Vermont Agency of Human Services
Department of Mental Health

DESIGNATED HOSPITALS MANUAL AND STANDARDS

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Department of Mental Health
Designated Hospitals: Manual and Standards

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1. Introduction

The Commissioner of Mental Health (Commissioner) is responsible for supervising the operations of hospitals that provide inpatient care for individuals with mental illness (*18 V.S.A. § 7401).* The Commissioner oversees the provision of care by designating hospitals and thereby ensuring that standards of care are established and maintained.

Designation is the process by which the Commissioner establishes that a facility has met the standards of care for patients requiring hospitalization. Hospitals that are designated may admit patients that are under the care and custody of the Commissioner of Mental Health. The requirements outlined in this document shall be met in order for a hospital to become designated or re-designated. It is the Designated Hospital's (DH) responsibility to provide the Department of Mental Health (DMH, Department) with copies of specific documentation demonstrating compliance with each requirement. The Commissioner requires re-designation of Designated Hospitals bi-annually. To enable adequate oversight by the Department, Departmental staff will arrange for a visit in advance of the designation expiration date to meet with identified staff of the Designated Hospital. This visit will include interviews with key staff, a review of outcomes, and a review of policies and procedures. A written decision letter and feedback will be provided to the Designated Hospital following the visit. The review may require the Designated Hospital to address any missing information or provide a corrective action plan.

This manual establishes the standards that must be maintained at the Designated Hospitals and clarifies the oversight of the hospitals by the Department of Mental Health.

This manual covers the provision of:

- Voluntary and involuntary care;
- Patient rights;
- Treatment provisions;
- Hospital staffing;
- Quality measures and outcomes;
- Quality assurance and performance improvement; and
- Discharge planning.

2. Hospital Services Covered Under these Standards

Consistent with statute (*26 V.S.A. § 1616)*, any function performed in connection with this document by a "physician" may also be performed by an advanced practice registered nurse (APRN). Consistent with non-psychiatric physicians, advanced practice registered nurses who perform duties outlined within these guidelines must also be specifically designated by the Vermont Department of Mental Health.

2.1 Inpatient Services

This manual covers care delivered via inpatient services to patients admitted into a hospital voluntarily or involuntarily (via an application for emergency examination (EE) or court-ordered hospitalization). If an involuntary admission occurs under the mental health statutes, the designation guidelines apply to the patient across all hospital inpatient service locations.

Acute inpatient mental health treatment is the most intensive level of psychiatric care. Treatment is provided in a 24-hour, secure, medically staffed environment with a multimodal approach. The goal of the inpatient stay is to stabilize the individual who is experiencing an acute psychiatric condition with a sudden onset, severe course, or marked decompensation of a more chronic condition in order to transition the person to a less restrictive level of care.

2.1.1 Voluntary Hospitalization

This section includes information about the hospitals' obligations when admitting an individual as a voluntary patient.

- Upon voluntary admission of a CRT client, notification shall be sent to the Department by the designated hospital.
- A person may be admitted on a voluntary admission status to a facility upon written application if, in the opinion of the facility director or designee, such person is in need of care and treatment and the admitting facility is suitable for such care and treatment.
- In order to be admitted voluntarily, a person must be competent to apply for such admission and desirous of receiving treatment.
- Any person 14 years of age or over may apply for voluntary admission to a designated hospital for examination and treatment.
- Before the person may be admitted voluntarily he or she shall give his or her consent in writing on a form adopted by the department. The consent shall include a representation that the person understands that his or her treatment will involve inpatient status, that he or she desires to be admitted to the hospital, and that he or she consents to admission voluntarily, without any coercion or duress.
- If the person is under 14 years of age, he or she may be admitted as a voluntary patient if he or she consents to admission, as provided in subsection (b) of this section, and if a parent or guardian makes written application.

- There are additional screening requirements for voluntary admission of people under the age of 18. Refer to the *Standard Operating Procedures Manual for Vermont Medicaid Inpatient Psychiatric and Detoxification Authorization*.
- Competent means that a patient admitted on a voluntary status understands that he or she is in a facility for treatment and that he or she may leave the facility at any time.
- Upon admission the patient and his or her legally authorized representative shall receive copies of the *Bill of Rights for Hospital Patients* and the *Notice of Your Rights as a Person in the Custody or the Temporary Custody of the Commissioner of Mental Health* which he or she retains after admission to the facility. A copy of the *Bill of Rights for Hospital Patients* can be found at http://legislature.vermont.gov/statutes/fullchapter/18/042
- Voluntary admission status may be terminated by the patient or facility director at any time.

