ARTICLE 33-13
MENTAL HEALTH AND RETARDATION SERVICE UNITS

CHAPTER 33-13-01
LICENSURE OF COMMUNITY MENTAL HEALTH AND RETARDATION CENTERS (SERVICE UNITS)

33-13-01-01. Management/support services.

1. **Management.**

   a. Governing authority.

      (1) A community mental health and retardation center shall be established in accordance with the provisions of North Dakota Century Code chapter 25-12.

         (a) If the governing authority is a public organization, it shall describe the administrative framework within which it operates.

         (b) If the governing authority is a private, nonprofit corporation, it shall provide written documentation of its source of authority through charter, constitution and bylaws, and if required, its state license.

      (2) A community mental health and retardation center, whether established by a political subdivision or a body corporate, shall be governed by and under the general supervision of a board of directors appointed in the manner described in North Dakota Century Code chapter 25-12-03.

      (3) The center's governing board shall adopt bylaws which shall state the purposes of the board and shall at least:

         (a) Define the powers and duties of the board, its officers, and committees.

         (b) Describe the authority and responsibility delegated to the executive director of the center, and retain the right to rescind such delegation.

         (c) Provide for selection of its officers, and for appointment of standing and special committees necessary to effect the discharge of its responsibilities.

         (d) Provide for the adoption of a schedule of meetings and attendance requirements.

         (e) Require that minutes be kept of the board deliberations and decisions.

            [1] The center shall provide a copy of the bylaws and any ensuing revisions to the division of mental health and retardation.

[2] There shall be documentation verifying that the bylaws of the governing authority are reviewed and updated at least annually.

[3] There shall be documentation verifying that the governing board shall be an active agent in the direction and supervision of center operations.

(4) The governing board shall appoint an executive director to discharge its responsibilities.

(a) The executive director shall have overall authority and responsibility for the operation of the center.

(b) The executive director shall be a qualified mental health professional with clinical, administrative, and community organization training or experience appropriate to a community mental health center setting.

(c) Prior to the appointment of the executive director, the governing board shall consult with the division of mental health and retardation, state department of health, regarding the qualifications of the applicant for that position.

(d) The executive director shall be a full-time employee of the center, and shall not be permitted to engage in private practice.

(e) To ensure effective communication between the governing board and the center staff, the executive director shall attend all its meetings. The board shall also use any other appropriate means to assure adequate communication with the staff of the center.

(5) The governing board shall appoint a medical director, who may also be the executive director, who shall assume the medical responsibility for each patient served by the center.

(a) The governing board shall describe in writing the role and responsibilities of the medical director and the medical director's relationship to the executive director, if that position is occupied by another mental health professional.

(b) The medical director shall be a board eligible or board certified psychiatrist licensed to practice medicine in North Dakota.

(6) The governing board shall prepare an annual report which shall include full disclosure of center ownership and control, fiscal information including receipts and disbursements, a table of organization depicting center programs and staff functions and responsibilities, and a summary of center activities reflecting services provided during the year.

(a) Such a report shall be filed with the division of mental health and retardation, state department of health, funding sources, and others upon request.

(7) The governing board shall take an active role in informing the community about the center and its programs, and shall actively solicit the involvement of the community in the affairs of the center.

(a) The governing board shall exert every effort to secure needed financial support for the ongoing operation of the center.

(8) The governing board of the center shall assure that there is continuing review of the quality of care provided by the center.

b. Fiscal management.

(1) The center's executive director shall designate an administrator or business manager who shall be responsible for the efficient management of the center and the maintenance of buildings and equipment.

(a) This individual shall be a full-time professional who shall supervise and coordinate such functions as general maintenance, purchasing and supply, accounting records, transportation, payroll, employee records, inventory control, and patient billings.

(2) An accounting system shall be maintained which provides information that reflects the fiscal experience and current financial position of the center.

(a) Such system shall accurately account for all revenues by source, federal, state, local, third party payments, and others.

(b) Such system shall have the capacity to determine the direct and indirect cost of each type of service provided by the center.

