

AUG 06 2020

APPENDIX II-K  
COVER SHEET FOR EMERGENCY RULE

ADOPTED RULE  
DOCUMENT # 13250  
FILED 8-6-21 @ 4:02 PM  
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EXPIRES 2-2-22

Document Number 13250

Rule Number He-M 609 various

1. Agency Name & Address:  
  
**Dept. of Health & Human Services  
New Hampshire Hospital  
36 Clinton Street  
Concord, NH 03301**

5. Date of Filing: August 6, 2021

2. RSA Authority: RSA 135-C:52, RSA 135-C:61, X and XII

3. Federal Authority: \_\_\_\_\_

4. Type of Action:  
Adoption \_\_\_\_\_  
Amendment X  
Repeal \_\_\_\_\_  
Readoption \_\_\_\_\_  
Readopt with Amendment X

6. Short Title: Conditional Discharge

7. Contact person for copies and questions:  
Name: Allyson Zinno Title: Administrator- Administrative Rules Unit  
Address: Dept. of Health & Human Services Phone #: 271-9604  
Administrative Rules Unit Fax#: 271-5590  
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Concord, NH 03301

**\*\*PLEASE ATTACH THE FOLLOWING**, numbered to correspond to the numbers on this sheet (a separate sheet is not required for every item):

- 8. An explanation of the nature of (a) the imminent peril to public health or safety, demonstrating that the emergency rule is necessary to prevent the imminent peril, or (b) the substantial fiscal harm to the state or its citizens which could otherwise occur if the rule were not adopted as an emergency rule.
- 9. A summary of the effect if the rule were not adopted.
- 10. A description of those affected.

**PLEASE SUBMIT 2 COPIES OF THIS COVER SHEET** and all attachments along with 2 copies of the emergency rule to the Office of Legislative Services, Administrative Rules.

**PLEASE SIGN THE FOLLOWING:**

I, the adopting authority,\* hereby certify that the attached is an accurate statement explaining why an emergency rule is necessary.

Date: 8-6-21

Signature: Lori Shubinette

Name: Lori A. Shubinette

Title: Commissioner

\*("Adopting authority" is the official empowered by statute to adopt the rule, or a member of the group of individuals empowered by statute to adopt the rule.)

8. An explanation of the nature of (a) the imminent peril to public health or safety, demonstrating that the emergency rule is necessary to prevent the imminent peril, or (b) the substantial fiscal harm to the state or its citizens which could otherwise occur if the rule were not adopted as an emergency rule.

**He-M 609 defines the criteria and procedures for conditional discharge of a person involuntarily admitted to a facility and for the revision and revocation of the conditional discharge.**

**On May 13, 2021, the Governor of the State of New Hampshire issued Executive Order 2021-09, an order directing additional actions to address the mental health crisis in the State of New Hampshire. Specifically, the Governor directed “[t]he Department of Health and Human Services ... to create emergency administrative rules to immediately increase access to services in order to address the mental health crisis in the State of New Hampshire, including requirements for policies and standards by which a hospital must treat patients with mental health concerns.” Additionally, the Governor authorized and directed “[t]he Department of Health and Human Services to take lawful steps to ensure increased access and availability of community-based mental health services.”**

**The Department of Health and Human Services, New Hampshire Hospital (DHHS/NHH) is proposing to amend and readopt with amendment various provisions in He-M 609 including He-M 609.02 on definitions, He-M 609.03 on grant of conditional discharge, He-M 609.04 on grant of absolute discharge, He-M 609.05 on revision of conditions, He-M 609.06 on revocation of conditional discharge, and He-M 609.07 on appeal of revocation.**

**DHHS/NHH is utilizing emergency rulemaking under the authorization of the Governor’s Executive Order 2021-09 of May 13, 2021. By entering into emergency rulemaking and complying with Executive Order 2021-09, the Department will prevent the imminent peril to the public health or safety by immediately addressing the mental health crisis in the State of New Hampshire.**

**While there is no public hearing for emergency rulemaking, the Department will enter into regular rulemaking to permanently amend He-M 609.**

