

Rules of
Department of Mental Health
Division 50–Admission Criteria
Chapter 2–Mental Health Services

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**Title 9—DEPARTMENT OF
MENTAL HEALTH**

**Division 50—Admission Criteria
Chapter 2—Mental Health Services**

**9 CSR 50-2.010 Admissions to Children's
Supported Community Living**

PURPOSE: This rule prescribes admissions criteria, the application process and placement procedures for Children's Supported Community Living of the Division of Comprehensive Psychiatric Services.

Editor's Note: The following material is incorporated into this rule by reference:

1) American Psychiatric Association, DSM IV Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) (Washington, D.C.: American Psychiatric Association, 1994).

In accordance with section 536.031(4), RSMo, the full text of material incorporated by reference will be made available to any interested person at the Office of the Secretary of State and the headquarters of the adopting state agency.

(1) Terms defined in sections 630.005 and 632.005, RSMo are incorporated by reference in this rule. Unless the placement contract clearly requires otherwise, the following other terms, as used in this chapter, shall mean:

(A) Applicant, a minor for whom placement services have been requested, in writing, including a person seeking readmission to Supported Community Living;

(B) Client, a minor placed under section 630.620, RSMo in any residential facility licensed or certified solely by the department or in conjunction with the Department of Social Services under Chapter 630, RSMo;

(C) *DSM IV, Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition)* of the American Psychiatric Association;

(D) Supported Community Living, an office which is responsible for the regional placement program and services and is the entry and exit for regional placement services and funding;

(E) Minor, any person under the age of eighteen (18) years; and

(F) Patient, an individual under observation, care, treatment or rehabilitation by any hospital or other mental health facility pursuant to the provisions of Chapter 632, RSMo.

(2) Application for placement shall be made by the applicant's parents, the applicant's

guardian, a court of competent jurisdiction, or a state or private agency.

(3) An applicant shall meet all of the following admission criteria to be eligible for Children's Supported Community Living services from the Division of Comprehensive Psychiatric Services:

(A) Be under the age of eighteen (18);

(B) Have received a *DSM IV* Axis I primary diagnosis of mental disorder or mental illness; may have a secondary diagnosis of alcohol abuse, substance abuse or mental retardation; and

(C) Have, based upon sufficient documentation, a mental disorder or mental illness which constitutes substantial impairment in social role functioning and daily living skills to the extent that the client cannot function successfully outside a mental health facility without services. This substantial impairment may include, but not be limited to, the following behavioral characteristics:

1. Substantial impairment in impulse control and judgment in daily living skills;

2. History of aggressive/assaultive behaviors or self-abusive behaviors based on psychological disability;

3. Dysfunctional in school, home, community or a combination of these as a result of a mental disorder or mental illness to the extent that family and available community resources are not able to meet needs; and

4. Evidence of failure in less restrictive treatment environments.

(4) Department placement staff shall consider an applicant ineligible for Supported Community Living services from the Division of Comprehensive Psychiatric Services if—

(A) The primary diagnosis is alcohol or substance abuse, or mental retardation;

(B) Medical needs supersede the psychiatric disability and require considerable supervision and ongoing medical treatment;

(C) Impulses to harm self or others are not under control according to clinical judgment;

(D) It has been established that appropriate services are otherwise available through alternative resources;

(E) The application is submitted solely for the purpose of securing residential placement for a school-aged child as defined in Chapter 162, RSMo to receive an appropriate education; or

(F) Child's symptoms meet acute definition.

(5) Supported Community Living offices or designee shall screen applicants for placement services to determine appropriateness

of the referral, eligibility for services and placement need, if any. The Supported Community Living office may request additional information as necessary.