(c) Such system shall accurately indicate the center's operational costs.

(d) Such system shall be responsive to reporting requirements set by the division of mental health and retardation, state department of health.

(3) The center's executive director shall submit an annual budget to the governing body of the center for the purpose of discussion, modification and approval.

(a) The budget shall be developed with the participation of appropriate treatment and administrative staff.

(b) The budget shall categorize revenues for the center by source.

(c) The budget shall categorize expenses by the types of services or program components provided.

(d) Revisions of the budget during the fiscal year of operations shall be reviewed and approved by the center's governing body.

(e) After review and approval by the governing body, a copy of the budget, and any revisions thereafter, shall be filed with the division of mental health and retardation, state department of health.

(4) The fiscal management system shall include a fee schedule.

(a) The center shall maintain a current written schedule of rate and charge policies that has been approved by the center's governing body and the division of mental health and retardation, state department of health.

[1] The fee schedule shall be accessible to all center staff and individuals served by the center.

[2] The fee schedule shall be based on the patient's ability to pay taking into consideration income and family size.

(b) The center shall provide needed services for persons regardless of ability to pay. All persons shall be able to seek and receive services in the center, and shall not be denied services solely on the basis of inability or ability to pay.

(5) The fiscal management system shall have an audit of the financial operations of the center performed by an independent certified public accountant at least annually, in conformance with guidelines issued by the North Dakota state auditor. A copy of this audit shall be filed with the center's governing body, the state auditor's office, the fiscal officer, state department of health and the division of mental health and retardation, state department of health.

(6) The fiscal management system shall have appropriate insurance coverage for the protection of its staff, governing body, patients, the general public and the physical facilities. This insurance coverage shall include fire and extended coverage for buildings, contents and vehicles; public liability insurance; workmen's compensation for employees; and professional liability insurance.

(7) The fiscal management system shall provide that the center makes use of space owned by an organization other than the center, an agreement covering the terms of such usage shall be consummated.

c. Personnel.

(1) The center shall have written personnel policies and practices covering all employees of the center or its affiliates, or both.

(a) There shall be documentation verifying that the center's governing body has approved all written personnel policies and practices.

(b) There shall be documentation verifying that these personnel policies and practices are reviewed and updated at least annually.

(2) The center shall have written job descriptions for all staff positions.

(a) Each job description shall set forth the qualifications, reporting supervisor, positions supervised, and duties.

(b) There shall be documentation verifying that each job description is reviewed and updated at least annually for continuing appropriateness.

(c) Full-time professionals of the center shall not be permitted to engage in private practice.

(3) The written personnel policies and practices shall require that all personnel meet any local, state, or federal legal requirements for licensing, registration, or certification.

(4) The written personnel policies and practices shall stipulate that qualifications for all positions be nondiscriminatory.

(5) The written personnel policies and practices shall describe methods and procedures for the supervision of all personnel, including volunteers.

(6) The written personnel policies and practices shall include fringe benefits, recruitment, termination, promotions, and employee grievances.

(7) The written personnel policies and practices shall include a mechanism for evaluation of personnel performance on at least an annual basis.

(a) The evaluation shall be in writing.

(b) The evaluation shall be reviewed with the employee.

(8) The center shall maintain individual employee records, including the employee's application and statement of qualifications, transcripts, employment conditions and salary, accumulation and use of sick leave, vacation and administrative leave, and annual evaluations of the employee's performance.

(9) The written personnel policies and practices shall include a mechanism for suspension or dismissal of an employee for cause.

(10) All personnel policies and practices shall be given to each employee and be available to others upon request.

(11) The center shall have a written statement of its policies and practices for handling cases of neglect and abuse of its patients. Alleged violations and the results of any investigation shall be documented.

(12) The center shall have a written plan for the professional growth and development of all personnel. This plan shall include but not be limited to orientation procedures, inservice training programs, outside continuing education opportunities, and availability of professional reference material.