2.1.2 Involuntary Hospitalization

This section includes information about the hospitals' obligations when admitting an individual as an involuntary patient.

There are several ways a person can be admitted as an involuntary patient. A person can be admitted through the civil process via an application for an emergency examination, a warrant for emergency examination, or a revocation of an Order of Non Hospitalization (ONH). A patient also can be admitted through the criminal process via a court order for an inpatient order for psychiatric examination or subsequent order of hospitalization (OH). Each of these methods will be discussed in detail below.

2.1.2.1 Application for Emergency Examination

An individual being considered for an emergency exam is initially screened by a commissioner-designated qualified mental health professional (QMHP). If the individual meets emergency exam criteria, is not accepting voluntary treatment, and a hospital is the least restrictive setting in which to treat the individual, the qualified mental health professional will complete the application for an emergency exam. An evaluating psychiatrist (or a designated physician) will determine if the person has a mental illness and, as a result, poses a danger of harm to self or others and that there are no less restrictive alternatives to hospitalization.

The evaluating psychiatrist (or designated physician) shall complete the portion of the emergency exam labeled "Physician's Certificate." The qualified mental health professional will contact the Designated Hospitals to see if a bed is available and will notify the Vermont Psychiatric Care Hospital (VPCH) Admissions Office of the admission. If no bed is available at a Designated Hospital, the qualified mental health professional will document the reason for the lack of a bed and the individual will be held in an emergency department until a bed becomes available or until the individual no longer meets emergency exam criteria, whichever comes first. The individual will be re-assessed every twelve hours by a qualified mental health professional to determine if he or she continues to meet emergency exam criteria. Once a bed is located, the qualified mental health professional will fax the application and the Physician's Certificate to VPCH Admissions and will provide the original to the admitting hospital.

2.1.2.2 Emergency Examination Criteria

In order to hold a person for an emergency exam, there must be sufficient reason to believe that the individual meets the Vermont statutory definition of "a person in need of treatment."

"A person in need of treatment" means a person who has a mental illness and, as a result of that mental illness, his or her capacity to exercise self-control, judgment or discretion in the conduct of his or her affairs and social relations is so lessened that he or she poses a danger of harm to himself, herself, or to others.

A danger of harm to others may be shown by establishing that:

- he or she has inflicted or attempted to inflict bodily harm on another; or
- by his or her threats or actions he or she has placed others in reasonable fear of physical harm to themselves; or
- by his or her actions or inactions he or she has presented a danger to persons in his or her care.

A danger of harm to himself or herself may be shown by establishing that:

- he or she has threatened or attempted suicide or serious bodily harm; or
- he or she has behaved in such a manner as to indicate that he or she is unable, without supervision and the assistance of others, to satisfy his or her need for nourishment, personal or medical care, shelter, or self-protection and safety, so that it is probable that death, substantial physical bodily injury, serious mental deterioration or serious physical debilitation or disease will ensue unless adequate treatment is afforded.

2.1.2.3 Warrants for Emergency Examination

In emergency circumstances where certification by a physician is not available without serious and unreasonable delay, and when personal observation of the conduct of a person constitutes reasonable grounds to believe that the person is a person in need of treatment, and he or she presents an immediate risk of serious injury to himself or herself or others if not restrained, a law enforcement officer or mental health professional may make an application, not accompanied by a physician's certificate, to any Superior Judge for a warrant for emergency examination. If necessary the court may order a law enforcement officer or mental health professional to transport the person to a hospital for an evaluation by a physician to determine if the person should be certified for an emergency examination.

2.1.2.4 Custody or Temporary Custody of the Commissioner

The emergency exam application and first certification together constitute authority for transporting a patient to a designated hospital for examination. The person can now be held involuntarily and is in the temporary custody of the Commissioner of Mental Health. A psychiatrist must complete an assessment (the second certification) within 24 hours of the time the first certification is completed to determine if the person is in need of treatment.

If either physician determines that the person is not a person in need of treatment, the physician shall immediately discharge the person and cause him or her to be returned to the place from which he or she was taken, or to such place as the person, or in the case of a minor, the guardian, reasonably directs.

When the second certification has been completed, the 72-hour period for filling the application for involuntary treatment (AIT) begins. The 72-hour period is tracked by the Designated Hospital, the Department's Legal Division and the VPCH Admissions Office.

