

August 17, 2022, Introduced by Rep. Filler and referred to the Committee on Health Policy.

A bill to amend 1974 PA 258, entitled
"Mental health code,"
by amending sections 409 and 972 (MCL 330.1409 and 330.1972),
section 409 as amended and section 972 as added by 2020 PA 402.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 409. (1) Each community mental health services program
2 shall establish 1 or more preadmission screening units with 24-hour
3 availability to provide assessment and screening services for
4 individuals being considered for admission into hospitals, assisted
5 outpatient treatment programs, or crisis services on a voluntary

1 basis. The community mental health services program ~~shall~~**must**
2 employ mental health professionals or licensed bachelor's social
3 workers licensed under part 185 of the public health code, 1978 PA
4 368, MCL 333.18501 to 333.18518, to provide the preadmission
5 screening services or contract with another agency that meets the
6 requirements of this section. ~~Preadmission~~**Except as provided in**
7 **subsection (4), preadmission** screening unit staff ~~shall~~**must** be
8 supervised by a registered ~~professional~~nurse or other mental
9 health professional possessing at least a master's degree.

10 (2) Each community mental health services program ~~shall~~**must**
11 provide the address and telephone number of its preadmission
12 screening unit or units to law enforcement agencies, the
13 department, the court, and hospital emergency rooms.

14 (3) ~~A~~**Within 3 hours after being notified by a hospital or**
15 **hospital as that term is defined in section 20106 of the public**
16 **health code, 1978 PA 368, MCL 333.20106, for an assessment, a**
17 preadmission screening unit ~~shall~~**must** assess an individual being
18 considered for admission into a hospital operated by the department
19 or under contract with the community mental health services
20 program. If the individual is clinically suitable for
21 hospitalization, the preadmission screening unit ~~shall~~**must**
22 authorize voluntary admission to the hospital.

23 (4) **If the preadmission screening unit is unable to complete**
24 **the assessment within 3 hours after the notice described in**
25 **subsection (3), a clinically qualified individual may perform the**
26 **assessment for the hospital or hospital as that term is defined in**
27 **section 20106 of the public health code, 1978 PA 368, MCL**
28 **333.20106, community mental health services program, crisis**
29 **stabilization unit, or any other entity under contract to perform**

1 assessment and screening services required under this act. The
2 preadmission screening unit is responsible for the costs of
3 performing any assessment under this subsection.

4 (5) Telehealth services as that term is defined in section
5 16283 of the public health code, 1978 PA 368, MCL 333.16283, may be
6 used to complete the assessment described in this section.

7 (6) ~~(4)~~—If the preadmission screening unit of the community
8 mental health services program denies hospitalization, the
9 individual or the person making the application may request a
10 second opinion from the executive director. The executive director
11 ~~shall~~**must** arrange for an additional evaluation by a psychiatrist,
12 other physician, or licensed psychologist to be performed within 3
13 days, excluding Sundays and legal holidays, after the executive
14 director receives the request. If the conclusion of the second
15 opinion is different from the conclusion of the preadmission
16 screening unit, the executive director, in conjunction with the
17 medical director, ~~shall~~**must** make a decision based on all clinical
18 information available. The executive director's decision ~~shall~~**must**
19 be confirmed in writing to the individual who requested the second
20 opinion, and the confirming document ~~shall~~**must** include the
21 signatures of the executive director and medical director or
22 verification that the decision was made in conjunction with the
23 medical director. If an individual is assessed and found not to be
24 clinically suitable for hospitalization, the preadmission screening
25 unit ~~shall~~**must** provide appropriate referral services.

26 (7) ~~(5)~~—If an individual is assessed and found not to be
27 clinically suitable for hospitalization, the preadmission screening
28 unit ~~shall~~**must** provide information regarding alternative services
29 and the availability of those services, and make appropriate

1 referrals.

