

Readopt He-M 613, effective 9-20-16 (Document #11183), to read as follows:**PART He-M 613 ADMISSION TO AND DISCHARGE FROM NEW HAMPSHIRE HOSPITAL**

Statutory Authority: New Hampshire RSA 135-C:4, III; 16; 61, II, V

He-M 613.01 Purpose. The purpose of this rule is to define standards and procedures for placement at New Hampshire hospital (NHH).

He-M 613.02 Definitions.

- (a) "Absolute discharge" means the complete and unconditional discharge of an individual from NHH.
- (b) "Advance practice registered nurse" (APRN) means "advanced practice registered nurse" as defined in RSA 135-C:2, II-a, namely "an advanced practice registered nurse licensed by the board of nursing who is certified as a psychiatric mental health nurse practitioner by a board-recognized national certifying body."
- (c) "Certificate" means the certificate of a physician or an APRN pursuant to RSA 135-C:28, I, stating that the person to be admitted meets the criteria for IEA specified in RSA 135-C:27.
- (d) "Certifying practitioner" means a physician or an APRN who issues a certificate of involuntary emergency admission in accordance with RSA 135-C:28, I.
- (e) "Commissioner" means the commissioner of the department of health and human services.
- (f) "Community mental health program" (CMHP) means "community mental health program" as defined in RSA 135-C:2, IV, namely, "a program established and administered by the state, city, town, or county, or a nonprofit corporation for the purpose of providing mental health services to the residents of the area and which minimally provides emergency, medical or psychiatric screening and evaluation, case management, and psychotherapy services."
- (g) "Conditional discharge" means "conditional discharge" as defined in RSA 135-C:2, V, namely, "the release of an involuntarily admitted person from a receiving facility on the condition that the person accept treatment in the community or be subject to readmission."
- (h) "Director" means the director of the bureau of behavioral health of the department of health and human services.
- (i) "District court" means the state court that has the authority pursuant to RSA 135-C:20 to conduct probable cause hearings for involuntary emergency admissions and order an evaluation of a minor pursuant to RSA 169-B:20, RSA 169-B:21, I, RSA 169-C:16, III, and RSA 169-D:14, III. The term also includes the term "circuit court – district court division" which is a state court located in each county of New Hampshire with a district, probate, and family court division.
- (j) "Informed decision" means a choice made voluntarily by a patient or person for whom admission is sought or, where appropriate, such person's legal guardian, after all relevant information necessary to making the choice has been provided, when:
 - (1) The person understands that he or she is free to choose or refuse any available alternative;
 - (2) The person clearly indicates or expresses his or her choice; and
 - (3) The choice is free from all coercion.

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(k) “Involuntary admission” means admission of a person to a receiving facility on an involuntary basis by order of the probate court pursuant to RSA 135-C:34-54.

(l) “Involuntary emergency admission” (IEA) means admission to a receiving facility on an involuntary, emergency basis, pursuant to RSA 135-C:27-33, of an individual who is in such mental condition as a result of a mental illness as to pose a likelihood of harm to self or others.

(m) “Least restrictive alternative” means the program or service which least inhibits a person’s freedom of movement, participation in the community, and informed decision-making while achieving the purposes of treatment.

(n) “Medical director” means the person responsible for providing oversight and advice regarding the clinical services and treatment within the state mental health services system.

(o) “Mental illness” means “mental illness” as defined in RSA 135-C:2, X, namely, “a substantial impairment of emotional processes or of the ability to exercise conscious control of one’s actions, or of the ability to perceive reality or to reason, when the impairment is manifested by instances of extremely abnormal behavior or extremely faulty perceptions. It does not include impairment primarily caused by:

(1) Epilepsy;

(2) Intellectual disability;

(3) Continuous or noncontinuous periods of intoxication caused by substances such as alcohol or drugs; or

(4) Dependence upon or addiction to any substance such as alcohol or drugs.”

(p) “Minor” means any person under the age of 18 years.

(q) “Parent” means a biological or adoptive parent who has legal custody of a minor, including either parent if custody is shared, or a person or agency appointed as a guardian of the person of a minor.