(13) The center shall document the involvement of its staff and governing body in the development and implementation of all of these policies, practices, statements, and plans.

(14) The center shall file with the division of mental health and retardation a copy of its personnel policies and practices at least on an annual basis. The same procedure applies to any changes, modifications or additions which may occur during the year.

d. Planning.

(1) The center shall carry out or have available to it a needs assessment or market study for the population it serves. The center shall document the methods and procedures for completing the needs assessment, as well as an analysis of the results.

(2) The center shall compile an inventory of existing resources for the population it serves, including a listing of all financial, staff, and service resources available.

(3) The center shall involve community participation in the planning process.

(4) The planning process shall be continuous.

(5) There shall be documentation verifying that the center's present services as well as new services are based upon the planning process and approved by the governing board.

(6) The center shall take into consideration and conform with all existing local, regional and state comprehensive planning for human services.

e. Evaluation.

(1) The center shall periodically evaluate its performance against its stated goals and objectives.

(a) The evaluation shall include mechanisms for assessing the attainment of the center's goals and objectives.

(b) The evaluation shall include mechanisms for assessing the effective utilization of staff and program resources toward the attainment of the center's goals and objectives.

(2) The center shall measure the effectiveness of its programs and services in terms of the progress of its patients toward the objectives specified in their individual treatment plans.

(3) The center's evaluation process shall include mechanisms for the consequent review and modification of its objectives, policies, and practices.

(4) The center shall provide its funding sources with qualitative evidence of accomplishments and shortcomings in relation to its stated goals and objectives.

(5) The center shall utilize the results of the evaluation process in its continuous planning efforts.

f. Data collection.

(1) Statistical data concerning caseload, flow of clients into and out of the center, and services rendered by the staff shall be maintained in accordance with guidelines and forms promulgated by the division of mental health and retardation.

(a) The data collected, its analysis, and results shall be made available to the center's governing body, funding sources, and others upon request.

(b) The data collected shall be utilized in the planning process, evaluation of the services provided by the center, and research activities.

g. Patients' rights.

(1) The center's policies and procedures shall be designed to enhance the dignity of all patients and to protect their rights as human beings.

(a) The patient shall have the right to treatment solely on the basis of need.

(b) The patient shall have the right to be received and treated with dignity and concern in accordance with accepted standards of care.

(c) The patient shall have the right to communicate with the patient's family, attorney, physician, clergyman, and any others.

(d) The patient shall have the right to be protected against unwarranted invasion of the patient's privacy.

(2) The center shall review and respond to patient's opinions, recommendations, and grievances in ways that will enhance the center's relationship with patients.

h. Environment.

(1) The center facility shall be structurally sound and shall meet the requirements of applicable federal, state, and local laws and regulations pertaining to physical safety, sanitation, adequacy of entry and exit capability, fire protection, and all other aspects of physical safety and serviceability.

(2) The center facility shall contribute to the patient's comfort and therapy and enhance the positive image of the center.

(3) A disaster plan shall be maintained and rehearsed by the center at least twice a year.

2. **Support services.**

a. Patients' records.

(1) The center shall develop and maintain a record of clinical information for each patient.

(a) The patient record shall include identifying data, evaluation, history, treatment plan, treatment course, and termination and disposition information. The patient record shall include a treatment plan outlining the goals and objectives for the individual during treatment.

(b) The patient record shall provide for a continued assessment of the progress of the individual towards the goals and objectives outlined in the treatment plan.

(c) The patient record shall not be a public record and shall not be released outside the center without the written authorization of the patient.

[1] Documents or reports released outside the center shall contain no references to an identified patient, and shall contain no pictures or other identifying material unless written authorization of the patient is obtained.

[2] Administrative and governing boards, funding agencies, or other interested persons or parties shall not have access to clinical information concerning center patients, except that those agencies responsible for assessing, surveying, and determining compliance with these standards shall have access to any and all information available to the center. Information provided to the governing boards, funding agencies, and other interested groups shall be limited to such financial, statistical, and summary data as may be necessary for them to discharge their responsibility.