All persons involved must be available to testify in court.

2.1.2.5 Application for Involuntary Treatment

The DMH Legal Division will create the application for involuntary treatment paperwork for all of the hospitals and send it back to the relevant hospital for the applicant's signature. The administrator of the hospital or designee must sign the application paperwork as the applicant. If the hospital is a designated hospital, the hospital shall file the application in the family court. For VPCH, however, the DMH Legal Division will complete the application paperwork and file it with the court.

For non-designated hospitals, the DMH legal division will complete the application paperwork for the hospital, will send it to the hospital for signature, and upon receipt of the signed application, will then file the paperwork in the appropriate court.

When the hospital itself completes the application and first certification, the process described above does not change. In such circumstances, the paperwork must still be filed by the Designated Hospital with VPCH Admissions (and the DMH Legal Division) and the hospital must still fill out the application, sign it, and file it with the appropriate court in a timely manner.

If an emergency examination occurs or is anticipated on a Thursday or Friday before a long weekend, the hospital must notify DMH Legal Division as soon as possible in order to give them time to prepare the paperwork and send it back to the hospital for filing (in the case of a designated hospital). The timeframes for filing do not change even when the court is not open: the application for involuntary treatment must be filed within 72 hours of the second certification in order to legally hold the individual.

All persons admitted or held for admission shall receive a document entitled *Notice of Your Rights as a Person in the Custody or the Temporary Custody of the Commissioner of Mental Health*, which includes contact information for Disability Rights Vermont, Vermont Legal Aid, the Office of the Mental Health Care Ombudsman, and the mental health patient representative. In the case of a minor, the guardian also shall receive the document.

2.1.2.6 Probable Cause

Within three days of an application for involuntary treatment being filed, the Family Division of the Superior Court will conduct a review of the paperwork to determine whether there is probable cause to believe that the person was a person in need of treatment at the time of his or her admission.

If probable cause is not established, the person must be discharged or released from the hospital and returned to the place from which he or she was transported or to such place as the person, or in the case of a minor, the guardian, reasonably directs.

2.1.2.7 Revocation of an Order of Non-Hospitalization

An individual residing in the community on an Order of Non-Hospitalization may have that order revoked after a hearing before a judge if the person is non-compliant with the conditions contained within the order. A revocation is usually for the remainder of the term of the original order.

2.1.2.8 Non-Emergency Involuntary Hospitalization

An interested person may apply to the Family Division of the Vermont Superior Court to request non-emergency hospitalization for a person in need of treatment. The application must be accompanied by a physician's certificate. The physician must certify that no other alternative to hospitalization is suitable. The patient could then be sent to the hospital on an Order of Hospitalization from the court.

2.1.2.9 Criminal Court Order for Inpatient Psychiatric Examination

Any court before which a criminal prosecution is pending may order the Department of Mental Health to have the defendant examined by a psychiatrist before, during, or after trial and before final judgment in a number of different circumstances related to questions about the defendant's competency to stand trial or sanity at the time of the offense. The statute requires that the evaluation be conducted in the least restrictive environment deemed sufficient. Therefore when a question of competency or sanity is raised, the court must first order a mental health screening by a qualified mental health professional while the defendant is still in court.

The purpose of the screening is to determine if the evaluation should be conducted in the community or in a hospital. The Court cannot order an inpatient evaluation unless the qualified mental health professional finds that the defendant is a person in need of treatment. An order for inpatient examination puts the defendant in the custody of the Commissioner of Mental Health, although the court must set conditions of release, if any, before ordering the inpatient examination. If a psychiatrist from VPCH or other designated hospital determines that the defendant is not in need of inpatient hospitalization prior to admission, the Commissioner (or hospital) must release the defendant pursuant to the conditions of release. That is, the defendant must be returned to Corrections if bail was set or must be released back to the community if there is no bail. It is the responsibility of the Commissioner of Mental Health to ensure that an appropriate outpatient mental health referral is made for the individual. At this point the designated hospital's involvement ends.

If, upon assessment, it is determined that the defendant is in need of inpatient hospitalization, the person will be admitted and DMH legal division will arrange for a forensic psychiatrist to do an evaluation. If at any time during this admission the treating physician determines that the defendant is no longer in need of inpatient hospitalization, the defendant can be returned to court within one working day or discharged if the conditions of release permit release. The hospital must notify DMH legal division that it is the treating physician's opinion that the defendant no longer needs hospital level care. DMH legal division will notify the

appropriate court. If, upon assessment, it is determined that the defendant is in need of inpatient hospitalization but there is no bed available, the individual's conditions of release will determine where they are held.

