

DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

(By authority conferred on the department of mental health by sections 1 to 4 of Act No. 80 of the Public Acts of 1905, as amended, section 33 of Act No. 306 of the Public Acts of 1969, as amended, and sections 114, 130, 136, 157, 206, 244, 498n, 498r, 842, 844, 908, and 1002a of Act No. 258 of the Public Acts of 1974, as amended, being sections 19.141 to 19.144, 24.233, 330.1114, 330.1130, 330.1136, 330.1206, 330.1244, 330.1498n, 330.1498r, 330.1842, 330.1844, 330.1908, and 330.2002a of the Michigan Compiled Laws)

PART 4. ADMINISTRATIVE ACTION FOR MENTALLY ILL PERSONS

SUBPART 2. TRANSFER REQUIREMENTS

R 330.4011 Transfer between state hospitals.

Rule 4011. (1) A patient may be transferred between hospitals, including the university of Michigan neuropsychiatric institute or other facilities of the department which are not hospitals, for administrative reasons or for good and sufficient clinical reasons when approved by the department. Approval by the department shall be expressed by an order of transfer, a copy of which shall be forwarded to the director of each hospital involved. Prior to approval or denial of the transfer, the department shall consult with the contractually responsible county community mental health program. A request for a transfer may be submitted by a hospital director, a patient, or other interested person.

(2) Before an approved transfer is acted upon, the director of the hospital in which the patient is currently residing shall notify in writing, not less than 7 days prior to transfer, the patient and his guardian or his nearest relative and up to 2 other persons designated by the patient, except if the transfer is necessitated by an emergency as determined by the hospital director and documented in hospital records. Under emergency circumstances, the hospital director shall effect a transfer as soon as necessary and issue the appropriate notices not more than 24 hours after transfer.

(3) The notification period of not more than 7 days prior to transfer may be reduced if the patient or his guardian or nearest relative approves the transfer in person, by telephone, or in writing, and this approval is documented. Written approval shall be obtained as soon as administratively possible.

(4) Notice of transfer by a hospital director shall inform the patient and his guardian or nearest relative of the right to object to the transfer. Upon receipt of a written objection, an appeal hearing shall be

held promptly, under procedures established by the department. If an objection is made, transfer shall be delayed until a ruling of the appeal hearing indorses it, unless an emergency as determined and documented by the hospital director necessitates an

immediate transfer. An emergency transfer is revocable by decision of the director of the department or by order of the appeal referee.

(5) Administrative transfer of a patient to another department hospital for purposes of supervision in connection with convalescent leave or other community placement may be appealed if it is alleged that the supervision or administrative control of the leave or placement, by the hospital to which the administrative transfer is made, and not the leave or placement itself, would be detrimental to the patient.

(6) Each hospital shall establish procedures through which patients, guardians, or responsible relatives may participate in the planning or selection of a leave or placement.

History: 1979 AC; 1986 AACCS.

R 330.4013 Transfer to a facility other than a state hospital.

Rule 4013. (1) A patient may be temporarily transferred to a non-department hospital or other facility for emergency medical reasons as determined and documented by a hospital director.

(2) With the written consent of an adult patient or the parent, legally authorized guardian, or person in loco parentis of a patient under the age of 18, a patient may be transferred from a departmental hospital to a hospital or facility in this state which is not operated by the department. If a patient objects to a transfer that has been consented to by a person in loco parentis, transfer will be delayed until an appeal hearing established by the department has made a determination.

(3) Transfer of a patient to or from a hospital or facility that is not a department designated hospital shall not constitute a discharge from an order of hospitalization from a probate court.

(4) Transfer of an involuntary patient out of state shall be governed by interstate compact agreements.

History: 1979 AC; 1986 AACCS.

SUBPART 3. ADMISSION CONDITIONS

R 330.4031 Voluntary admission.

Rule 4031. (1) An application for voluntary admission shall not be considered as lacking voluntariness because an individual has agreed to that action as a result of a probate court proceeding.

(2) The hospital director or his designee shall evaluate an individual's clinical suitability for informal or formal voluntary admission and shall include the following criteria in making the determination.

(a) The individual has a condition that the hospital director determines can benefit from the inpatient treatment that is provided by the hospital.

(b) Appropriate alternatives to hospitalization have been considered by the hospital, and with the consent of the individual, the community mental health program in the individual's county of residence.

(c) Adequate alternative treatment is not available or suitable at the time of admission as determined by the hospital, and with the consent of the individual, the community mental health program in the individual's county of residence.

History: 1979 AC.

R 330.4039 Denial by director of voluntary admission.

Rule 4039. (1) If the hospital director, or his or her designee, does not deem an individual clinically suitable for full hospitalization as an informal or formal voluntary patient, he or she shall deny the request and shall refer the individual to an appropriate community mental health or other service. The reason or reasons for denial shall be made known to the applicant, shall be documented, and a copy of the document shall be given to the applicant. If the individual consents, the community mental health or other service shall be notified of the referral.