(6) If the Supported Community Living office makes a preliminary decision to accept a referral, it shall obtain the following referral materials:

(A) A comprehensive multidisciplinary evaluation including a psychosocial history, psychiatric evaluation/diagnosis, psychological evaluation/testing, performed within the past six (6) months; and information about the intellectual cognitive functioning of the youth;

(B) The psychiatric assessment (an evaluation which includes diagnosis shall be done by a psychiatrist or licensed clinical psychologist designated by the department);

(C) Current physical examination performed within the past ninety (90) days, laboratory tests and X-rays as ordered by physician;

(D) Background information which includes the youth's level of functioning including successes and failures in the school, home and community as well as in other placements;

(E) Any special procedures done in the diagnosis process or any special needs of the client;

(F) Information on medicines, allergies or other medical conditions;

(G) Information on legal status, including copies of guardianship, circuit or civil detention orders, if applicable;

(H) Completed and signed standard means test, 9 CSR 10-31.011;

(I) Achenbach Child Behavior Checklist;

(J) DMH Form 8311, Application for Supported Community Living Services for Minors; and

(K) Other demographic and pertinent information.

(7) Within five (5) working days after receipt of the referral information, the Supported Community Living office shall mail the applicant a report or overview on the status of the application, including a list of the items missing. Within fourteen (14) working days after receipt of the complete referral information, the Supported Community Living office shall indicate the disposition of the referral, in writing, by registered/certified mail, return receipt requested. If the applicant does not meet criteria for acceptance, the department, in the registered/certified letter, shall notify the agency or person who made application for the applicant of—

(A) The reasons for rejection;



(B) The deadline for appealing the decision;

(C) The name, address and telephone number of the person to whom the appeal should be directed; and

(D) The name, address and telephone number of a Department of Mental Health staff person who is qualified to provide information about the services offered by the Division of Comprehensive Psychiatric Services.

(8) Appeals. If the agency or person making application for the applicant disagrees with the rejection, s/he may appeal, in writing, within thirty (30) days after receipt of the notice to the children's area director. Within fifteen (15) days of receiving the appeal, the children's area director shall review the applicant's referral materials along with a copy of the rejection letter and shall notify the applicant and the agency or person who made application for the applicant, in writing, by registered/certified letter of his/her decision on the appeal. If the agency or person making application disagrees with the decision of the head of the department's mental health facility, s/he may appeal, in writing, within fifteen (15) days of receipt of the decision to the director of Children and Youth Services. The children and youth director shall review the applicant's referral materials along with a copy of the rejection letter and notify the applicant and the agency or person making application, in writing by certified/registered letter, of his/her decision on the appeal within fifteen (15) days of its receipt. The decision of the children and youth director shall be final.

(9) If the decision is to accept the applicant into the Supported Community Living Program, Supported Community Living office staff shall follow departmental procedures for client admission.

(10) Before placing any person in the Supported Community Living Program, the department shall consider each of the following:

- (A) Best interest of the patient or resident;
- (B) Least restrictive environment for care and treatment consistent with needs and conditions of the patient or resident;

(C) Ability to provide necessary care and treatment for the patient or resident which is of comparable quality to existing care and treatment based upon investigation of the alternative facility and its program of care and treatment; and

(D) Relationship of the patient or resident to family, guardian or friends so as to main-

tain relationships and encourage visits beneficial to the patient or resident.

(11) The Supported Community Living office staff shall notify the agency or person making application, in writing, to schedule a special staffing with applicant and other interested/responsible persons to determine all appropriate placement resources and to designate responsibility for procuring and making the placement.

(12) Supported Community Living/designee staff shall obtain appropriate releases of referral information signed by parent or guardian. The referral information shall include appropriate psychiatric, medical and social information. The referral information shall also include:

- (A) Treatment needs, including strengths and weaknesses; and
- (B) Legal status.

(13) The proposed Supported Community Living vendor shall indicate acceptance or rejection to the regional placement office, which shall document that response in the client file and inform the agency or person making application of the response.

(14) Consent for Placement.

(A) If the applicant is a minor or has a legal guardian, the department shall obtain consent of the parent or guardian before placement.

(B) If the applicant is an involuntary patient/client under Chapter 211 or 632, RSMo, the department shall notify the court of competent jurisdiction of the proposed placement and allow ten (10) working days for the court to object.

(C) For patients committed under Chapter 552, RSMo, the department shall follow procedures set out in section 552.040, RSMo for obtaining conditional release and subsequent placement.

(D) If a patient in a mental health facility, his/her parent, if s/he is a minor, or his/her legal guardian refuses to consent to the proposed placement, the department shall follow the procedure set out in section 630.635, RSMo.

(15) Funding will be approved by the area director, Children's Services, or designee for an applicant based on the—

- (A) Applicant's acceptance by a proposed Supported Community Living vendor; and
- (B) Availability of funds.