Patients admitted under court order for a forensic evaluation are to be given the same care and treatment as any other involuntary patient. Because the criminal court is involved and there is the potential for several different court hearings to be scheduled, clear lines of communication with DMH legal division are essential.

2.1.2.10 Criminal Court Order of Hospitalization

If, following a court-ordered examination, a person has been found to be incompetent to stand trial or insane at the time of the alleged offense, the court is required to hold a hearing to determine whether the person should be committed to the custody of the Commissioner of Mental Health. Ideally, the hearing on whether the incompetent person needs to be hospitalized will be held within 15 days, although this is not always the case. Whenever the hearing takes place, the criminal court will issue an order placing the person into the custody of the Commissioner of Mental Health. This initial order will be effective for a period of 90 days, although the person may be discharged earlier if treatment in a hospital no longer is clinically appropriate. In all cases, after the initial 90-day commitment period the proceedings regarding the person will occur in family court and are the same as they would be with any civil commitment. However, in some criminal cases (those that involve personal injury or the threat of personal injury), the criminal court may require a hearing in criminal court before the person may be discharged from the hospital. This hearing in criminal court must occur even if the family court is prepared to discharge or grant on ONH for the person.

2.1.2.11 Utilization Review for Medicaid Admissions

For Medicaid beneficiaries, the hospital shall provide supporting clinical information justifying the inpatient admission and, if requesting additional inpatient days, clinical justification for continued stay to the Department of Vermont Health Access (DVHA) or Department of Mental Health (DMH) utilization review care managers.

2.1.2.12 Level 1 Admissions

As part of the decentralized system of care in Vermont there are three hospitals in the state that provide Level 1 care (as defined below) with augmented funding for services to the most severely ill adults requiring more than the usual resources for inpatient care.

The designation of Level 1 is based upon clinical eligibility and severity, and pertains to patients who:

- are admitted under emergency examinations or warrants for examination;
- are court-ordered for inpatient evaluation;
- in the custody of the Department of Corrections and ineligible for medical furlough;
- following a commitment hearing, are determined to need non-emergency involuntary medication until stabilized and discharged;
- with prior DMH approval, voluntary patients who require significant and more than usual resources;

and who exhibit:

- significant danger to self (either imminent or strongly suggested by patient history) such that significant and more than usual resources are needed to manage the patient's care; or,
- significant danger to others (either imminent or strongly suggested by patient history) such that significant and more than usual resources are needed to manage the patient's care; or,
- significant disruptive behaviors such that significant and more than usual resources are needed to manage the patient's care; or,
- great difficulties caring or protecting for self that significant and more than usual resources are necessary to manage the patient's care.

The phrase "significant and more than usual resources" includes but is not limited to interventions such as additional staffing on the unit, including 1:1 and 2:1 staffing, extra psychiatrist or other clinical staff time, or repeated restraints or seclusions.

2.1.2.13 Children's Admissions

All of the requirements in this document apply to children. The requirements reiterated below are of particular importance to children's admissions.

Inpatient Admissions

- Any person 14 years of age or over may apply for voluntary admission to a designated hospital for examination and treatment.
- If the person is under 14 years of age, he or she may be admitted as a voluntary patient if he or she consents to admission, as provided in subsection (b) of this section, and if a parent or guardian makes written application.
- Upon admission the patient and his or her legally authorized representative shall receive copies of the *Bill of Rights for Hospital Patients* and the *Notice of Your Rights as a Person in the Custody or the Temporary Custody of the Commissioner of Mental Health* which he or she retains after admission to the facility. A copy of the *Bill of Rights for Hospital Patients* can be found at http://legislature.vermont.gov/statutes/fullchapter/18/042
- If either physician determines that the person is not a person in need of treatment, the physician shall immediately discharge the person and cause him or her to be returned to the place from which he or she was taken, or to such place as the person, or in the case of a minor, the guardian, reasonably directs.
- All persons admitted or held for admission shall receive a document entitled *Notice of Your Rights as a Person in the Custody or the Temporary Custody of the Commissioner of Mental Health*, which includes contact information for Disability Rights Vermont, Vermont Legal Aid, the Office of the Mental Health Care Ombudsman, and the mental health patient representative. In the case of a minor, the guardian also shall receive the document.
- If probable cause is not established, the person must be discharged or released from the hospital and returned to the place from which he or she was transported or to such place as the person, or in the case of a minor, the guardian, reasonably directs.