9. A summary of the effect if the rule were not adopted.

**If the proposed provisions of He-M 609 were not adopted, the State of New Hampshire would be unable to continue addressing the mental health crisis through administrative rules, policies, and procedures in a timely manner. The COVID-19 pandemic has created a mental health crisis across the country, leading to substantial documented increases in depression or anxiety in individuals, leading to increases in the number of individuals in need of mental health services.**

**During the height of the COVID-19 pandemic, treatment options were limited, including a limitation on the number of emergency psychiatric beds and community-based services, which further exacerbated the growing mental health crisis. The negative repercussions of the COVID-19 pandemic have led to an increase in the number of individuals seeking treatment and with fewer community-based options available, there has been an increase in the number of individuals in need of an emergency psychiatric bed. Early on during the COVID-19 pandemic, there was a waitlist for patients in need of a bed at any state facility for those citizens necessitating mental health treatment. Given the present circumstances there is an urgent need for all partners in the mental health community to accelerate their work and increase the number of psychiatric beds and options for care.**

10. A description of those affected.

**The proposed provisions of He-M 609 affect owners and operators of mental health facilities, individuals in mental health crisis, and families of these individuals.**

Doc. # 13250 (10-8-21)  
Emergency Rule Expires 2-2-22

CHAPTER He-M 600 NEW HAMPSHIRE HOSPITAL

PART He-M 609 CONDITIONAL DISCHARGE

Statutory Authority: RSA 135-C:52; RSA 135-C:61, X and XII

Readopt with amendment He-M 609.02, effective 10-25-16 (Document #12014), to read as follows:

He-M 609.02 Definitions.

- (a) "Administrator" means the superintendent or other chief executive officer of a facility or THPS.
- (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) "Clinician" means a person who is qualified to provide community mental health services pursuant to He-M 426.08 (h)-(m).
- (d) "Commissioner" means the commissioner of the department of health and human services.
- (e) "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."~~ The term includes the term community mental health provider.
- (f) "Conditional discharge" means the release of a person from a facility during a period of court-ordered involuntary admission on the condition that the person comply with specific provisions of community-based treatment or be subject to readmission to a facility.
- (g) "Department" means the New Hampshire department of health and human services.
- (h) "Emergency service staff member" means a CMHP or THPS clinician who provides short-term clinical/psychiatric evaluation, treatment, and referral for persons experiencing acute symptoms of a mental illness and in accordance with He-M 426.08(h)(1).
- (i) "Facility" means New Hampshire hospital or any other treatment program designated as a receiving facility under RSA 135-C:26 to receive persons for involuntary admission under RSA 135-C:34-54 and involuntary emergency admission under RSA 135-C:27-33.
- (j) "Informed decision" means a choice made voluntarily by a ~~person~~ patient or applicant for services 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.

(k) "In need of care" means a situation where a conditionally discharged person no longer requires inpatient treatment but where a prescribed regimen of medical psychiatric or psychiatric care or treatment is required to prevent the recurrence of the circumstances which led to the person's dangerous condition.

(l) "Involuntary admission" means an order of involuntary commitment made pursuant to RSA 135-C:34-54 by a probate court.

(m) "Law enforcement officer" means a person identified in RSA 630:1, II.

(n) "Physician assistant (PA)" means a physician assistant licensed to practice in New Hampshire.

(o~~n~~) "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."

(p) "Transitional housing program services (THPS)" means a residential program that provides housing and support services to persons with serious and persistent mental illness through a contract with the department of health and human services.

(q~~e~~) "Treatment team member" means a mental health clinician who is qualified pursuant to He-M 426.08 (h)-(m) and who shares ongoing responsibility for the care and treatment of a CMHP client or THPS client.

**Amend He-M 609.03, effective 10-25-16 (Document #12014), by amending paragraphs (b) and (f), so that He-M 609.03(b) and (f) read as follows:**

He-M 609.03 Grant of Conditional Discharge.

(b) A recommendation for conditional discharge of a person shall be made to the administrator of a facility by a psychiatrist, ~~or~~ APRN, or PA at the facility only after a conference has been held, pursuant to He-M 401.10 or 410.11, in which:

- (1) The psychiatrist, ~~or~~ APRN, or PA participated and concurred in the results thereof;
- (2) A determination has been made that the person is in need of care and the mental health treatment and supervision needed by the person can be provided in a CMHP, THPS, or other setting which is less restrictive of the person's freedom and ability to make informed decisions;
- (3) A recommendation for conditional discharge has been adopted; and
- (4) The person, community mental health center representative/THPS representative, and DRF staff have agreed to the term of and conditions for discharge.