(16) Applicants for whom placement is being sought will have their names placed on a list of those eligible for funding. Their status will

be reviewed weekly by Supported Community Living office staff. Area directors will determine priorities for funding allocations within their regions.

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994). * Original rule filed Feb. 29, 1988, effective July 25, 1988. Amended: Filed March 30, 1992, effective Jan. 15, 1993. Amended: Filed July 17, 1995, effective March 30, 1996.*

**Original authority: 630.050, RSMo (1980), amended 1993, 1995 and 630.705, RSMo (1980), amended 1982, 1984, 1985, 1990.*



COMMUNITY PLACEMENT APPLICATION FORM FOR MINORS

I. CLIENT IDENTIFYING DATA:

Name _____
Date of Birth _____ Sex _____
Current residence - address _____
City/State _____
Parent/Guardian/Other- Name _____ phone _____
Address _____
City/State _____
Significant Others _____
Education - Grade Level _____
School District _____
Legal Status _____
Soc. Security No. _____

DMH INTERNAL USE ONLY
Date Application rec'd _____
Gen. Screening Date: _____
Placement Decision Date: _____
Disposition _____
Date placed on waiting list
Month Day Year

II. APPLICANT

Name _____ Title _____
Facility/Agency _____ Phone: _____
DMH/CPS Facility _____ Date Admitted _____
Type of Admission _____ DMH Case No. _____

III. REASON FOR REFERRAL: (Agency/facility goals and plans)



IV. DIAGNOSIS:

Axis I _____ Code _____

Axis II _____ Code _____

Axis III _____ Code _____

Age at onset of mental disorder _____ years.

A. PRESENT SITUATION: (Describe completely the minor's behavior, e.g. leisure time
CURRENT BEHAVIOR: and activities, socialization, behavior problems, most recent display of problem behavior, privileges/passes, interests, hobbies, school problems)

B. Current Medication and any recent changes and why: _____

C. Physical Condition: (Describe any physical problems, special dietary needs, developmental problems, etc.) _____

D. Family Involvement : (Describe current family interest, home environment, treatment of family members for mental disorders, family needs, assessment of family as a resource both during and following placement, etc.)

E. Treatment: (Describe type of setting needed, degree of structure and supervision required, treatment approaches needed, special management problems, degree of cooperation, special education needs, etc.) _____

F. Minor's and parent's attitude toward placement: _____

G. See Attachment A

VI. FINANCIAL

Insurance Company	Claim number
_____	_____
_____	_____
_____	_____

Other Resources (check if applicable)

SSI _____

SSA _____

Juv. Court _____

DFS _____

Other (specify) _____

VII. REMARKS/RECOMMENDATIONS: (Describe anything that will be helpful in assessing minor for placement)



9 CSR 50-2.020 Guidelines for Conditional Release

PURPOSE: This rule sets guidelines for implementation of House Bill 971, section 632.385, RSMo and applies to all department facilities and private mental health facilities certified by the Division of Comprehensive Psychiatric Services to provide outpatient treatment.

(1) The head of a mental health facility or designee may conditionally release a patient who is involuntarily detained pursuant to Chapter 632, RSMo for twenty-one (21) days, ninety (90) days or one (1) year for a period, not to exceed one (1) year, under written conditions provided by the facility. The facility shall have a continuing responsibility to assist the client in following the written conditions and, as provided in section (6) of this rule, may revoke the patient's conditional release and return the patient to the facility for further inpatient treatment.

(2) The head of the facility or designee shall develop written conditions for the patient's release. These conditions may include, but are not limited to, the following:

- (A) Where the patient will reside;
- (B) What medications the patient must take to treat the mental illness;
- (C) When and where the patient will receive required psychotherapy, day treatment, community placement or other required care and treatment necessary to continue the patient on conditional release;
- (D) Which behaviors the patient is expected to exhibit or avoid; and
- (E) Any other conditions necessary for the patient to comply with to reasonably assure success.

(3) The patient, the head of the facility or designee and the persons providing services to the patient while on conditional release shall agree to the conditions of the release agreement.