Non-Emergency Involuntary Antipsychotic Medication

- For children under the age of 18, the Child, Adolescent and Family Unit (CAFU) Medical Director must be consulted prior to filing an application for non-emergency involuntary medications.

Treatment Planning Requirements

- Upon admission, the hospital shall conduct comprehensive assessments that include a detailed psychiatric assessment, systemic review of systems, mental status and physical examinations, and screening for substance abuse and trauma. For children, the assessments shall also include developmental, family, and educational assessments.

Staff Requirement

- For hospitals or units caring for children, clinical staff with sufficient training and experience to provide developmentally appropriate care and treatment for the children.

Policy and Procedure Requirements

- Hospitals shall provide patients with a copy of the Bill of Rights for Hospital Patients. For patients under the custody or temporary of the Commissioner of Mental Health, hospitals also shall inform patients of their rights as an involuntary patient (*Notice of Your Rights as a Person in the Custody or Temporary Custody of the Commissioner of Mental Health*). The hospital shall post these notices in a conspicuous area. If the patient has a guardian, the notice of rights shall be provided to the guardian as well.

2.1.3 Emergency Examination Dispute Resolution Process

There may be situations in which the qualified mental health professional and the certifying doctor(s) do not agree on the need for hospitalization.

In such situations, the following procedures apply.

- If the qualified mental health professional decides that the circumstances do not warrant hospitalization but an alternate proposal is not acceptable to the attending physician, the qualified mental health professional must review the circumstances with his or her supervisor for confirmation of that decision. Vermont statutes require that a person receive services in the least restrictive setting.

- If the qualified mental health professional (QMHP) and the supervisor agree that hospitalization is not warranted, the QMHP will notify the designated agency's Medical Director or designee who will review the matter with the attending physician.

- If the attending physician and the designated agency Medical Director or designee disagrees as to the need for an emergency exam, the attending physician may move forward with a new emergency examination in accordance with state law.

- Once the emergency exam is completed it is the attending physician's responsibility to contact the VPCH admissions office and to notify DMH legal division (functions ordinarily performed by the qualified mental health professional) of the emergency exam. The attending physician shall also be responsible for ensuring the second certification is completed within 24 hours from the completion of the first certification.

- If a second physician does not certify that this is a person requiring hospitalization, then the person is required by law to be immediately released and returned to the place from which he or she was taken, or to some place as the person reasonably directs.

2.2 Electroconvulsive Therapy

In addition to complying with all applicable standards in this document, a facility licensed to administer electroconvulsive therapy (ECT) shall follow the guidelines published with the *Vermont Department of Mental Health ECT Guidelines*.

2.3 Non-Emergency Involuntary Medication

Hospitals designated by the Commissioner to administer non-emergency involuntary psychiatric medications may apply to the Superior Court, Family Division. Non-emergency involuntary medications can only be administered by court order. Treating physicians can only apply for non-emergency involuntary medications if one of the following have occurred: the patient has been placed on an Order of Hospitalization through the AIT process (or has waived that process), the patient has been placed on an Order of Hospitalization through the criminal court process OR the patient is currently on an ONH and has previously received treatment under an Order of Hospitalization.

In addition, the treating physician must have evidence that the patient has refused the psychiatric medication that the physician wishes to administer and that the patient is not competent to weigh the risks and benefits of accepting psychiatric medications. The treating physician must fill out a Petition for Involuntary Medication and send it to the DMH Legal Division, which will file it in the Family Court in the county where the patient is residing.

For children under the age of 18, the Child, Adolescent and Family Unit (CAFU) Medical Director must be consulted prior to filing an application for non-emergency involuntary medications.

This section does not apply to emergency involuntary medications. Please refer to the *Regulation Establishing Standards for Emergency Involuntary Procedures* for information on the administration of emergency involuntary procedures.

3. Designation Review

The Department will conduct bi-annual reviews for hospital designation. When conducting reviews for designation, the Department will consider whether hospitals meet the following requirements.

3.1 Licensing

(a) Hospitals shall be licensed to operate by the Vermont Department of Health or operate under a federal exception.

3.2 Treatment Planning

(a) The hospital shall conduct individualized treatment planning based upon the person's condition and presenting needs. Plans shall be updated regularly and shall demonstrate patient engagement in their own treatment planning.