(r) “Petition” means a request for the involuntary admission of a person completed in accordance with RSA 135-C:36.

(s) “Physician” means “physician” as defined in RSA 135-C:2, XII, namely, “a medical doctor licensed to practice in New Hampshire.”

(t) “Preadmission screening” means a review of a nursing home applicant conducted prior to admission that allows the department to confirm the applicant’s diagnosis, identify the necessary level of care, and determine the need for specialized services.

(u) “Probate court” means the state circuit court – probate division which has authority to preside over civil commitment and guardianship proceedings.

(v) “Psychiatric disorder” means a mental disorder classified in the “Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)), published by the American Psychiatric Association, with the exception of intellectual disability, organic mental disorders, substance abuse disorders, adjustment disorders, and Z codes.

(w) “Psychiatrist” means “psychiatrist” as defined in RSA 135-C:2, XIII, namely, “a physician licensed to practice in New Hampshire who is either board-certified or board-eligible according to the most recent regulations of the American Board of Psychiatry and Neurology, Inc., or its successor organization.”

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(x) “Receiving facility” means “receiving facility” as defined in RSA 135-C:2, XIV, namely, “a treatment facility which is designated by the commissioner to accept for care, custody and treatment persons involuntarily admitted to the state mental health services system.”

(y) “Severe personality disorder” means a mental disorder classified in the DSM-5-TR and characterized by personality traits which are inflexible, maladaptive, and cause a severe degree of either functional impairment or subjective distress.

(z) “Skilled nursing facility” means a medical facility which provides skilled nursing and rehabilitation services for a limited period of time following inpatient hospital care.

(aa) “Superintendent” means the chief administrative officer of NHH.

(ab) “Transitional housing services” (THS) means a residential and rehabilitative program that assists people with mental illness who have been discharged from NHH to adjust to living in a non-institutional, community-based setting.

(ac) “Voluntary admission” means admission to NHH subsequent to the documented consent of the person being admitted or his or her legal guardian.

(ad) “Z codes” means DSM-5-TR categories that describe clinically-related conditions of a person that are not directly attributable to a mental illness but might interfere with treatment of that illness or otherwise have an effect on the person’s ability to carry out functions of daily living.

He-M 613.03 Voluntary Admission of Adults to NHH.

(a) To be eligible for voluntary admission to NHH, an applicant shall meet the following criteria:

- (1) The applicant shall be referred by his or her regional CMHP;
- (2) The applicant shall be certified by the CMHP as eligible for community mental health services pursuant to He-M 401.04 through 401.07;
- (3) Pursuant to RSA 464-A:25, I (a), if a guardian of the person has been appointed for the applicant:
 - a. The guardian may consent to admission to NHH with prior approval of the probate court; or
 - b. If there is no prior probate court approval, the guardian may consent to admission to NHH provided a psychiatrist or APRN licensed to practice in New Hampshire has certified in writing that placement at NHH is in the ward’s best interests and is the least restrictive placement available; and
- (4) If the applicant does not have a guardian of the person, the applicant shall make an informed decision to consent to the voluntary admission.

(b) A person who refers themselves or another person for admission to NHH shall do so in writing or by telephone to the medical director of NHH or the medical director’s designee.

(c) Each referral shall include:

- (1) A description of the person’s recent clinical history relative to the conditions and events which led to the request for admission;

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- (2) A description of less restrictive alternatives considered by the referring party;
 - (3) A statement which demonstrates why less restrictive alternatives are inappropriately suited to the patient's needs or are otherwise not available; and
 - (4) A statement why NHH is the least restrictive treatment alternative.
- (d) An applicant for voluntary admission to NHH shall only be eligible for admission if, as determined by the medical director or the medical director's designee:
- (1) NHH is the least restrictive alternative among the available treatment options; and
 - (2) NHH has the capacity, programs, and services to address the applicant's presenting complaints and symptoms.
- (e) No voluntary admission shall occur without the written prior approval of the medical director or their designee.
- (f) Pursuant to RSA 135-C:12, III, NHH shall notify an applicant of their eligibility for admission within 15 days after receipt of the application.
- (g) Referring parties shall make every effort to refer applicants for voluntary admission between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday, excluding holidays.