(4) The head of the releasing facility or designee may modify the patient's conditions for release when s/he believes that these changes are in the best interest of the patient. Suggested modifications to the conditional release agreement may be made to the head of the releasing facility or designee by the patient or the persons providing services. Any modifications shall be given to the patient in writing and as required in sections (3) and (5) of this rule.

(5) The signed conditional release shall be filed by the head of the facility or designee

with the probate division of the circuit court that committed the patient. Copies of the conditional release shall be given to—

- (A) The patient;
- (B) The facility that conditionally released the patient;
- (C) The person(s) providing for the conditions of release;
- (D) The mental health coordinator;
- (E) The patient's last attorney of record; and
- (F) The prosecuting attorney, county counselor or circuit attorney, as appropriate.

(6) If the patient violates one (1) or more conditions of the release, the head of the facility or designee that conditionally released the patient shall be notified. After review the head of the facility or designee may revoke the patient's conditional release and return the patient to the hospital if there is reason to believe that—

- (A) The patient has violated one (1) or more of the conditions of release;
- (B) The patient requires resumption of full-time hospitalization; or
- (C) The safety of the patient or public may be in jeopardy if the patient is not hospitalized.

(7) If a decision to revoke the patient's conditional release is made by the head of the facility or designee, s/he shall notify and give written notice as to the conditions that were violated, how they were violated and reasons for returning the patient to inpatient hospitalization within ninety-six (96) hours of the patient's return to the mental health facility to the following:

- (A) The patient;
- (B) The person(s) providing services which are called for by the conditions of release;
- (C) The court of jurisdiction;
- (D) The mental health coordinator;
- (E) The patient's last attorney of record; and
- (F) The prosecuting attorney, county counselor or circuit attorney, as appropriate.

(8) If, after given notice, the patient refuses to return to the facility, the head of the facility or designee may take the written notice to the probate division of the circuit court where the conditional release was filed and request that the probate division of the circuit court issue a warrant for the patient's apprehension and return to the facility. The court may consider the request on an *ex parte* basis. Any court costs related to revocation shall be paid as provided in section 632.415, RSMo.

(9) When the patient is returned to the facility, the head of the facility or designee shall

give written notification to the patient that if the patient disagrees with the revocation that the patient may ask the court to hold a hearing on the matter. Upon readmission to the facility, the patient shall be given notice of his/her commitment rights as if s/he were detained for the initial ninety-six (96)-hour period and be given the name and phone number of his/her attorney who represented him/her in the last commitment hearing. The attorney who represented the patient on the last commitment hearing shall continue to be the attorney of record unless the patient has obtained other legal counsel. If the attorney of record is unable to represent the patient, a new attorney shall be designated by the facility from the list of attorneys. The mental health coordinator shall be given notice as to the patient's revocation and return to inpatient hospitalization.

(10) The period of inpatient hospitalization shall not exceed the period of time left on the previous commitment without further hearings for the next appropriate period of commitment. The head of the facility placing the patient on conditional release shall keep adequate records to assure that the patient is not involuntarily treated as an inpatient for a longer period than necessary while on conditional release.

*AUTHORITY: section 630.050, RSMo (1986). * Original rule filed Aug. 4, 1988, effective Jan. 13, 1989.*

**Original authority 1980.*

9 CSR 50-2.510 Admissions to Adult Placement Program

PURPOSE: This rule prescribes admissions criteria, the application process and placement procedures for the adult placement program of the Division of Comprehensive Psychiatric Services.

Editor's Note: The following material is incorporated into this rule by reference:

1) American Psychiatric Association, DSM IV Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) (Washington, D.C.: American Psychiatric Association, 1994).

In accordance with section 536.031(4), RSMo, the full text of material incorporated by reference will be made available to any interested person at the Office of the Secretary of State and the headquarters of the adopting state agency.



(1) Terms defined in sections 630.005 and 632.005, RSMo are incorporated by reference in this rule. Unless the residential services contract clearly requires otherwise, the following other terms, as used in this chapter, shall mean:

(A) Applicant, a person for whom placement services have been requested in writing, including a person seeking readmission to the community placement program;

(B) Client, a person placed under section 630.620, RSMo in any residential facility licensed or certified solely by the department or in conjunction with the Department of Social Services under Chapter 630, RSMo;

(C) *DSM IV, Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition) of the American Psychiatric Association;

(D) Forensic client, a person who is a client of the Division of Comprehensive Psychiatric Services pursuant to Chapter 552, RSMo; and

(E) Regional Placement Program, an area Supported Community Living (SCL) office subject to supervision by the division director or any other entity designated by the division director with responsibility for the regional placement program and services.