(d) When the patient's treatment is terminated, the center shall enter into the patient's record a discharge summary delineating the progress of the patient toward the goals and objectives set forth in the initial treatment plan.

b. Medication. The center shall have written policies and procedures designed to ensure that all medications are dispensed and administered safely and properly.

(1) Medication orders shall be written only by physicians who are in direct care and treatment of patients.

(2) A training program shall be provided for clinical staff members authorized to administer medications in accordance with state laws.

(3) There shall be a specific routine of drug administration.

(4) There shall be methods of checking to detect unhealthy side effects or toxic reactions.

(5) Drug storage areas shall be well lighted, safely secured, and maintained in accordance with the security requirements of federal, state, and local laws.

c. Referrals. The center shall have written referral policies and procedures that facilitate patient referral between the various components of the center or other community service providers, or both.

(1) The written referral policies and procedures shall include a description of the mechanisms designed to assure continuity of care for the patient.

(a) All services of the center shall be readily accessible on the basis of the patient's needs. This includes the movement of a patient from one direct care component to another as the patient's need dictates and with as few obstacles and as little interruption in the patient's therapeutic treatment as possible.

(b) Pertinent portions of records and other relevant information shall be readily transferable between all service components.

(c) Arrangements shall be made for the same staff member or members to assume primary responsibility for a patient throughout the patient's course of treatment whenever possible.

(2) The center shall indicate the means by which it assists in the referral of those patients who seek services the center does not provide.

(3) The center shall provide an adequate referral system, including followup, between its various components and private practitioners and other agencies and organizations.

(4) The center shall keep a current, confidential record of all referrals that it initiates and receives.

d. Research. The center may conduct basic and applied research to provide information regarding community needs resources, the impact of service delivery, and the extent to which the center is meeting its objectives and goals.

(1) The center shall have written policies and procedures encompassing the purpose and conduct of all research.

(2) When research involves staff, patients or the general public, care shall be taken to assure the anonymity of individual persons and the protection of human rights.

General Authority: NDCC 28-32-02
Law Implemented: NDCC 25-12-04(5)

33-13-01-02. Direct services.

1. **Inpatient care.**

a. Principle. The inpatient care component shall provide twenty-four hour supervised therapeutic care under the direction of a physician in a hospital. This service should be utilized only when, and for so long as, other services of the center are not appropriate.

The goal of the inpatient care component is to provide appropriate and effective treatment to facilitate the patient's earliest return to the community.

b. Standards.

(1) The inpatient care component shall have a written statement describing its philosophy and objectives in the provision of care to patients with emotional problems.

(a) This written statement shall include a statement of the primary diagnostic and treatment modalities utilized.

(b) This written statement shall delineate the interrelationship of the inpatient care component and its personnel with other components.

(2) The inpatient care component shall provide an intensive treatment program in a therapeutic environment. There shall be documentation that an evaluation of the needs of the patient has been conducted within twenty-four hours of the patient's entry into the inpatient care component.

(a) This evaluation shall be carried out by or under the supervision of a qualified physician.

(b) The process and results of this evaluation shall be documented in the patient's inpatient record.

(3) There shall be a written, individualized treatment plan based on the diagnostic assessment of the patient's needs.

(a) Any mental health professional may be involved in the patient's treatment under the supervision of a physician.

(b) The treatment plan shall be aimed at moving the patient from the inpatient care component into another care component of the center, or into the community as soon as the patient is sufficiently improved.

(4) The inpatient care component shall be reasonably accessible and immediately available.

(a) Patients who need inpatient care shall be hospitalized without delay.

(b) In the event that all inpatient care beds are filled, the center has the responsibility for arranging a suitable place for the patient's care.

(5) Whenever possible, a person shall be admitted voluntarily to the inpatient care component. However, the center shall be prepared to receive clients who are committed to the inpatient care component through legal action.

(6) The inpatient care component shall be structurally suitable to assure the patient of privacy when the patient desires it, and to encourage therapeutic interaction between patients and staff members.

