# Senate

General Assembly

**File No. 419**

*January Session, 2005*

Substitute Senate Bill No. 1239

*Senate, April 19, 2005*

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT CONCERNING COLLABORATIVE TREATMENT PLANS FOR PERSONS WITH PSYCHIATRIC DISABILITIES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 17a-542 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) Every patient treated in any facility for treatment of persons with psychiatric disabilities shall receive humane and dignified treatment at all times, with full respect for **[**his personal**]** the patient's dignity and right to privacy.

(b) Each patient shall be treated in accordance with a specialized treatment plan suited to **[**his**]** the patient's disorder. Such treatment plan shall: **[**include**]**

(1) To the extent practicable, (A) be prepared through the participation of the patient, the counselor or staff person with primary responsibility for documenting and monitoring the treatment plan, any

13 family member whose participation is consented to by the patient and
14 any other health care provider participating in the patient's treatment
15 at the facility, and (B) be signed by the patient; and

16 (2) Include a discharge plan which shall include, but not be limited
17 to, [(1)] (A) reasonable notice to the patient of [his] the patient's
18 impending discharge, [(2)] (B) active participation by the patient in
19 planning for [his] the patient's discharge, and [(3)] (C) planning for
20 appropriate aftercare to the patient upon [his] the patient's discharge.

21 (c) If a patient is an adult with a conservator or is a minor child, the
22 provisions of this section shall apply to the conservator or to the
23 guardian of the child.

24 (d) The Commissioner of Public Health shall adopt regulations, in
25 accordance with the provisions of chapter 54, for purposes of this
26 section.

| This act shall take effect as follows and shall amend the following sections: | | |
|---|---|---|
| Section 1 | *October 1, 2005* | 17a-542 |

***PH*** *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

## OFA Fiscal Note

### State Impact:

| Agency Affected | Fund-Effect |
|---|---|
| Department of Mental Health & Addiction Services | GF - See Below |

**Municipal Impact:** None

### Explanation

This bill requires treatment plans for people in psychiatric facilities be prepared with the participation of the patient, family members, and others. The plan must also be signed by the patient. This will lead to an increased workload for participating health care providers at facilities operated by the Department of Mental Health and Addiction Services. It is not known to what extent that this participation requirement could delay the start of a treatment plan.

The Department of Public Health can adopt the required regulations without incurring any fiscal impact.

**OLR Bill Analysis**
sSB 1239

***AN ACT CONCERNING COLLABORATIVE TREATMENT PLANS FOR PERSONS WITH PSYCHIATRIC DISABILITIES.***

**SUMMARY**:
The law requires the treatment of any patient in a psychiatric facility to follow an individualized plan and the patient to participate in planning for his discharge from the facility. This bill requires the treatment plan, to the extent practicable, to be prepared with the participation of the patient; a family member, if the patient consents to that participation; the counselor or staff member with primary responsibility for documenting and monitoring the plan; and any other health care provider participating in the patient's treatment. It also requires, to the extent practicable, the patient to sign the plan (but it does not address a patient's refusal to sign a plan).

If the patient has a conservator or is a minor child, the bill permits the conservator or the child's guardian to participate in both treatment and discharge planning.

The bill requires the public health commissioner to adopt implementing regulations.

EFFECTIVE DATE: October 1, 2005

## BACKGROUND

### *Treatment Planning*

Medicare regulations give hospital patients, including those in psychiatric hospitals, the right to participate in developing and implementing their care plans. They also give the patient or his representative (as allowed under state law) the right to make informed decisions about care, including being involved in care planning (42 CFR 482.13). Each patient in a psychiatric hospital must have a written, individual, comprehensive treatment plan based on his strengths and disabilities. The plan must include a substantiated

diagnosis, short- and long-term goals, treatments to be used, and each treatment team member's responsibilities (42 CFR 482.61)

State law requires a patient in a public or private hospital, outpatient or other clinic, or other psychiatric facility to provide informed consent, except under specified conditions, to medication, medical and surgical treatment, and psychosurgery (CGS § 17a-543 (a) and (b)).

The Public Health Code requires licensed mental health day and intermediate treatment facilities and adult psychiatric outpatient clinics to develop a comprehensive individualized care plan for each patient that (1) names the person responsible for developing and monitoring the plan, (2) states the plan's specific objectives and the goals to which they relate, (3) describes the support services needed and the types and frequency of services to be provided (*Conn. Agency Regs.,* 19a-495-550). Freestanding mental health residential centers must maintain plans with similar contents (*Conn. Agency Regs.,* 19a-495-551). Neither appears to require the patient's participation or signature.

Department of Mental Health and Addiction Services regulations require private programs (except for detoxification programs) with which it contracts to develop written treatment plans with the client's participation. The plans must contain the problems to be addressed in treatment, treatment goals and ways to achieve them, the name of the primary counselor, evidence that the client participated in treatment planning, and the client's signature (*Conn. Agency Regs.,* 17-226(e)).

## COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 26 Nay 0