(f) Information regarding a person's conditional discharge shall be shared between the community mental health center/THPS and the facility serving the person as necessary to treat him or her and to otherwise carry out the purposes of RSA 135-C and He-M 609.

**Amend He-M 609.04, effective 10-25-16 (Document #12014), by amending paragraph (b) intro., so that He-M 609.04(b) intro., reads as follows:**

He-M 609.04 Grant of Absolute Discharge.

(b) The administrator of a facility from which a person has been conditionally discharged shall grant to such person an absolute discharge when, within the previous 3 days, a psychiatrist, ~~or~~ APRN, or PA at the CMHP/THPS providing continuing treatment to the person on an outpatient basis has:

**Readopt with amendment He-M 609.05, effective 10-25-16 (Document #12014), to read as follows:**

He-M 609.05 Revision of Conditions.

(a) If at any time the term and/or conditions of a conditional discharge granted pursuant to He-M 609.03 are revised, such revision shall be in accordance with the following procedures:

(1) The revisions shall be proposed by:

- a. The CMHP/THPS serving the person conditionally discharged;
- b. The person conditionally discharged or his or her guardian, if any; or
- c. The facility from which the person was conditionally discharged;

(2) The proposed revision shall be forwarded in writing by the proposing party to the other parties;

(3) The administrator, or designee, of the CMHP/THPS receiving proposed revisions shall review them and either:

- a. Accept the proposed revisions and convey the decision in writing to the party making the proposal; or
- b. Decline the proposed revisions or propose amended revisions and convene a conference pursuant to He-M 401.12 to consider the proposed revisions;

(4) Revisions of the term and/or conditions of the conditional discharge shall only be adopted:

- a. As a result of a conference;
- b. By a psychiatrist, ~~or~~ APRN, or PA at the CMHP/THPS; and
- c. With the consent, following an informed decision, of the person conditionally discharged or his or her guardian, if any;

(5) Any revisions agreed to at the conference shall be in writing and signed by the person subject to the conditional discharge, his or her guardian, if any, and the psychiatrist, ~~or~~ APRN, or PA; and

(6) The CMHP/THPS shall file a copy of the revisions in the person's medical record and provide a copy to the person, his or her guardian, if any, and the facility from which the person was conditionally discharged.

**Readopt with amendment He-M 609.06, effective 10-25-16 (Document #12014), to read as follows:**

He-M 609.06 Revocation of Conditional Discharge.

(a) Pursuant to RSA 135-C:51, a psychiatrist, APRN, or PA ~~or A.P.R.N.~~ at a CMHP/THPS providing continuing treatment on an outpatient basis to a person conditionally discharged pursuant to RSA 135-C:50 may conduct, or cause to be conducted by a treatment team member or an emergency service staff member, an examination of the person to determine if the conditional discharge should be revoked.

(b) An examination pursuant to (a) above shall only be conducted if the psychiatrist, APRN, or PA or A.P.R.N. reasonably believes that:

(1) The person has violated a condition of the discharge by:

a. Failing or refusing to take medications prescribed by a psychiatrist, APRN, PA, or emergency room doctor to treat his or her psychiatric illness, provided that the psychiatrist, APRN, PA, or emergency room doctor is providing services related to the state's mental health system, whether on behalf of a CMHP, THPS, NH Hospital, DRF, or a hospital emergency room receiving a patient who is on a conditional discharge; or

b. Failing or refusing to attend scheduled appointments, which interferes with the responsibility of the CMHP/THPS to provide monitoring and/or treatment;

c. Failing or refusing to communicate with the CMHP/THPS, which interferes with the responsibility of the SMHP/THPS to provide monitoring and/or treatment;

d. Failing or refusing to immediately participate in lab screenings following a documented verbal request or written request, which interferes with the responsibility of the SMHP/THPS to provide monitoring and/or treatment; or

e. Using alcohol or other non-prescription medications/illicit drugs, to the extent it adversely affects or is likely to adversely affect the person's ability to meaningfully participate in treatment; or