(7) Hospital inpatient care facilities, staffing, records, procedures, and programs shall meet the requirements for licensure by the state of North Dakota and, if appropriate, meet the requirements for accreditation by the joint commission on accreditation of hospitals.

2. **Partial care.**

a. Principle. The partial care component shall be designed to provide a therapeutic program for those persons who require less than twenty-four hour a day care, but more than outpatient care. Partial care is an effective alternative to inpatient care. Partial care can serve as an effective transition between full-time care and return to the community. When so utilized, partial care can appreciably shorten the duration of a person's inpatient stay.

b. Standards.

(1) The partial care component shall have a written plan describing its treatment philosophy, objectives, and organization.

(a) The written plan shall define the roles and responsibilities of the partial care personnel and the lines of authority.

(b) The written plan shall delineate the interrelationship of the partial care component and its personnel with other center care components.

(2) The partial care component shall have at least a day and night care program.

(3) There shall be trained staff and supporting personnel to perform the services of the partial care component.

(a) Performance of the services of the partial care component shall be verified by documentation of the implementation of individualized treatment plans and attainment of treatment objectives.

(b) There shall be a written plan for the training of all partial care personnel.

(4) The physical facility shall be appropriate for the partial care component.

(a) The day care program may take place at the center in a designated area or in the community utilizing available resources, or both.

(b) The night care program usually takes place in a hospital setting where appropriate bed space shall be provided.

(c) The center shall employ facilities for the partial care component which contribute to the ease and effectiveness of the program, such as encouraging communication with staff and patients.

(5) The partial care component shall be accessible to the community and be conveniently available by way of public or center-arranged transportation.

3. **Outpatient care.**

a. Principle. The outpatient care component shall be designed to provide the necessary treatment modalities for patients who need to spend relatively little time at the center on both a scheduled basis and a nonscheduled basis.

b. Standards.

(1) The outpatient care component shall have a written plan describing its treatment philosophy, objectives, and organization.

(a) The treatment philosophy shall include a justification of the primary diagnostic and treatment modalities utilized.

(b) The plan shall include a description of the objectives of the outpatient care component. The description of the objectives shall demonstrate the indicators used to measure progress toward attainment of the objectives.

(c) The written plan shall define the roles and responsibilities of the outpatient care personnel and the lines of authority.

(d) The written plan shall delineate the interrelationship of the outpatient care component and its personnel with other center care components.

(e) The written plan shall include a mechanism and assurances for the care of patients who may require treatment services unavailable in the outpatient care component.

(2) The outpatient care component, including intake and treatment, shall be promptly available during normal center working hours.

(a) A patient has a right to seek and receive timely help at the center without being placed on a "waiting list".

(b) The center shall find ways and means of handling new intakes swiftly and effectively, and to get the patient started in a suitable treatment program without delay.

(3) There shall be a written, individualized treatment plan that is based upon the psychiatric/psychological/social evaluation.

(a) The treatment plan shall specify those services planned for meeting the patient's needs.

(b) The treatment plan shall include referrals for services not provided by the outpatient care component.

(c) There shall be documentation verifying that the treatment plan is reviewed and updated at least monthly.

(4) There shall be trained staff and supporting personnel to perform the services of the outpatient care component.

(a) Performance of the services of the outpatient care component shall be verified by documentation of the implementation of individualized treatment plans and the attainment of treatment objectives.

(b) There shall be a written plan for the training of all outpatient care personnel.

4. **Emergency care.**

a. Principle. The emergency care component shall provide immediate mental health care for persons in a crisis on a twenty-four hour a day, seven-day a week basis. The emergency care component shall include adequate provision for effective handling of special situations, including violent, criminal and suicidal clients and persons brought to the service through legal or police action.

b. Standards.

(1) The emergency care component shall have a written plan describing its treatment philosophy, objectives, and organization.

(a) The written plan shall include the emergency component's philosophy toward emergency services and their delivery.

(b) The written plan shall define the roles and responsibilities of the emergency care personnel and the lines of authority.

