

SENATE BILL NO. 806

April 09, 2024, Introduced by Senators HAUCK, BELLINO, MCBROOM and HUIZENGA 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 by 2022 PA 214 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 must establish 1 or more preadmission screening units with 24-hour
- 3 availability to provide assessment and screening services for

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

12 (2) Each community mental health services program ~~shall~~**must**
13 provide the address and telephone number of its preadmission
14 screening unit or units to law enforcement agencies, the
15 department, the court, hospital emergency rooms, and private
16 security companies under contract with a county under section 170.

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

26 (4) **If the preadmission screening unit is unable to complete**
27 **the assessment within 3 hours after the notice described in**
28 **subsection (3), a clinically qualified individual may perform the**
29 **assessment for the hospital, hospital as that term is defined in**

1 section 20106 of the public health code, 1978 PA 368, MCL
2 333.20106, community mental health services program, crisis
3 stabilization unit, or any other entity under contract to perform
4 assessment and screening services required under this act. The
5 preadmission screening unit is responsible for the costs of
6 performing any assessment under this subsection.

7 (5) Telehealth service, as that term is defined in section
8 16283 of the public health code, 1978 PA 368, MCL 333.16283, may be
9 used to complete the assessment described in this section.

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

29 (7) ~~(5)~~ If an individual is assessed and found not to be

1 clinically suitable for hospitalization, the preadmission screening
 2 unit ~~shall~~**must** provide information regarding alternative services
 3 and the availability of those services, and make appropriate
 4 referrals.

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

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

- 28 (a) The individual is no longer a person requiring treatment.
 29 (b) A referral to outpatient services for aftercare treatment.

1 (c) A referral to a partial hospitalization program.

2 (d) A referral to a residential treatment center, including
3 crisis residential services.

4 (e) A referral to an inpatient bed.

5 (f) An order for involuntary treatment of the individual has
6 been issued under section 281b, 281c, ~~former 433,~~ or 434, **or former**
7 **section 433.**

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

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

20 Sec. 972. The department shall establish minimum standards and
21 requirements for certifying a crisis stabilization unit. Standards
22 and requirements include, but are not limited to, **all of** the
23 following:

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

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

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

3 (d) Standards to prevent inappropriate referral between
4 entities of common ownership.

5 (e) Standards regarding maximum length of stay at a crisis
6 stabilization unit with discharge planning upon intake to a
7 clinically appropriate level of care consistent with section
8 ~~409(7)~~. **409(9)** .

9 (f) Standards of billing for services rendered at a crisis
10 stabilization unit.

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

19 (h) Physician oversight requirements.

20 (i) Nursing services.

21 (j) Staff to client ratios.

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

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

29 (m) Safety and emergency protocols.

1 (n) Pharmacy services.

2 (o) Standards addressing administration of medication.

3 (p) Standards for reporting to the department.

4 (q) Standards regarding a departmental complaint process and
5 procedure affording patients the right to file complaints for
6 failure to provide services in accordance with required
7 certification standards. The complaint process and procedure must
8 be established and maintained by the department, must remain
9 separate and distinct from providers delivering services under this
10 chapter, and must not be a function delegated to a community mental
11 health services program or an entity under contract with a
12 community mental health services program. The complaint process
13 must provide for a system of appeals and administrative finality.

14 Enacting section 1. This amendatory act takes effect 90 days
15 after the date it is enacted into law.