He-M 613.04 Involuntary Admission of Adults to NHH.

- (a) Involuntary Emergency Admission (IEA) shall be made according to the following criteria:
- (1) If the official current Judicial Branch form (NHJB-2826-D) including the petitioner's statement, the physical examination, mental examination, and certificate of examining physician or APRN requesting admission are complete as to form and content, the admission:
 - a. Shall be made if the person being referred meets the criteria for admission specified in RSA 135-C:27, as judged by the NHH admitting practitioner; or
 - b. Shall be denied if, in the opinion of the admitting practitioner, with the verbal concurrence of the medical director or their designee, the person being referred fails to meet the criteria specified in RSA 135-C:27;
 - (2) If an IEA is denied, the denial shall result in the admitting practitioner immediately notifying the certifying practitioner and the CMHP of the reason(s) for the denial;
 - (3) Except as allowed by (4) below, if a practitioner's certificate or petition requesting admission is not complete as to form and content:
 - a. The person being referred shall not be admitted;
 - b. The person being referred shall be returned to the place where they was taken into custody; and
 - c. The admitting practitioner shall notify the certifying practitioner and the CMHP of the reasons for the denial of the admission; and
 - (4) Minor deficiencies in the form and content of the petition and practitioner's certificate including a misplaced or omitted signature, or the failure to transmit to the court the original petition

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or original practitioner's certificate, or any other detail that on its own would not result in a denial of admission, shall:

- a. Not be the cause for denial of an admission pursuant to (a)(2) above; and
 - b. Be remedied within 24 hours of admission.
- (b) Non-emergency involuntary admissions shall be made according to the following criteria:
- (1) Pursuant to RSA 135-C:34, the person being admitted shall be in such mental condition as a result of mental illness as to create a potentially serious likelihood of danger to self or others; and
 - (2) Admissions shall not occur unless ordered by a probate court pursuant to RSA 135-C:45.

He-M 613.05 Medical Transfer of Involuntarily Admitted Patients.

(a) The superintendent or their designee shall order the medical transfer of an involuntarily admitted patient to an acute care hospital if the following conditions apply:

- (1) The patient has acute medical needs requiring treatment which cannot be provided at NHH;
- (2) The hospital to which the patient is to be transferred can provide the treatment that the patient requires; and
- (3) One of the following applies:
 - a. The patient has consented to the transfer;
 - b. The patient's legal guardian, if the guardian has been granted decision-making authority regarding medical care, has consented to the transfer; or
 - c. The patient:
 - 1. Is legally competent;
 - 2. Is unable to consent to the transfer; and
 - 3. Has acute medical needs that require emergency treatment.

(b) A patient who is transferred from NHH for medical treatment shall remain under the protective custody of NHH pursuant to the authority under which the patient was involuntarily admitted.

(c) If the patient being transferred under this section or the patient's guardian objects to the transfer, the challenge shall be treated as a complaint in accordance with He-M 204.

He-M 613.06 Discharge from NHH Pursuant to Voluntary Admission.

(a) Pursuant to RSA 135-C:16, if a person is a patient on a voluntary basis, the patient may withdraw from the receiving facility, whether or not such withdrawal is made against medical advice.

(b) A patient who has requested to withdraw shall:

- (1) Be released upon request if an examination conducted in accordance with RSA 135-C:17 is not ordered;
- (2) Be released if an examination is ordered but does not occur within the 24-hour period;

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- (3) Be released if an examination determines that the criteria specified in RSA 135-C:27 are not met; or
- (4) Be held and treated in accordance with the provisions of RSA 135-C:27-33 if an examination determines that the criteria are met.

He-M 613.07 Discharge Pursuant to IEA.

(a) Pursuant to RSA 135-C:32, if a person is admitted on an involuntary, emergency basis, such involuntary confinement shall be limited to a 10-day period, not including Saturdays and Sundays, unless a petition requesting the probate court to issue an order of involuntary admission is filed within the 10-day period. Subsequent to the filing of such petition, confinement shall continue only until issuance of the probate court order or until such time as is specified in that order.