(b) The hospital shall offer active treatment for a minimum of 30 hours a week per patient. Active treatment shall be offered at variable times during the day and evening, seven days a week, to accommodate patients' needs. Active treatment is defined as those services provided under a treatment plan which are reasonably expected to improve the condition that brought the patient into the hospital.

3.3 Treatment Provisions

(a) The hospital shall provide age-appropriate and individual-needs specific programming and services. These programs and services shall include, when appropriate, but not be limited to, psychiatric, medical, nursing, social work, psychological services, family-focused treatment, occupational therapy, physical therapy, educational programs, and recreational activities and equipment.

(b) The hospital shall provide patients outdoor access when safe and clinically appropriate.

3.4 Patient Assessment

(a) Upon admission, the hospital shall conduct comprehensive assessments that include a detailed psychiatric assessment, systemic review of systems, mental status and physical examinations, and screening for substance abuse and trauma. For children, the assessments shall also include developmental, family, and educational assessments.

(b) Hospitals shall conduct standardized risk of harm assessments and shall tailor interventions to the patient accordingly. Risk of harm assessments shall be conducted by the hospital on a frequent and regular basis.

3.5 Staffing

Hospitals shall maintain an adequate number and type of staff to maintain a safe and therapeutic milieu. This shall include the following:

(a) A director of psychiatric care, who shall hold an advanced degree from an accredited college or university in a discipline appropriate to the care and treatment of people with mental illness;

(b) An adequate number of psychiatrists or licensed independent practitioners (LIP) to care for patients on the psychiatric units, with a psychiatrist/LIP to patient ratio at least one psychiatrist/LIP for 12 patients;

(c) A director or chief of nursing of a psychiatric unit, who shall hold an advanced degree and shall be a licensed nurse. The director or chief of nursing also shall have extensive experience and/or training in psychiatry;

(d) A medical director of a psychiatric unit who is a licensed psychiatrist;

(e) A licensed registered nurse on duty on each unit of the facility at all times;

(f) An adequate number of social workers to care for patients on the psychiatric units, with a social worker to patient ratio at least one social worker for 12 patients; and

(g) For hospitals or units caring for children, clinical staff with sufficient training and experience to provide developmentally appropriate care and treatment for the children.

3.6 Reporting

Hospitals shall provide the Department with aggregate data for all patients regardless of payer or the patient's legal status. This data shall include the following reports:

(a) Annual summaries of consumer satisfaction surveys;

(b) Quarterly summaries of total admissions, average length of stay for discharged patients;

(c) Quarterly hours of seclusion and restraint;

(d) Daily submissions of total census, total beds open, and total beds closed to the Department's electronic bed board;

(e) Quarterly summaries of Hospital-Based Inpatient Psychiatric Services (HBIPS) measures;

(f) Certificates of Need (CONs) related to Emergency Involuntary Procedures for patients under the custody of the Commissioner. (See the *Regulation Establishing Standards for Emergency Involuntary Procedures*).

(g) Critical incidents for inpatient psychiatric patients (See the *Critical Incident Reporting Requirements for Designated Hospitals*). For patients who are not state-funded nor who are under the custody of the Commissioner; incident reports can be provided on a de-identified basis to the department.

3.7 Policy and Procedure

Hospitals shall have written policies and procedures that are consistent with state law and with the Vermont Department of Mental Health policies and procedures.

3.7.1 Patient Rights

(a) Hospitals shall provide patients with a copy of the Bill of Rights for Hospital Patients. For patients under the custody or temporary of the Commissioner of Mental Health, hospitals also shall inform patients of their rights as an involuntary patient (*Notice of Your Rights as a Person in the Custody or Temporary Custody of the Commissioner of Mental Health*). The hospital shall post these notices in a conspicuous area. If the patient has a guardian, the notice of rights shall be provided to the guardian as well.

(b) Hospitals shall provide a treatment setting and a care model that protect patient rights under state law. This includes—but is not limited to—policies and procedures related to continuity of care, communications access, informed consent, and confidentiality.

(c) Hospitals shall provide reasonable access to visitors and to electronic devices and phones.

(d) Hospitals shall provide patients with a process for filing complaints and grievances and shall develop a process to address the complaints and grievances in a timely manner.

3.7.2 Patient Safety

For initial designation, all requirements regarding Patient Safety must be met. For re-designation, if a hospital is accredited by a national organization—such as the Joint Commission—or is certified by the Centers for Medicaid and Medicare, then the requirements under Patient Safety may be deemed to be met by the Department.