(2) All forensic clients shall be eligible for adult placement services from the Division of Comprehensive Psychiatric Services.

(3) All adult persons who are inpatients of facilities operated by the Division of Comprehensive Psychiatric Services and are referred by facility staff receive priority in admission to the adult placement program of the Division of Comprehensive Psychiatric Services.

(4) An applicant who does not meet the criteria of section (2) or (3) shall meet all of the following admission criteria to be eligible for adult placement services from the Division of Comprehensive Psychiatric Services:

(A) Be at least seventeen (17) years and nine (9) months of age;

(B) Have a currently valid *DSM-IV* Axis I diagnosis limited to one (1) of the following list of mental disorders:

1. Schizophrenic disorder (295.10, 295.20, 295.30, 295.60 or 205.90);

2. Delusional (paranoid) disorder (297.1X);

3. Schizoaffective disorder (295.70);

4. Bipolar disorder (296.XX);

5. Atypical psychosis (298.9X);

6. Major depression, recurrent (296.3X);

7. Obsessive compulsive disorder (300.30);

8. Post-traumatic stress disorder (309.81);

9. Borderline personality disorder (301.83);

10. Dissociative identity disorder (300.14);

11. Generalized anxiety disorder (300.02); or

12. Panic disorder with agoraphobia, agoraphobia without history of panic disorder and social phobia (300.21, 300.22 or 300.23); and

(C) Based upon sufficient documentation, have a mental disorder which constitutes substantial impairment in social role functioning and daily living skills to the extent that, based upon the department's clinical judgment, the client cannot function successfully outside a mental health facility without placement services. Substantial impairment may include, but not be limited to, the following behavioral characteristics:

1. Substantial need for mental health treatment and social services;

2. History of inability or unwillingness to comply with treatment plans, including taking medications;

3. Inadequate living skills to provide for basic necessities of food, clothing, shelter, safety, personal and health care without assistance;

4. Poor social skills, which may be exhibited in aggressive or withdrawn behavior;

5. Frequent personal crises requiring emergency treatment or support and assistance;

6. Inability to effectively access community services;

7. Lack of a personal support system (for example, family or friends) to assist in accessing services; and

8. Inability to sustain employment.

(5) Department placement staff shall consider an applicant ineligible for placement services from the Division of Comprehensive Psychiatric Services if—

(A) The primary diagnosis is alcohol or substance abuse or mental retardation;

(B) Medical needs supersede the psychiatric disability and require considerable supervision and ongoing medical treatment;

(C) Impulses to harm self or others are not under control according to clinical judgement;

(D) The diagnosis is dementia; or

(E) Appropriate services have been established that are otherwise available through alternative resources.

(6) Regional placement programs shall screen applicants for placement services to

determine the following: appropriateness of the referral, eligibility for services and placement need, if any. The referring agency or person shall provide a preliminary screening information summary on a form designated by the regional placement program. The regional placement program may request additional information as necessary. Regional placement programs shall conduct screenings in appropriate settings.

(7) If the regional placement program makes a preliminary decision to accept a referral, it shall obtain the following materials:

(A) Psychiatric assessment (an evaluation which includes diagnosis);

(B) Current physical examination, necessary laboratory tests and X-rays;

(C) Background information and social history;

(D) Any special procedures done in the diagnosis process or any special needs of the client, such as diet, information on medicines, allergies or other medical conditions; and

(E) Copies of guardianship, circuit or civil detention orders, conditional release order, if applicable.