(2) A condition or circumstance exists which might create a potentially serious likelihood of danger to the person or to others established by demonstrating that:-

a. The person has inflicted serious bodily injury on themselves or has attempted serious self-injury and there is a likelihood that the act or attempted act will reoccur if the conditional discharge is not revoked;

b. The person has threatened to inflict serious bodily injury on themselves and there is a likelihood that an act or attempt of serious self-injury will occur if the conditional discharge is not revoked;

c. The person's behavior demonstrates that they lack the capacity to care for their own welfare;

d. The person is a danger to other, which is established by demonstrating that the person has inflicted, attempted to inflict, or threatened to inflict seriously bodily harm on another; or

e. The person's mental status has deteriorated from the person's usual mental status, such that the person is exhibiting an exacerbation of psychiatric symptoms that potentially endanger self or others, lead to severe self-neglect, or lead to a failure to function in a less restrictive environment, and the likelihood of stabilizing and reversing such deterioration would be substantially improved if treatment were to be given.

(c) Before an examination is conducted, the CMHP/THPS shall prepare a written notice identifying the belief, and the reasons therefor, that a violation of the conditional discharge has occurred to include the following:

(1) How the violation interferes with the responsibility of the CMHP/THPS to provide monitoring and/or treatment;

(2) Any ~~or~~ other circumstances or conditions exist which might create a potentially serious likelihood of danger to the person or to others; ~~and~~

(3) How the person's mental health status has deteriorated from the person's usual mental status, such that the person is exhibiting an exacerbation of psychiatric symptoms that potentially endanger self or others, lead to severe self-neglect, or lead to a failure to function in a less restrictive environment, and the likelihood of stabilizing and reversing such deterioration would be substantially improved if treatment were to be given.

(d) Pursuant to RSA 135-C:51, I(b), a CMHP/THPS representative shall offer and explain the written notice to the person prior to the examination provided such notice can be provided safely, without significant possibility of bodily harm.

(e) If it is unsafe to provide and explain the written notice to the person, a description of the circumstances indicating such risk shall be placed in the file.

(fe) The CMHP/THPS shall make a reasonable effort to ~~locate~~ find the person, if they are not immediately available ~~in order to offer and explain the written notice.~~

(gf) If the person cannot be located or if consent to an examination cannot be obtained, the psychiatrist or other representative of the CMHP/THPS may sign a complaint to compel examination.

(hg) Upon issuance of such a complaint, any law enforcement officer shall take custody of the person and immediately deliver him or her to the place specified in the complaint.

(ih) Following the examination, ~~if~~ the psychiatrist, APRN, or PA may temporarily revoke the conditional discharge if they find that: ~~or A.P.R.N., following the examination, finds that the person has either violated a condition of the discharge or is in such a mental condition as a result of mental illness as to create a potentially serious likelihood of danger to himself or herself or to others, he or she may temporarily revoke the conditional discharge. If the person has failed to keep an appointment, a conditional discharge may be temporarily revoked only if the failure to attend the appointment interferes with the responsibility of the CMHP to provide monitoring and/or treatment.~~

(1) The person has either violated a condition of the discharge which interferes with the responsibility of the CMHP/THPS to provide monitoring and/or treatment;

(2) The person is in such a mental condition as a result of a mental illness as to create a potentially serious likelihood of danger to himself or herself or to others; or

(3) The person's mental status has deteriorated from their usual mental status, such that the person is exhibiting an exacerbation of psychiatric symptoms that potentially endanger self or others, lead to severe self-neglect, or lead to a failure to function in a less restrictive environment, and the likelihood of stabilizing and reversing such deterioration would be substantially improved if treatment were to be given.