(b) Pursuant to RSA 135-C:33, any person involuntarily admitted on an emergency basis shall be granted absolute discharge by the superintendent or their designee if the superintendent determines that the person no longer meets the criteria for admission identified in RSA 135-C:27.

(c) Absolute discharge shall be made according to the following:

- (1) NHH shall notify the CMHP in the region from which the person was admitted and the region to which the person was discharged, unless the discharge was pursuant to a finding in court of no probable cause;
- (2) NHH shall issue written notice to the person discharged and their legal guardian, if applicable, that notification pursuant to (1) above was made; and
- (3) NHH shall arrange or provide transportation of the person to their in-state destination of choice unless the person chooses to provide their own transportation.

He-M 613.08 Discharge Pursuant to Non-emergency Involuntary Admission.

(a) Pursuant to RSA 135-C:39, if a person is admitted on an involuntary, non-emergency basis, such involuntary confinement shall not continue beyond the time allowed by the probate court order unless a petition requesting the court to issue another order of involuntary admission is filed within the initial period of involuntary admission. Subsequent to the filing of such petition, confinement shall only continue until issuance of the probate court order or until such time as is specified in that order.

(b) Any person involuntarily admitted on a non-emergency basis shall be granted absolute discharge by the superintendent or his or her designee if:

- (1) The person has been examined within 3 days prior to the discharge by the superintendent or their designee; and
- (2) Following such examination, the superintendent or their designee has determined and documented that, in their professional opinion, the person does not meet the criteria identified in RSA 135-C:34.

(c) Upon the discharge of any person pursuant to (a) and (b) above, the superintendent shall immediately, and in writing, notify the probate court entering the original order of commitment that an absolute discharge has been granted to the person.

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(d) Conditional discharge of any person who has been involuntarily admitted on a non-emergency basis shall take place in accordance with He-M 609.

He-M 613.09 Admission to Transitional Housing Service.

(a) To be eligible for admission to the transitional housing service (THS), an applicant shall meet the following criteria:

- (1) The applicant shall have been referred from NHH or have been discharged from the THS within the 30 days immediately preceding application;
 - (2) The applicant shall be 18 years of age or older and have a primary diagnosis of:
 - a. Psychiatric disorder or severe personality disorder; or
 - b. Intellectual disability or pervasive developmental disorder as defined in DSM-5-TR with a secondary diagnosis of psychiatric disorder or severe personality disorder; and
 - (3) The applicant's individual service plan shall specify that they:
 - a. No longer needs the level of care provided by NHH;
 - b. Requires the degree of care and supervision available from the THS; and
 - c. Has an identified goal of community placement.
- (b) Application for admission to the THS shall be made through the administrator of THS.
- (c) The administrator of the THS shall accept an applicant for admission to the THS if:
- (1) The criteria identified in (a) above are met;
 - (2) The THS has the capacity to provide services to the applicant; and
 - (3) The applicant's CMHP has been informed of the proposed placement of the applicant in the THS.

He-M 613.10 Voluntary Admission of Minors to NHH.

(a) To be eligible for voluntary admission to NHH, an applicant shall:

- (1) Be a minor;
- (2) Be referred by their regional CMHP subsequent to a review by a professional team not employed by NHH which shall include at least the following:
 - a. A doctor of psychology, a master's level social worker, or a registered nurse certified in mental health by the American Nursing Association; and
 - b. A psychiatrist licensed to practice in NH; and
- (3) Have a determination by the medical director or designee that:
 - a. The applicant has a mental illness;

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- b. Ambulatory care resources available in the community do not meet the treatment needs of the recipient;
- c. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a practitioner;
- d. The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be necessary; and
- e. NHH is the least restrictive alternative among the available treatment options.

(b) An application for voluntary admission shall be made by, or with the written consent of, a parent or legal guardian of the minor requesting to be admitted.