(a) The hospital shall provide patient care in a setting that is safe for patients.

(b) The hospital response to patient safety shall be individualized—that is, the response must respect patient's privacy and agency but allow for safe monitoring when necessary. This requirement includes having protocols and procedures regarding the search of patients, the allowance of personal possessions, the search of patients' rooms, the observation of patients, and the use of restrictions.

(c) The hospital shall assess a patient's safety using a standardized risk assessment tool in order to tailor interventions to the patient. Risk assessments shall be conducted by each hospital on a frequent and regular basis.

(d) The hospital shall have a standardized two-step method to identify patients.

(e) The hospital shall have a policy prohibiting use of alcohol, drugs or other non-prescribed substances.

(f) The hospital shall have a policy prohibiting weapons on premises, including law enforcement.

(g) The hospital shall have a policy that ensures timely mandatory reporting by all staff.

(h) The hospital shall have a policy of elopement management.

3.8 Quality Improvement

(a) Hospitals shall have a quality assurance and performance improvement plan to review the quality of care provided as well as a description of quality improvement projects and the outcomes as a result of those initiatives.

(b) Hospitals must report the type and frequency of the results of program improvement projects mutually agreed upon with the Department. The following quality improvement initiatives are required to be undertaken by designated hospitals and shall be reviewed periodically by the Department:

- Reduction of seclusion and restraint;
- Improved addiction screening and treatment;
- Improved follow up after discharge; and
- Other mutually agreed upon quality improvement projects.

3.9 Discharge Planning and Coordination with Community Providers

Discharge planning shall be initiated at the time of admission, and shall include, but is not limited to, consultation with the patient as well as contact with the family or guardian, primary care provider and all outpatient treatment providers. The hospital shall meet the following requirements.

(a) The hospital shall link discharge planning directly to the patient's particular needs and shall identify appropriate post-hospitalization treatment resources to promote a smooth transition of care.

(b) The hospital shall notify the Department of Vermont Health Access or the Department of Mental Health utilization review care managers of barriers to active discharge planning, including difficulties reaching the community treatment team members.

(c) The hospital shall discharge patients with scheduled follow-up appointments with mental health treatment providers that are scheduled to occur within seven days of the discharge date.

(d) The hospital shall collaborate with community based care managers such as the Vermont Chronic Care Initiative (VCCI) or the Community Health Teams to ensure a proper transition to the community.

(e) The hospital shall create a discharge plan that contains documentation of follow-up care appointments or documentation of the beneficiary's refusal of appointments.

3.10 Co-Occurring Substance Abuse Screening and Treatment Capacity

The hospital shall meet the following requirements.

(a) Upon admission the hospital shall screen all patients for substance use, with or without previously known history of addictions. The Department recommends using the screening form endorsed by the Alcohol and Drug Abuse Programs (ADAP) at the Vermont Department of Health (VDH). The recommendations for screening can be found at http://sbirt.vermont.gov/screening-forms/

(b) The hospital shall perform substance use assessments for patients whose screen is positive for substance use. The Department recommends using the assessment tools endorsed by the Alcohol and Drug Abuse Programs at the Vermont Department of Health. The recommendations for assessments can be found at http://sbirt.vermont.gov/screening-forms/

(c) The hospital shall provide treatment to those patients who present with addictions problems in addition to mental illness. This includes the ability to diagnose and treat withdrawal and detoxification from substances such as alcohol, benzodiazepines, and other drugs.

4. Meeting Requirements for Designation

The Commissioner requires re-designation of Designated Hospitals bi-annually. Departmental staff will review the records/data sent to the DMH as part of meeting these standards regularly. DMH may communicate with hospitals to get clarifications and explanations throughout the designation period. In addition DMH Quality unit's staff will arrange a visit in advance of the designation expiration date to meet with identified staff of the Designated Hospital. This visit will include interviews with key staff, a review of quality measures and performance improvement activities, and a review of policies and procedures. A written decision letter and feedback will be provided to the Designated Hospital following the visit. The review may require the Designated Hospital to address any missing information or provide a corrective action plan.

4.1 Plans of Corrective Action

The Department may ask for plans of corrective action related to any of the items covered in the designation review for which significant deficiencies are detected. Plans of corrective action will be due within 30 days from the commissioner's notification of deficiencies.