2 (8) ~~(6)~~ A preadmission screening unit ~~shall~~**must** assess and
3 examine, or refer to a hospital for examination, an individual who
4 is brought to the preadmission screening unit by a peace officer or
5 ordered by a court to be examined. If the individual meets the
6 requirements for hospitalization, the preadmission screening unit
7 ~~shall~~**must** designate the hospital to which the individual shall be
8 admitted. The preadmission screening unit shall consult with the
9 individual and, if the individual agrees, the preadmission
10 screening unit must consult with the individual's family member of
11 choice, if available, as to the preferred hospital for **the**
12 **individual's** admission. ~~of the individual.~~

13 (9) ~~(7)~~ A preadmission screening unit may operate a crisis
14 stabilization unit under chapter 9A. A preadmission screening unit
15 may provide crisis services to an individual, who by assessment and
16 screening, is found to be a person requiring treatment. Crisis
17 services at a crisis stabilization unit must entail an initial
18 psychosocial assessment by a master's level mental health
19 professional and a psychiatric evaluation within 24 hours to
20 stabilize the individual. In this event, crisis services may be
21 provided for a period of up to 72 hours, after which the individual
22 must be provided with the clinically appropriate level of care,
23 resulting in 1 of the following:

- 24 (a) The individual is no longer a person requiring treatment.
25 (b) A referral to outpatient services for aftercare treatment.
26 (c) A referral to a partial hospitalization program.
27 (d) A referral to a residential treatment center, including
28 crisis residential services.
29 (e) A referral to an inpatient bed.

1 (f) An order for involuntary treatment of the individual has
2 been issued under section 281b, 281c, former 433, or 434.

3 (10) ~~(8)~~—A preadmission screening unit operating a crisis
4 stabilization unit under chapter 9A may also offer crisis services
5 to an individual who is not a person requiring treatment, but who
6 is seeking crisis services on a voluntary basis.

7 (11) ~~(9)~~—If the individual chooses a hospital not under
8 contract with a community mental health services program, and the
9 hospital agrees to the admission, the preadmission screening unit
10 shall refer the individual to the hospital that is requested by the
11 individual. Any financial obligation for the services provided by
12 the hospital ~~shall~~**must** be satisfied from funding sources other
13 than the community mental health services program, the department,
14 or other state or county funding.

15 (12) **As used in this section, "clinically qualified**
16 **individual" means an individual who is licensed, at a minimum, with**
17 **a master's level degree in a behavioral health specific profession.**

18 Sec. 972. The department shall establish minimum standards and
19 requirements for certifying a crisis stabilization unit. Standards
20 and requirements include, but are not limited to, the following:

21 (a) A standard requiring the capacity to carry out emergency
22 receiving and evaluating functions but not to the extent that
23 brings the crisis stabilization unit under the provisions of
24 section 1867 of the social security act, 42 USC 1395dd.

25 (b) Standards requiring implementation of voluntary and
26 involuntary admission consistent with section 409.

27 (c) A prohibition from holding itself out as a hospital or
28 from billing for hospital or inpatient services.

29 (d) Standards to prevent inappropriate referral between

1 entities of common ownership.

2 (e) Standards regarding maximum length of stay at a crisis
3 stabilization unit with discharge planning upon intake to a
4 clinically appropriate level of care consistent with section
5 ~~409(7)~~. **409(9)** .

6 (f) Standards of billing for services rendered at a crisis
7 stabilization unit.

8 (g) Standards for reimbursement of services for uninsured
9 individuals, underinsured individuals, or both, and Medicaid
10 beneficiaries, including, but not limited to, formal agreements
11 with community mental health services programs or regional entities
12 for services provided to individuals utilizing public behavioral
13 health funds, outreach and enrollment for eligible health coverage,
14 annual rate setting, proper communication with payers, and methods
15 for resolving billing disputes between providers and payers.

16 (h) Physician oversight requirements.

17 (i) Nursing services.

18 (j) Staff to client ratios.

19 (k) Standards requiring a minimum amount of psychiatric
20 supervision of an individual receiving services in the crisis
21 stabilization unit that are consistent with the supervision
22 requirements applicable in a psychiatric hospital or psychiatric
23 unit setting.

24 (l) Standards requiring implementation and posting of
25 recipients' rights under chapter 7.

26 (m) Safety and emergency protocols.

27 (n) Pharmacy services.

28 (o) Standards addressing administration of medication.

29 (p) Standards for reporting to the department.

1 (q) Standards regarding a departmental complaint process and
2 procedure affording patients the right to file complaints for
3 failure to provide services in accordance with required
4 certification standards. The complaint process and procedure must
5 be established and maintained by the department, must remain
6 separate and distinct from providers delivering services under this
7 chapter, and must not be a function delegated to a community mental
8 health services program or an entity under contract with a
9 community mental health services program. The complaint process
10 must provide for a system of appeals and administrative finality.
11 Enacting section 1. This amendatory act takes effect 90 days
12 after the date it is enacted into law.