(2) If the hospital director denies admission, he or she may offer partial admission on a day, night, or weekend basis if the service is available and if the individual is deemed suitable for partial admission. The criteria for suitability for partial admission shall parallel that of other forms of voluntary admission.

History: 1979 AC; 1981 AACs.

R 330.4045 Involuntary admissions.

Rule 4045. (1) For the purpose of establishing the point at which hospitalization begins, 1 of the following conditions shall be met:

(a) An individual arrives at or is at a hospital and an application for hospitalization is completed and given to a hospital staff member with a completed certificate.

(b) An individual arrives at or is at a hospital under a court order for immediate hospitalization, other than an order to undergo an examination, after a petition has been filed with the court.

(c) An individual is at a hospital after giving written notice of an intention to terminate formal voluntary hospitalization and the director of the hospital or his or her designee has filed with a court an application for admission by certification and the required certificates.

(2) For the purpose of establishing when an individual may complete a reasonable number of telephone calls and when a preliminary hearing shall be convened if the person is not released, the time an individual is received for hospitalization by certification, or court-ordered immediate

hospitalization, is any time the individual arrives at the hospital. A formal voluntary patient who is being admitted as an involuntary patient by application of a hospital director is considered received for hospitalization at the time application and certificates are filed with a probate court.

(3) When an individual is presented to a hospital, the hospital shall do all of the following:

(a) Require that the application for hospitalization, if any, meet the requirements of section 424 of the act.

(b) Require that the certificate accompanying the application, if any, meet the requirements of section 400(K) of the act.

(c) Determine if the individual presented is clinically suitable for informal or formal voluntary hospitalization. If this determination is affirmative, immediately offer the individual the opportunity to apply for hospitalization as an informal or formal voluntary patient, and as many times thereafter as deemed appropriate by the hospital director until an order of hospitalization, alternative treatment, or discharge is received.

If the individual is hospitalized as a voluntary patient, the hospital director shall inform the court and recommend whether dismissal of pending proceedings would or would not be in the best interest of the individual or the public.

(d) Allow the individual to complete not less than 2 phone calls. If the individual does not have sufficient funds on his or her person, calls shall be made at hospital expense with the condition that they be limited to persons who are willing to receive the calls. The hospital director or his or her designee may determine the appropriateness of a call or calls that are at hospital expense and may limit their length to a reasonable duration, but a call shall not be limited to less than 5 minutes. If the hospital director or his or her designee restricts the call, appropriate written documentation of the reasons for the restriction shall be noted in the case record. Under circumstances in which the individual cannot make a call, or if it is necessary to restrict calls that are at hospital expense, the hospital shall place the calls for the individual if so requested.

(e) Provide to the individual, not more than 12 hours after hospitalization, a copy of the application for admission asserting that the individual is a person requiring treatment, a written statement that the individual will be examined by a psychiatrist within 24 hours of the hospitalization, and a written statement, in simple terms, explaining the right of the individual to request a preliminary hearing, to be present at the preliminary hearing, and to be represented by legal counsel, if the individual is certified as a person requiring treatment; a written statement, in simple terms, explaining the right of the individual to a full court hearing, to be present at the hearing, to be represented by legal counsel, to a jury trial, and to an independent evaluation; and a copy of each certificate executed in connection with the individual's hospitalization if available. Each certificate shall be delivered to the individual within 24 hours of either a certificate's completion or receipt of a certificate by the hospital from a source outside the hospital.

(f) If the individual is unable to read or understand the written materials, every effort shall be made to explain them to him or her in a language he or she understands, and a note of the explanation and by whom made shall be entered in the case record.

(g) The admission officer, as soon as administratively possible after receiving an individual by certification who has been certified as a person requiring treatment, shall do all of the following:

(i) Notify the probate court by phone.

(ii) Obtain, when available, the tentative date of the preliminary or full court hearing and the name and address of counsel appointed by the court.

(iii) Notify the patient of this information.

History: 1979 AC; 1986 AACCS.

R 330.4047 Admission by certification.

Rule 4047. (1) A state hospital, as designated in R 330.4005, shall receive and detain for examination by a psychiatrist any individual presented to the hospital who is accompanied by a certificate and an

executed application. A psychiatrist, either from the hospital staff or from outside the hospital, shall examine an individual not more than 24 hours after admission. The hospital director shall provide a room and other equipment necessary to provide a complete examination.

(2) A psychologist or physician who has examined a patient shall be permitted, by the hospital director, adequate time to be deposed or to testify, if so required at a probate court hearing regarding that patient.

History: 1979 AC; 1983 AACCS; 1986 AACCS.

R 330.4049 Examination upon application by peace officer or court order.