(8) Within fourteen (14) working days after receipt of the referral information, the regional placement program shall indicate the disposition of the referral in writing. If the applicant does not meet criteria for acceptance, the department shall notify the referring agency or applicant by registered mail, return receipt requested, of the reasons for rejection, including in the notice information on the deadline for appealing the decision and to whom the appeal is to be sent. If the applicant disagrees with the rejection, s/he may appeal in writing within thirty (30) days after receipt of the notice and may request to meet with the head of the mental health facility to present his/her case in person as well as in writing. If the referring agency disagrees with the rejection, it may appeal in writing within thirty (30) days after receipt of the notice. Appeals shall be addressed to the head of the department's mental health facility. Within thirty (30) days of receiving the appeal, the head of the facility shall notify the applicant and the referring agency or person in writing of his/her decision on the appeal. If the referring agency or applicant disagrees with the decision of the head of the department's mental health facility, s/he may appeal in writing within fifteen (15) days of receipt of the decision to the director of the Division of Comprehensive Psychiatric Services. The division director shall notify the applicant and the referring agency or person in writing



of his/her decision on the appeal within thirty (30) days of its receipt. The decision of the division director shall be final. If the applicant meets criteria for placement services, the department shall notify the referring agency or applicant of tentative placement plans.

(9) If the decision is to accept the applicant into the placement program, placement staff shall follow department procedures for client admission.

(10) Before placing any person in a residential facility or program, the department shall consider each of the following:

- (A) The choices and requests of the patient or resident;
- (B) Least restrictive environment for care and treatment consistent with needs and conditions of the patient or resident;
- (C) Ability of the facility or program to provide necessary care and treatment for the patient or resident; and
- (D) Relationship of the patient or resident to family, guardian or friends so as to maintain relationships and encourage visits beneficial to the patient or resident.

(11) Regional placement program staff shall consider a variety of placement options consistent with an individual client's clinical needs. When a proposed residential facility or program is determined appropriate, the regional placement program shall provide to the following persons written reasons that the proposed placement is appropriate under section 630.615, RSMo:

- (A) The patient or resident;
- (B) A parent, if the patient or resident is a minor;
- (C) The legal guardian;
- (D) The referring court, state, private agency or facility; and
- (E) The patient's or resident's next of kin.

(12) Regional placement program staff shall obtain appropriate releases of referral information signed by the patient or resident, his/her parent, if a minor, or guardian. The placement staff shall submit the referral information to the proposed residential facility or program. The referral information shall include appropriate psychiatric, medical and social information. The referral information shall also include:

- (A) Preliminary screening information summary;
- (B) Level of functioning;
- (C) Treatment needs, including strengths and weaknesses; and
- (D) Legal status.

(13) The proposed residential facility or program shall indicate acceptance or rejection to the regional placement office which shall document that response in the client file and inform the referring party of the response. If the patient or resident is competent to give informed consent, the department shall allow ten (10) working days to obtain his/her consent before making a placement. If the patient or resident is a minor or has a legal guardian, the department shall obtain consent of the parent or guardian before placement. If the patient or resident is an involuntary patient or resident under Chapter 211 or 632, RSMo, the department shall notify the court of competent jurisdiction of the proposed placement and allow ten (10) working days for the court to object. For patients or residents committed under Chapter 552, RSMo, the department shall follow procedures set out in section 552.040, RSMo for obtaining conditional release and subsequent placement. If a patient in a mental health facility, his/her parent, if s/he is a minor, or his/her legal guardian refuses to consent to the proposed placement, the department shall follow the procedure set out in section 630.635, RSMo.

(14) At the time of placement, the department shall include the following information in the residential facility placement packet, which shall accompany the client:

- (A) Psychiatric evaluation;
- (B) Psychological evaluation, if applicable;
- (C) Social history and assessment;
- (D) Initial treatment plan;
- (E) A statement of financial resources;
- (F) Name of guardian, if applicable;
- (G) Commitment status;
- (H) Medical evaluation, including current physical examination, diet, medication and special problems or needs;
- (I) Burial plan information; and
- (J) Discharge plan, if from an inpatient setting.

(15) The department also shall provide the following items, which shall accompany the client at the time of placement:

- (A) Prescriptions for, or a fourteen (14)-day supply of, medication;
- (B) Initial personal spending monies, if available; and
- (C) Sufficient and appropriate clothing and personal items.

AUTHORITY: section 630.050, RSMo (1994). Original rule filed July 3, 1986, effective Dec. 15, 1986. Amended: Filed July 17, 1995, effective March 30, 1996.*

**Original authority 1980, amended 1993, 1995.*