(c) The written plan shall delineate the interrelationship of the component and its personnel with other center care components.

(d) The written plan shall delineate the methods by which the emergency care component, upon contact with an emergency, determines the level of the emergency and the appropriate services to be performed.

(2) The emergency care component shall maintain a twenty-four hour telephone service. The telephone emergency service shall be publicized adequately by such means as brochures, newsletters, or the mass media.

(3) The emergency care component available on a twenty-four hour basis shall include but not be limited to (a) the determination by trained staff of whether each person should receive a medical, psychological or social evaluation; (b) treatment of acute and potentially life threatening disorders and (c) supervision of medically ill persons by trained medical staff.

(a) Medical services shall be available to the emergency care component at all times.

(b) The emergency care component shall have the capability of providing evaluation and treatment services outside the center facility as necessary such as in homes, jails, schools, general hospitals and any other location where emergencies are likely to happen.

(4) The emergency care component shall be available to assist other center staff in handling emergencies, crises or unusual situations as requested.

(5) The emergency care component shall keep a record for each emergency telephone call involving suicidal threats and other serious problems or situations, including records of referrals made and the response of agencies or persons to whom a patient has been referred.

(a) These records shall be available to all staff members carrying out emergency duties and to the other center clinical staff as needed.

(b) There shall be assurance that patients receiving emergency care can be readily transferred to other services of the center, as their need dictates.

(6) There shall be a written plan for the training of all emergency care personnel. This training plan shall be updated at least annually for adjustment to changing needs.

General Authority: NDCC 28-32-02
Law Implemented: NDCC 25-12-04(5)

33-13-01-03. Indirect services.

1. **Consultation.**

a. Principle. The consultation component involves the provision of mental health assistance to a wide variety of community agents and caregivers, including but not limited to schools, courts, police, clergy, and health care personnel such as physicians and public health nurses.

b. Standards.

(1) The consultation component shall have a written plan describing the procedures by which the consultation needs of community groups or agencies are assessed and the goals and objectives derived from the assessed needs.

(2) The center shall periodically evaluate the effectiveness of its consultation component in attaining its goals and objectives.

(3) The consultation component shall be coordinated with all other center services.

(4) The center should enter into agreements with community groups or agencies delineating the scope and extent of the consultation service.

(5) The center shall provide for the training of its staff in consultation activities.

2. **Education.**

a. Principle. The education component shall be designed to increase the visibility, identifiability and accessibility of the center for all persons who require the center's services. A center cannot serve as an effective community resource if the community is unaware of its purposes, functions, location or its relevance to community needs. The education component shall be designed to also promote mental health and to prevent emotional disturbance through the dissemination of relevant mental health knowledge.

b. Standards.

(1) The education component shall have a written plan describing the philosophy and goal of its program and services.

(2) The education component shall utilize but not be limited to brochures or fact sheets on services currently provided, newsletters, audiovisual materials, a speaker's bureau, program presentations, meetings and seminars, school and college class presentations, and the mass media.

(3) The center shall periodically evaluate the effectiveness of its education component in attaining its goals and objectives.

(4) The education component shall be coordinated with all other center services.

(5) The education component shall conduct activities that express and recognize citizen support of program needs.

(6) The center shall provide for the training of its staff in education activities.

General Authority: NDCC 28-32-02
Law Implemented: NDCC 25-12-04(5)

33-13-01-04. Services to special groups.

1. **Mental retardation services.**

a. The various services provided by the center shall be available to the mentally retarded and other developmentally disabled persons.

b. These services shall be designed to meet the developmental needs of the patient throughout the patient's life span, maximize the patient's human qualities, adapt the patient's behavior, and enhance the patient's ability to cope with the patient's environment.

c. These services shall be developed with the principle of normalization and shall be so defined as to meet the patient's culturally, normative environment.

2. **Alcoholism and drug abuse services.** The alcoholism and drug abuse services provided by the center shall meet the policies and standards set forth in article 33-08.

