

APA-2

Alabama Department of Mental Health
Mental Health and Substance Abuse

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Mental Health

RULE NO. & TITLE: 580-2-9-.08 General Clinical Practice

INTENDED ACTION: Repeal

SUBSTANCE OF PROPOSED ACTION: We have created Chapter 580-2-20-.08 to eventually combine the current rules for Mental Illness in Chapter 580-2-9 and Substance Abuse in Chapter 580-9-44.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments in writing to Altorvis (Allie) Ligon, Director, Office of Certification Administration, Alabama Department of Mental Health, 100 North Union Street, Suite 540, Montgomery, Alabama 36130 by mail or in person between the hours of 8:00AM and 5:00Pm, Monday through Friday, or by electronic means to contactoca.dmh@mh.alabama.gov until and including December 5, 2022. Persons wishing to submit data, views or arguments orally should contact Ms. Ligon by telephone at (334)353-2069 during this period to arrange for appointment.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

December 5, 2022

CONTACT PERSON AT AGENCY:

Persons wishing a copy of the proposal may contact:
Altorvis (Allie) Ligon
Department of Mental Health
100 North Union Street, Suite 540
Montgomery, Alabama 36130
(334)353-2069

A copy of the proposed change is available on the department's website at <https://mh.alabama.gov/division-of-administration/certification-administration/>



(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

REPEALED**580-2-9-.08 ~~General Clinical Practice.~~**

~~(1) Each consumer admitted for treatment must be assigned to an appropriately qualified staff member or clinical treatment team who has the primary responsibility for coordination/implementation of the treatment plan.~~

~~(2) The program shall have and implement written procedures to assure that consumers who are deaf or who have limited English proficiency are provided culturally sensitive, linguistically appropriate access to services to include but not limited to the following:~~

~~(a) Free language assistance will be offered to consumers with limited English proficiency or who are deaf. All interpreters must be qualified to work in the assigned setting with preference given to Qualified Mental Health Interpreters as defined by 580-3-24.~~

~~(b) While face-to-face interpreter services are preferable, procedures will specify how services will be secured when face-to-face interpreters are not available. For consumers needing spoken language assistance, telephonic interpreter services may be used. Video remote interpreters may be used for deaf consumers using sign language.~~

~~(c) If qualified interpreters are offered and refused, a signed waiver must be placed in the consumer's file. If family members are used to interpret, this will be noted on the waiver. Family members under the age of 18 cannot be used as interpreters.~~

~~(d) In the event that interpreters cannot be secured for an assignment, there must be documentation that reasonable efforts were made to secure interpreters.~~

~~(e) For consumers who are deaf, hard of hearing, or otherwise physically disabled, appropriate environmental accommodations shall be provided on an individually assessed basis.~~

~~(3) Services must be individualized, well-planned, based on a comprehensive mental health evaluation and assessment of needed treatment and support, and should include~~

~~treatment designed to enhance the consumer's abilities to recover and function in society as normally as possible.~~

~~———— (a) ———— Upon admission, a comprehensive mental status evaluation and assessment of each consumer.~~

~~———— (b) ———— Each program shall provide individualized mental health care and treatment that is designed to promote Recovery and Resiliency and that represents person-centered treatment planning process.~~

~~———— (c) ———— Treatment for consumers who are deaf or who have limited English proficiency will be offered by staff fluent in language of the consumer's choice or by using qualified interpreters.~~

~~———— (d) ———— Treatment will be modified to effectively serve consumers who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.~~

~~———— (4) ———— The program shall follow up within a reasonable time for missed appointments and other clinical indicators for all high risk consumers such as:~~

~~———— (a) ———— Consumers who were discharged from psychiatric inpatient services (local or state) in the past year.~~

~~———— (b) ———— Consumers who were decompensating on the last visit.~~

~~———— (c) ———— Consumers who are considered potentially harmful to self or others.~~

~~———— (5) ———— All consumers receiving medication prescribed by a physician/certified registered nurse practitioner/physician's assistant employed by the provider shall:~~

~~———— (a) ———— Be seen and evaluated by a licensed physician, certified nurse practitioner, or physician's assistant at intervals not to exceed a 6 month period.~~

~~———— (b) ———— Receive information relative to risks and benefits of the medication in their preferred language in terms they can readily understand.~~

~~(c) Give consent if receiving anti-psychotic medication prescribed through the provider. In the case of a child under the age of 14, the parent/guardian must give consent. In the case of an adolescent age 14 and older receiving any medication prescribed through the provider, the parents/guardian must also be informed unless the adolescent refuses to consent to the release of information.~~

~~(6) The Provider will have a system for tracking due dates for injections administered by the agency and will schedule appointments accordingly.~~

~~(7) Prescriptions shall be limited to 5 refills or a 6 month supply, unless the physician sets more stringent directions.~~

~~(8) Phone orders from the physician/certified nurse practitioner/physician's assistant regarding medication in crisis situations must be documented immediately and co-signed by the person issuing the order within 7 days.~~

~~(9) The provider must provide or arrange for emergency service for enrolled consumers through compliance with 580-2-9.12 Emergency Services or through contracts and cooperative agreements that spell out procedures for 24 hour emergency telephone coverage and evaluation services through a local hospital or other appropriate resource including how the provider will handle calls from people who are deaf, hard of hearing, or who have limited English proficiency.~~

~~(10) The Board must approve written operational policies. The following minimum procedures must be established:~~

~~(a) The provider must have written policies that protect the consumer against discrimination in the provision of services regardless of the consumer's age, race, creed, handicap, national origin, language of preference, sex, social status, diagnostic category, or length of residence in the service area except that specialized services may be developed for specific target populations (for example, child and adolescent day treatment, Assertive Community Treatment for adults, etc.)~~

~~(b) A description of each service functional area of responsibility as contained in the organizational chart and for which certification is requested that includes:~~

- ~~1. Admission criteria.~~
- ~~2. Nature and scope of the program.~~
- ~~3. Discharge/transfer criteria and procedures.~~
- ~~4. Service area for the program.~~
- ~~5. Number and credentials of staff assigned to the program as required by specific program standards~~
- ~~(c) A description of the appeal policies and procedures for:~~
 - ~~1. Persons denied admission.~~
 - ~~2. Persons involuntarily dismissed from a program.~~
- ~~(11) There must be a written policy addressing circumstances under which drug screening of consumers by urinalysis may be utilized. If it is utilized at any point, the program must:~~
 - ~~(a) Establish procedures that protect against the falsification and/or contamination of any urine specimen.~~
 - ~~(b) Demonstrate that the individual's privacy is protected each time a urine specimen is collected.~~
 - ~~(c) Require that an observer will supervise urine collection.~~

Author: Division of Mental Illness, DMH

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: March 5, 2010; effective July 19, 2010.

Repealed: Filed October 19, 2022.