(j) If the conditional discharge is temporarily revoked:

(1) The psychiatrist, ~~APRN, or PA or A.P.R.N.~~, or his or her designee, shall prepare, offer and explain to the person a written notice giving the reasons for the revocation so long as it can be done safely, without significant possibility of bodily harm. If this cannot be done safely, a description of the circumstances indicating such risk shall be placed in the file; and

(2) That the written notice includes the name of the receiving facility to which the person is to be transported upon the facility location being identified. The person shall not be transported to the facility without having received a verbal and written notification identifying the facility to which the person is being transported.~~The psychiatrist or A.P.R.N. shall identify the receiving facility to which the person is to be delivered.~~

(k) A law enforcement officer or ambulance personnel shall take custody of the person whose conditional discharge has been temporarily revoked and shall deliver him or her, together with a copy of the notice, to the receiving facility identified by the psychiatrist, ~~APRN, or PA or A.P.R.N.~~

(l) The administrator of the facility to which a person has been returned, or his or her designee, shall:

(1) Personally examine such person;

(2) Review the reasons for temporary revocation of the conditional discharge so long as it can be done safely, without significant possibility of bodily harm. If this cannot be done safely, a description of the circumstances indicating such risk shall be placed in the file; and

(3) Revoke absolutely the conditional discharge if he or she finds that the person either:

a. Has violated a condition of the discharge which interferes with the responsibility of the CMHP/THPS to provide monitoring and/or treatment; or

b. Is, at the time of examination, in such a mental condition as a result of mental illness as to create a potentially serious likelihood of danger to self or to others or the person's mental status has deteriorated from the person's usual mental status, such that the person is exhibiting an exacerbation of psychiatric symptoms that potentially endanger self or other, lead to severe self-neglect, or lead to a failure to function in a less restrictive environment, and the likelihood of stabilizing and reversing such deterioration would be substantially improved if treatment were to be given.

(m) The examination, review and determination shall be made within 72 hours, excluding Sundays and state legal holidays, of delivery of a person to a facility pursuant to (j) above.

(n) If the administrator of the facility, or his or her designee, determines that an absolute revocation is warranted, he or she shall immediately prepare, offer, and explain to the person the information in a written notice of the revocation and the reasons for the revocation, and notice of the person's right to appeal and right to legal counsel as set forth in He-M 609.07 so long as it can be done safely, without significant possibility of bodily harm. If this cannot be done safely, a description of the circumstances indicating such risk shall be placed in the file.

(o) Any administrator, of any facility, may absolutely revoke a person's conditional discharge, regardless of which facility initially executed the conditional discharge with the person.

(~~pn~~) The person shall be subject to the terms and conditions of the order of involuntary admission made pursuant to RSA 135-C:34-54 from which conditional discharge was granted as if such conditional discharge had not been granted.

(~~qe~~) If the administrator of the facility, or his or her designee, determines that an absolute revocation is not warranted, the facility shall return the person to the location where he or she was taken into custody.

(~~rp~~) If the person is returned, he or she shall then be subject to the term and provisions of conditional discharge that were in effect prior to the temporary revocation of the conditional discharge.

(~~sq~~) A person conditionally discharged may be admitted to a facility through an involuntary emergency admission (IEA) under RSA 135-C:27-33.

(~~tr~~) When a person conditionally discharged has been admitted to a facility by an IEA, the finding of probable cause for IEA by the district court shall authorize the person's admission for not longer than a 10 day period as provided in RSA 135-C:32, unless during the period of IEA the person's conditional discharge is absolutely revoked pursuant to (~~us~~) below.

(~~us~~) A facility administrator shall absolutely revoke a person's conditional discharge when the person has been admitted to a facility by an IEA, so long as the revocation occurs within 10 days of the IEA physician's certification being signed, and the administrator of the facility, or his or her designee, has personally examined the individual and found that the person either:

(1) Has violated a condition of the discharge which interferes with the responsibility of the CMHP/THPS to provide monitoring and/or treatment; or

(2) Is, at the time of examination, in such a mental condition as a result of mental illness as to create a potentially serious likelihood of danger to self or others or the person's mental status has deteriorated from the person's usual mental status, such that the person is exhibiting an exacerbation of psychiatric symptoms that potentially endanger self or others, lead to severe self-neglect, or lead to a failure to function in a less restrictive environment, and the likelihood of stabilizing and reversing such deterioration would be substantially improved if treatment were to be given.

(~~vt~~) If a conditional discharge is absolutely revoked pursuant to (~~us~~) above, the administrator, or his or her designee, shall first prepare, offer, and explain to the person, if it can be done safely without significant possibility of bodily harm, a written notice of the revocation and the reasons therefor and notice of the person's right to appeal and right to legal counsel as set forth in He-M 609.07.