The notification of deficiencies from the Commissioner to the hospital shall include:

- The reason(s) for the decision;
- The specific area(s) needing correction;
- The timeframes within which the elements of the plan of correction will be addressed, not to exceed 180 days for implementation; and
- The criteria upon which the Plan of Corrective Action, and the subsequent report on implementation, will be evaluated for acceptability by the Commissioner.

The hospital shall submit a Plan of Corrective Action to the Commissioner no later than 30 days after receipt of the Commissioner's notification of deficiencies.

The Commissioner will review the Plan of Corrective Action and notify the hospital, in writing, of its acceptability within 30 days of receipt of the Plan.

If the Plan of Corrective Action is deemed not acceptable by the Commissioner, the Commissioner shall notify the hospital, in writing, of the need for additional information. This extension for additional information will be no longer than 15 days.

At the end of the specified timeframe, the hospital shall submit a report to the Commissioner documenting that the corrections were made in accordance with the Plan of Corrective Action.

While an agency is under a plan of corrective action, the Department may contract with other hospitals to ensure uninterrupted service provision and quality and take additional actions, as determined necessary by the Commissioner, to protect the well-being of service recipients.

4.2 Process for De-Designation

A designated hospital may be notified by the Commissioner of intent to proceed with de-designation in three circumstances:

- As a result of the designation process, if the hospital has exhibited the unwillingness or inability to improve performance as specified in the Plan of Corrective Action and within the timeframes established by the Department;
- At any time, when major deficiencies are detected by the Commissioner;
- At any time, if the Commissioner determines that a hospital has knowingly disregarded or neglected policies and practices that endanger the health or safety of individuals it serves; violated individuals' human or civil rights; failed to implement a decision resulting from a formal complaint procedure; demonstrated severe fiscal irresponsibility; or falsified data/record keeping.

The date for de-designation shall be determined by the Commissioner, and shall be dependent on the actions necessary to ensure that persons in the custody of the commissioner are transferred to an appropriate level of care. The circumstances by which the hospital will continue to provide services on behalf of the Department until de-designation or occurs shall be determined by the Commissioner.

The hospital to be de-designated must inform other providers of the change in the hospital's status, and provide them with information about future arrangements, as agreed upon with the Department.

5. References

5.1 Acronyms

The following list contains acronyms and definitions found throughout this document.

ADAP	Alcohol and Drug Abuse Programs
AIT	Application for Involuntary Treatment
CAFU	Child, Adolescent and Family Unit at DMH
CMS	Centers for Medicare and Medicaid
CON	Certificate of Need
DH	Designated Hospital
DMH	Department of Mental Health
DVHA	Department of Vermont Health Access
ECT	Electroconvulsive Therapy
EE	Emergency Examination
HBIPS	Hospital-based Inpatient Psychiatric Services
OH	Order of Hospitalization
ONH	Order of Non-Hospitalization
QMHP	Qualified Mental Health Professional
VCCI	Vermont Chronic Care Initiative
VDH	Vermont Department of Health
VPCH	Vermont Psychiatric Care Hospital

5.2 Reference Materials

The following materials are referenced throughout this document:

Administrative Rule for Involuntary Medications -
http://mentalhealth.vermont.gov/policy

18 V.S.A. § 7401 -
http://legislature.vermont.gov/statutes

26 V.S.A. § 1616 -
http://legislature.vermont.gov/statutes

Standard Operating Procedures Manual for Vermont Medicaid Inpatient Psychiatric and Detoxification Authorization –
http://vtmedicaid.com/Downloads/manuals.html ;
http://dvha.vermont.gov/for-providers/health-services, under *provider manuals*

Bill of Rights for Hospital Patients -
http://legislature.vermont.gov/statutes/fullchapter/18/042

Notice of Your Rights as a Person in the Custody or the Temporary Custody of the Commissioner of Mental Health –
http://mentalhealth.vermont.gov/policy

Vermont Department of Mental Health ECT Guidelines-
http://mentalhealth.vermont.gov/sites/dmh/files/publications

Critical Incident Reporting Requirements for Designated Hospitals-
http://mentalhealth.vermont.gov/forms

DMH recommends using the screening form endorsed by the Alcohol and Drug Abuse Programs at the Vermont Department of Health. The recommendations for screening can be found at http://sbirt.vermont.gov/screening-forms/

Administrative Rule Establishing Standards for Emergency Involuntary Procedures
http://mentalhealth.vermont.gov/policy