Rule 4049. (1) A state hospital, as designated in R 330.4005, shall receive and detain an individual for examination if that individual is presented to the hospital by a peace officer who has executed an application for admission. The hospital shall also receive and detain for examination any individual ordered by the court to be examined. A psychologist or physician, either from the hospital staff or from outside the hospital, shall examine the individual within 24 hours. A psychiatrist, either from the hospital staff or from outside the hospital, shall examine the individual, if necessary, within 24 hours of the completion of the first certificate. The hospital director shall provide a room and other equipment necessary to provide a complete examination.

(2) A psychologist or physician who has examined an individual presented shall be permitted by the hospital director adequate time to be deposed or to testify, if so required, at a probate court hearing.

History: 1979 AC; 1986 AACCS.

R 330.4051 Admission by petition.

Rule 4051. An individual shall be admitted to a hospital on a petition pending a hearing only upon order of immediate hospitalization by a probate court. The hospital director shall have the individual examined within 24 hours of hospitalization. If the required examination has not been accomplished within 24 hours, the hospital director shall release the individual and document in the records the reasons the examination was not completed. The hospital shall notify the probate court.

History: 1979 AC.

R 330.4055 Probate court hearings at hospital.

Rule 4055. (1) It shall be the hospital director's responsibility to provide adequate facilities on the hospital grounds in which to conduct probate court hearings on petitions for hospitalization, discharge, and to hear objections to voluntary admissions and appeals of returns.

(2) The hospital director shall provide prompt access to the patient by his attorney upon proper notice, and shall provide a room where the patient and his attorney may confer in private.

(3) The hospital director shall develop rules and procedures establishing visiting rights by attorneys and requirements for proper notice.

History: 1979 AC.

SUBPART . RELEASE AND DISCHARGE

R 330.4077 Discharge of voluntary patients.

Rule 4077. (1) An informal, voluntary patient shall be discharged either during normal day shift hours or immediately, at the discretion of the hospital director, after either of the following:

- (a) A request is made by the patient to terminate hospitalization.
- (b) The hospital director deems it clinically suitable.

(2) A formal, voluntary patient shall be discharged as soon as possible, but not later than 3 days, excluding Sundays and holidays, after either of the following:

- (a) Written notice of intent to terminate hospitalization is given by the patient.
- (b) The hospital director deems that it would be clinically suitable.

(3) Even if a guardian has been appointed for a patient, only the patient may give written notice of an intention to terminate hospitalization.

History: 1979 AC; 1986 AACCS; 1990 AACCS.

R 330.4083 Unauthorized leave by voluntary patients.

Rule 4083. (1) A patient who has been admitted as an informal, voluntary patient and who leaves a hospital without proper notification of intention to terminate shall be placed on unauthorized leave status for 24 hours. After this period, the hospital shall administratively discharge the patient.

(2) A patient who has been admitted as a formal, voluntary patient and who leaves a hospital without permission shall be placed on unauthorized leave status for not more than 3 days and shall be readmitted during that period without signing a new application for admission. If the patient does not return within 3 days, he or she shall be discharged.

(3) A patient who is absent from a hospital without having given notification of intention to terminate shall be designated as a missing person. Prompt and vigorous measures shall be taken to find the patient,

including an immediate search by hospital employees as warranted by circumstances and notification, pursuant to section 748(6)(c) of the act, of other public agencies if there is a substantial probability of harm to the patient or other persons. Relatives or other interested parties shall be notified if the patient had given prior authorization to notify those persons in the event of an emergency. A record shall be kept of persons notified and the time of notification. Upon locating a missing patient, the hospital shall inform those notified and determine if any of the following provisions apply to the patient:

- (a) He or she desires to return voluntarily.
- (b) He or she desires to terminate hospitalization.
- (c) He or she meets other statutory provisions for treatment.

History: 1979 AC; 1990 AACCS.

R 330.4089 Discharge of involuntary patient.

Rule 4089. (1) Discharge shall constitute release of a patient from jurisdiction of a hospital, by action of the hospital director or by court order, or if the court rejects an application or petition or fails to hold a requested preliminary hearing or final hearing within the required time or a continuance was not granted. A patient discharged may not be returned to the hospital without a new order for admission or application for voluntary admission.

(2) When a patient is discharged, the hospital director shall report the change in status to the probate court which ordered admission and indicate in this report which of the following factors have brought about this discharge:

- (a) Patient legally transferred out of state.
- (b) Patient, in the opinion of the hospital director, not mentally ill.
- (c) Patient not reasonably expected to seriously physically injure himself or others.
- (d) Patient no longer clinically suitable for this form of hospitalization.
- (e) Death of patient.
- (f) Patient, on an order of continuing hospitalization, after 1 year of continuous leave.
- (g) Any other reason acceptable under the act or procedures of the department.

History: 1979 AC.