(c) An application for voluntary admission shall be made in writing and include:

- (1) The name, address, and telephone number of the parent or legal guardian requesting the admission;
- (2) The name and birth date of the minor whose admission is requested;
- (3) A request for the admission signed by the minor's parent(s) or legal guardian and witnessed in writing; and
- (4) If applicable, a copy of the court order granting the legal guardian authority to place the ward.

(d) An applicant for voluntary admission shall be reviewed by a professional team not employed by NHH that includes, at a minimum:

- (1) A doctor of psychology, a master's level social worker, or a registered nurse certified in mental health by the American Nursing Association; and
- (2) A psychiatrist licensed to practice in New Hampshire.

(e) Following a review pursuant to (d) above, a written report shall be issued that includes:

- (1) The name, address, telephone number, and professional qualifications of the persons conducting the review;
- (2) The name, birth date, and address of the minor;
- (3) The name, relationship to the minor, address, and telephone number of the parent(s) or legal guardian;
- (4) The following information regarding the minor being reviewed:
 - a. A developmental and social history;
 - b. An evaluation of the family situation;
 - c. A psychiatric history and the results of a mental status examination conducted personally by the team psychiatrist;
 - d. An evaluation of school functioning;
 - e. Any appropriate medical evaluations; and

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- f. A preliminary diagnosis of the type of mental illness from which the minor suffers;
- (5) A statement regarding the purpose for the admission and any recommendations for treatment that have been developed; and
- (6) A statement by the professional team performing the review that the admission criteria identified pursuant to He-M 613.03(d) have been met.
- (f) The medical director or their designee shall:
 - (1) Review each application for voluntary admission within one business day;
 - (2) Attempt to obtain the required information by telephone if the application materials are not complete;
 - (3) Approve the application if:
 - a. The application is complete or the required information has been obtained; and
 - b. The information received demonstrates that the criteria in (a) above have been met; and
 - (4) Deny the application if the criteria have not been met.
- (g) If an application for voluntary admission is denied, the medical director or designee shall refer the minor as follows:
 - (1) If denial is based on a reasonable belief that the minor would not benefit from inpatient treatment at NHH, then referral shall be made to a program or services that would most likely benefit the minor; or
 - (2) If denial is based on a reasonable belief that NHH is not the inpatient facility best suited to providing treatment to the minor or is not the least restrictive alternative, then referral shall be made to another mental health program.
- (h) Following admission, NHH shall conduct periodic reviews of each voluntarily admitted minor to determine if the admission criteria continue to be met. The reviews shall be conducted:
 - (1) In a manner approved by the medical director;
 - (2) In consultation with the treatment staff assigned to the minor; and
 - (3) No later than the first business day following admission and at least every 30 days thereafter until discharge.
- (i) If a determination is made pursuant to (h) above that a voluntarily admitted minor no longer meets the admission criteria, the medical director shall discharge the minor to the custody of the legally responsible party.

He-M 613.11 Involuntary Admission of Minors to NHH.

- (a) The IEA of minors to NHH shall be made according to (b)-(e) below.
- (b) If a practitioner's certificate and a petition requesting the IEA of a minor to NHH are complete as to form and content, the admission shall:

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- (1) Be made if, in the judgment of the admitting practitioner, the criteria specified in RSA 135-C:27 are met; or
 - (2) Be denied if, in the judgment of the admitting practitioner, with the verbal concurrence of the medical director of their designee, the minor being referred fails to meet the criteria specified in RSA 135 C:27.
- (c) If an IEA is denied, the admitting practitioner shall promptly notify the following of the reason(s) for the denial:
- (1) The certifying practitioner;
 - (2) The legally responsible party; and
 - (3) The CMHP responsible for the applicant, if the certifying practitioner is approved by a CMHP.
- (d) Except as allowed by (e) below, if a certificate or petition requesting admission is not complete as to form and content:
- (1) The person being referred shall not be admitted;
 - (2) Arrangements shall be made, in consultation with the parent or guardian and the CMHP, to return the applicant to the sending community; and
 - (3) The admitting practitioner shall promptly notify the certifying practitioner and the CMHP approving that practitioner of the reasons for the denial of admission.
- (e) Minor deficiencies in the form and content of the petition and the certificate including a misplaced or omitted signature, or the failure to transmit the original petition or original certificate, or any other detail that on its own would not result in a denial of admission, shall:
- (1) Not be cause for denial of an admission; and
 - (2) Be remedied within 24 hours of admission.
- (f) Non-emergency involuntary admissions of minors to NHH shall be made according to the following criteria:
- (1) The minor being admitted shall be in such mental condition as a result of mental illness as to create a potentially serious likelihood of danger to self or others; and
 - (2) Admissions shall not occur unless ordered by a probate court pursuant to RSA 135-C:45.
- (g) Personal and medical information and identifying documents regarding the involuntarily admitted minor shall be released as soon as possible, but within 5 business days, by the CMHP to NHH providing such release has been authorized in writing by the minor's parent(s) or legal guardian.
- (h) The information and documents referred to in (g) above shall include, at a minimum, the minor's:
- (1) Birth certificate, or photocopy thereof;
 - (2) Medical insurance information;
 - (3) Previous psychiatric and psychological evaluations;

- (4) Previous treatment summaries;
- (5) Educational records, reports and evaluations;
- (6) Immunization records;
- (7) Most recent physical exam; and
- (8) Psychosocial history.

(i) Following involuntary admission of a minor pursuant to (b) or (f) above, NHH shall conduct periodic reviews to determine if the criteria for such admission continue to be met. The reviews shall be conducted:

- (1) In a manner approved by the medical director;
- (2) In consultation with the treatment staff assigned to the minor; and
- (3) No later than the first business day following admission and at least every 30 days thereafter until the admission becomes voluntary or until discharge.

He-M 613.12 Court Ordered Evaluations of Minors.

(a) When admission of a minor to NHH for mental health evaluation is ordered by a district court pursuant to RSA 169-B:20, 169-B:21, I, 169-C:16, III or 169-D:14, III, the admission shall be conducted according to the following criteria:

- (1) Prior to admission, the minor shall be reviewed by a professional team as required by He-M 613.10 (d); and
- (2) Upon review of the minor by a professional team, the appropriate CMHP shall review the team's report and forward the report to NHH if the criteria identified pursuant to He-M 613.10(a) have been met.

(b) Pursuant to RSA 135-C:65, admission for an inpatient evaluation at NHH shall only occur following prior approval for such evaluation by the commissioner or their designee.

(c) The commissioner or their designee shall approve admission of a minor if:

- (1) They are in receipt of a copy of the court order and a written report of the professional team pursuant to (a)(1) above; and
- (2) They determine that:
 - a. The criteria identified pursuant to He-M 613.10(a) have been met; and
 - b. Proper evaluation of the minor's psychiatric condition requires services on an inpatient basis under the direction of a psychiatrist.

(d) Minors admitted for mental health evaluations pursuant to RSA 169-B:20, 169-C:16, III and 169-D:14, III shall be discharged within 60 days of admission or at the time of the dispositional hearing, whichever comes first.

He-M 613.13 Medical Transfer of Involuntarily Admitted Minors.

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(a) The medical director or their designee shall order the medical transfer of an involuntarily admitted minor to an acute care hospital if the following conditions apply:

- (1) The minor has acute medical needs requiring treatment which cannot be provided at NHH;
- (2) The hospital to which the minor is to be transferred can provide the treatment that the minor requires; and
- (3) The minor's parent or legal guardian, or the department of health and human services, if that agency has custody of the minor, has approved the transfer.

(b) A minor who is transferred from NHH for medical treatment shall remain under the protective custody of NHH pursuant to the authority under which the minor was involuntarily admitted.

(c) If the parent or legal guardian of the minor being transferred or the department of health and human services, if that agency has custody of the minor, objects to the transfer, the challenge shall be treated as a client complaint in accordance with He-M 204.

He-M 613.14 Discharge of Minors from NHH Following An IEA.