General Authority: NDCC 28-32-02
Law Implemented: NDCC 25-12-04(5)

33-13-01-05. Glossary.

1. "Affiliate" means an agency which provides services included in the organization and operation of a community mental health and retardation center and which is related to that center by formal agreement or contract.

2. "Aftercare" means the process of providing continued contact with a patient after the patient's treatment at the center.

3. "Alcoholism program" means a program designed to identify, evaluate, and treat persons who experience problems related to alcohol use.

4. "Audit (financial)" means an independent opinion by a certified public accountant verifying the center's financial condition as to its soundness and validity.

5. "Clinical staff" means that group of personnel which is directly involved in patient care and treatment.

6. "Consultation" means the act of providing information or technical assistance, or both, to a particular group or individual seeking to resolve an existing or potential problem.

7. "Contract" means a formal legal document adopted by the center's governing body and any other organization, agency, or individual that specifies services, personnel, and space to be provided to the program as well as the moneys to be expended in exchange.

8. "Cost accounting" means the accounting procedure concerned with the determination of costs of services provided by the center, as well as the provision of data for control of operations.

9. "Diagnostic service" means an assessment or evaluation of a patient including recommendations for appropriate care carried out by center staff.

10. "Documentation" means provision of evidence to substantiate compliance with standards such as minutes of meetings, memoranda, schedules, notices, and announcements.

11. "Education" means the dissemination of relevant information to professionals and laymen about any aspect of mental health.

12. "Emergency care" means the provision of immediate mental health care and evaluation for persons in crisis on a twenty-four hour a day basis.

13. "Executive director" means the mental health professional appointed by the governing authority to act in its behalf in the overall management of the center.

14. "Fiscal management system" means procedures that provide management control of the financial aspects of program operations such as budgeting, materials purchasing, and patient billing.

15. "Full-time employee" means a person employed by the center to work the regular forty-hour week.

16. "Inpatient care" means the treatment of patients who require twenty-four hour supervision in a hospital setting as a result of mental disorder.

17. "Medical care" means those diagnostic and treatment services that are provided by or under the supervision of a licensed physician.

18. "Medical director" means a licensed physician (psychiatrist) who has responsibility for the medical care of center patients.

19. "Medication" means the use of drugs in the treatment of patients.

20. "Mental health professional" means an individual who has completed successfully an organized program of education and training devoted to principles of mental health and the care and treatment of those with mental disorders, or a person who has completed successfully a basic education in another discipline who, by virtue of additional training or experience, becomes qualified to carry out the person's professional activities in a mental health setting.

21. "Outpatient care" means the process of providing mental health services to patients on a regularly scheduled basis with arrangements made for nonscheduled visits during times of increased stress or crisis.

22. "Partial care" means those treatment services which are usually available and utilized by patients who require less than twenty-four hour a day care, but more than outpatient care.

23. "Patient (client)" means an individual who has contacted the center seeking service and for whom treatment responsibility is accepted by the center.

24. "Patient record" means a compilation of those events and processes that describe and document the evaluation and treatment of the patient.

25. "Physician" means a doctor of medicine, licensed to practice medicine in North Dakota.

26. "Precare and aftercare service" means the screening of patients prior to hospital admissions, home-visiting before and after hospitalization, and maintaining contact with the patient after discharge from the center's treatment program.

27. "Psychiatric nurse" means a professional who is licensed to practice in North Dakota and holds a master's degree in the clinical speciality of psychiatry.

28. "Psychiatrist" means a physician with three years of approved residency training in psychiatry who is licensed to practice medicine in North Dakota.

29. "Psychologist" means a person who holds a doctor's degree in psychology who is licensed by the state of North Dakota.

30. "Rehabilitative service" means social and vocational activities related to increasing the social and vocational skills of patients.

31. "Social worker" means a person who holds a master's degree from an accredited school of social work and, if required, is licensed by the state of North Dakota.

General Authority: NDCC 28-32-02
Law Implemented: NDCC 25-12-02(5), 25-12-04(5)