(~~w~~) If the written notice in (v) above cannot be explained in person safely, a description of the circumstances indicating such risk shall be placed in the file ~~W~~within 24 hours of the patient receiving notice of absolute revocation of his or her conditional discharge and the right to appeal such revocation, or of the patient requesting an appeal of the absolute revocation, whichever comes first.

(~~x~~) New Hampshire Hospital (NHH) shall send written notice of the same by first-class mail, fax, or other written method to the patient's guardian.

(~~y~~) NHH shall make a good-faith effort to reach the guardian to provide oral notice of the patient's absolute revocation, right to an appeal, and, as applicable, the patient's decision to request an appeal.

(~~zh~~) If a conditional discharge is absolutely revoked, in addition to the notice given in (~~vt~~) above, the department shall:

(1) Provide legal counsel from a list of private attorneys, maintained by the department's bureau of behavioral health who are not directly employed by the department, and who contract with the department to represent persons for involuntary emergency admission administrative proceedings at no cost to the person;

(2) Provide patient contact information to the assigned private attorney in order for the attorney to:

a. Meet with the person, and the person's guardian if he or she requests, to discuss the implications of the person's initial decision not to appeal the absolute revocation and the avenues of legal recourse available to the person, including an appeal, and either:

1. Obtain a written waiver of appeal signed by the person; or

2. Notify the department of the person's final decision to appeal the absolute revocation so that the matter may be referred to the administrative appeals unit and scheduled for a hearing; and

(3) Provide legal counsel from a list of private attorneys, maintained by the department's bureau of behavioral health who are not directly employed by the department, and who contract with the department to represent persons in administrative hearings at no cost to the person if:

b. Represent the person for the appeal hearing of the absolute revocation of the conditional discharge if:

a.1. The person appeals the absolute revocation; or

b.2. The person's guardian or the guardian's attorney appeals the absolute revocation of the conditional discharge; and

~~(43)~~ Provide notice to the person's guardian, if any, of the person's decision to waive or exercise his or her option to appeal the absolute revocation of the conditional discharge and provide the guardian with an opportunity to participate in the hearing with or without his or her attorney of choice.

~~(aa\*)~~ If the written notices of revocation as referenced in (d), ~~(j)~~, ~~(n)~~, and ~~(v)~~ above cannot be offered to and explained to the person safely without significant possibility of bodily harm, a description of the circumstances indicating such risk shall be provided to the person's guardian, if any, and placed in the person's file for each notice.

**Amend He-M 609.07, effective 10-25-16 (Document #12014), by amending paragraphs (g) and (i), so that He-M 609.07(g) and (i) read as follows:**

He-M 609.07 Appeal of Revocation.

(g) Following a hearing, the commissioner, or his or her designee, shall, within 3 working days, decide if the person either has violated a condition of the discharge, which interferes with the responsibility of the CMHP/THPS to provide monitoring and/or treatment or is/was in such a mental condition, at the time of examination, as a result of mental illness as to create a potentially serious likelihood of danger to self or to others or the person's mental status has deteriorated from the person's usual mental status, such that the patient is exhibiting an exacerbation of psychiatric symptoms that potentially endanger self or others, lead to severe self-neglect, or lead to a failure to function in a less restrictive environment, and the

likelihood of stabilizing and reversing such deterioration would be substantially improved if treatment were to be given. In reaching a decision, only evidence presented at the hearing shall be considered.

(i) The decision made by the commissioner, or his or her designee, shall:

(1) Be in writing;

(2) State the reasons for the decision; and

(3) Be sent promptly to the person appealing, his or her guardian, his or her legal counsel, if any, and the facility and CMHP/THPS that revoked the conditional discharge of the person.

#### APPENDIX

<b>RULE</b>	<b>SPECIFIC STATE STATUTE THE RULE IMPLEMENTS</b>
He-M 609.02	RSA 135-C:13, 18, 56, 57 & 59
He-M 609.03(b) and (f)	RSA 135-C:59
He-M 609.04(b) intro.	RSA 135-C:56
He-M 609.05	RSA 135-C:56, 57; RSA 135-C: 19-a; RSA 329, 330-A; RSA 329-B; & RSA 326-B
He-M 609.06	RSA 135-C:57
He-M 609.07(g) and (i)	RSA 135-C:18