(a) If a minor is admitted to NHH on an involuntary, emergency basis, such involuntary confinement shall be limited to a 10-day period unless a petition requesting probate court to issue an order of involuntary admission is filed within the 10-day period, or unless the minor becomes a voluntary patient pursuant to He-M 613.10. Subsequent to the filing of such petition, confinement may continue only until issuance of the probate court order or until such time as is specified in that order.

(b) Any minor involuntarily admitted to NHH on an emergency basis shall be granted discharge by the superintendent or their designee if the superintendent determines that the minor no longer meets the criteria for admission identified in RSA 135-C:27.

(c) Such discharge from NHH shall be made according to the following:

- (1) NHH shall notify the CMHP in the region from which the minor was admitted and the region to which the minor was discharged;
- (2) NHH shall issue written notice to the minor discharged and their parent(s) or legal guardian, or the department of health and human services, if that agency has custody of the minor, that notification pursuant to He-M 613.14(c)(1) was made; and
- (3) In consultation with the minor's parent(s) or legal guardian, or the department of health and human services, if that agency has custody of the minor, NHH shall arrange or provide transportation of the minor to the in-state destination designated by the parent(s) or legal guardian.

He-M 613.15 Discharge of Minors from NHH Following Non-emergency Involuntary Admission.

(a) If a minor is admitted involuntarily to NHH, such involuntary confinement shall not continue beyond the time allowed by the probate court order unless a petition requesting the court to issue another order of involuntary admission is filed within the period of involuntary admission, or unless the minor becomes a voluntary patient pursuant to He-M 613.11. Subsequent to the filing of such petition, confinement shall continue only until issuance of the probate court order or until such time as is specified in that order.

(b) Any minor involuntarily admitted to NHH on a non-emergency basis shall be granted discharge by the superintendent upon the approval of the commissioner or his or her designee, if:

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(1) The minor has been examined within 3 days prior to the discharge by the superintendent or their designee; and

(2) Following such examination, the superintendent or their designee has clinically determined and documented that, in their opinion, the minor does not currently meet the criteria identified in RSA 135-C:34.

(c) Upon the discharge of any minor from NHH pursuant to(b) above, the superintendent or their designee shall immediately, and in writing, notify the minor's parent(s), legal guardian, department of health and human services and the probate court entering the original order of commitment that an absolute discharge has been granted to the minor.

(d) Any minor who has been involuntarily admitted to NHH on a non-emergency basis shall be conditionally discharged if the conditions specified in He-M 609.03 are met.

APPENDIX A: Incorporation by Reference Information

Rule	Title	Publisher; How to Obtain; and Cost
He-M 613.02(v), (y), and (ad); He-M 613.09(a)(2)b.	"Diagnostic and Statistical Manual of Mental Disorders," Fifth Edition, Text Revision (DSM-5-TR)	Publisher: American Psychiatric Association How to obtain: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890425787 Cost: \$170

APPENDIX B

Rule	Specific State or Federal Statute the Rule Implements
He-M 613.01-613.02	RSA 135-C:4, III
He-M 613.03	RSA 135-C:12; RSA 135-C:13
He-M 613.04(a)	RSA 135-C:27; RSA 135-C:28
He-M 613.04(b)	RSA 135-C:34; RSA 135-C:35
He-M 613.05	RSA 135-C:31, V
He-M 613.06	RSA 135-C:16; RSA 135-C:17
He-M 613.07	RSA 135-C:32; RSA 135-C:33
He-M 613.08(a)	RSA 135-C:39
He-M 613.08(b)-(d)	RSA 135-C:49
He-M 613.09	RSA 135-C:4, III
He-M 613.10	RSA 135-C:12, RSA 135-C:13
He-M 613.11	RSA 135-C:12; RSA 135-C:13
He-M 613.11(a)(3), (g)-(h)	RSA 135-C:27; 28
He-M 613.11(f)	RSA 135-C:34; 45

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He-M 613.12	RSA 135-C:64, II; 65
He-M 613.13	RSA 135-C:31, V
He-M 613.14	RSA 135-C:32; 33
He-M 613.15(a)	RSA 135-C:39
He-M 613.15(b)-(d)	RSA 135-C:49