



*Variance to Minnesota Rules, parts 9520.0500 to 9520.0690 (Rule 36) for  
Intensive Residential Treatment Services (IRTS)*

**Effective July 1, 2010**

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***Variance to Minnesota Rules, parts 9520.0500 to 9520.0690 (Rule 36) for  
Intensive Residential Treatment Services (IRTS)***

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**R36V.01 PURPOSE.**

Subdivision 1. **Overview.** This variance describes the licensing requirements for programs that provide Intensive Residential Treatment Services (IRTS) and additional certification requirements for programs that wish to provide Crisis Stabilization Services and specialized mental health treatment services for persons with eating disorders.

Subd. 2. **Purpose.** IRTS are intended for recipients who are experiencing significant difficulty with daily life activities as a result of a serious mental illness. The service shall be designed to promote individual choice and active involvement in the treatment process. The service is intended to be short term and directed toward transition to a more permanent living situation in the community.

Subd. 3. **Comprehensive Service.** IRTS programs offer a range of mental health treatment service components in order to provide a comprehensive 24 hour service. License holders may serve up to 16 recipients per program. These treatment service components are designed to promote recovery and psychiatric stability through the use of established rehabilitative principles and best practices based on contemporary research. Additionally, the individual needs of recipients are addressed through the development of individualized treatment plans that include treatment interventions to meet the needs of the recipient.

**R36V.02 APPLICABLE REGULATIONS.**

Subdivision 1. **Enforcement of Licensing Standards.** In addition to the requirements in this variance license holders must also comply with all other applicable laws, requirements, and standards, some of which are not enforced as licensing standards. In addition to this variance, the following requirements are enforced by the Department of Human Services, Licensing Division:

- (a) Minnesota Statutes, chapter 245A;
- (b) Minnesota Statutes, sections 626.556, 626.557, and 626.5572; and,
- (c) Minnesota Statutes, chapter 245C.

Subd. 2. **Variance.** License holders may request a variance of requirements in this variance from the commissioner in accordance with section 245A.04, subdivision 9.

### **R36V.03 DEFINITIONS.**

Subdivision 1. **Scope.** The terms used in this variance have the meanings given them in this section.

Subd. 2. **Assertive Community Treatment or ACT.** “Assertive Community Treatment” or “ACT” means a program consistent with the current Minnesota Assertive Community Treatment standards identified at the department’s web site.

Subd. 3. **Best practice.** “Best practice” means a mental health practice that is approved by the commissioner and is a mental health evidence based practice adopted by the federal Department of Health and Human Services Substance Abuse & Mental Health Service Administration (SAMHSA) or is another nationally recognized mental health service that is validated by substantial research to be effective in helping individuals with serious mental illness achieve specific treatment goals.

Subd. 4. **Case manager.** “Case manager” means a person who works for the county or health plan or an agency contracted with the county or health plan, who is responsible to provide the recipient assistance to gain access to needed medical, social, educational, vocational and other necessary services.

Subd. 5. **Certified peer specialist.** “Certified peer specialist” means a staff person who meets the training and certification requirements identified by the commissioner in accordance with section 256B.0615, subdivision 5.

Subd. 6. **Certified peer specialist support services.** “Certified peer specialist support services” means services that promote socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned through other support services and are provided by a certified peer specialist.

Subd. 7. **Clinical supervision.** “Clinical supervision” means the the documented time a mental health professional meets with the staff being supervised to discuss the staff’s work and to review the individual treatment the recipient recieved. It also includes documenting the oversight and supervision provided by the clinical supervisor and being responsible for and evaluating the treatment services required under this variance.

Subd. 8. **Commissioner.** “Commissioner” means the Commissioner of the Department of Human Services or the commissioner’s designated representative.

Subd. 9. **Crisis stabilization services or CSS.** “Crisis stabilization services” or “CSS” means a program certified under this variance that provides the services identified in section 256B.0624, subdivision 2 paragraph (e).

- Subd. 10. **Critical incident.** “Critical incident” means an occurrence that involves a recipient and requires the program to respond in a manner that is not a part of the program's ordinary daily routine including but not limited to, suicide, attempted suicide, homicide, death of a recipient, injury that is either life-threatening or requires medical treatment, fire which requires fire department response, alleged maltreatment of a recipient, assault of a recipient, assault by a recipient, or other act or situation that requires a response by law enforcement, the fire department, an ambulance, or another emergency response provider.
- Subd. 11. **Department.** “Department” means the Minnesota Department of Human Services.
- Subd. 12. **Direct contact.** “Direct contact” has the meaning given it in section 245C.02, subdivision 11.
- Subd. 13. **Diagnostic assessment.** “Diagnostic assessment” has the meaning given it in Minnesota Rules, part 9505.0323, subpart 1, item H.
- Subd.14. **Diagnostic assessment update.** “Diagnostic assessment update” means a written summary of the recipient's current mental health status and service needs completed by a mental health professional who is qualified in accordance with section 245.462, subdivision 18, paragraphs (1) through (6).
- Subd. 15. **Family.** “Family” means an individual or individuals committed to the support of the recipient, regardless of whether they are related or live in the same household.
- Subd. 16. **Illness Management and Recovery or IMR.** “Illness Management and Recovery” or “IMR” means the mental health evidence based best practice approved by the commissioner that helps recipients manage their illness more effectively in the context of pursuing their personal recovery goals.
- Subd. 17. **Individual treatment plan or ITP.** “Individual treatment plan” or “ITP” means a written plan of mental health treatment developed based on the assessment of the recipient’s needs and revised as necessary. The plan specifies goals and objectives and interventions to achieve the objectives. The plan also identifies the staff who are responsible to provide the interventions.
- Subd. 18. **Integrated Dual Diagnosis Treatment or IDDT.** “Integrated Dual Diagnosis Treatment” or “IDDT” means the mental health evidence based practice approved by the commissioner that helps recipients recover by addressing both their mental health and substance abuse issues at the same time and in one setting.
- Subd. 19. **Level of Care Utilization System or LOCUS.** “Level of Care Utilization System” or “LOCUS” means a level of care decision support tool used as part

of the clinical assessment process that is approved and provided by the department.

- Subd. 20. **License.** “License” has the meaning given it in section 245A.02, subdivision 8.
- Subd. 21. **License holder.** “License holder” has the meaning given it in section 245A.02, subdivision 9.
- Subd. 22. **Licensed independent practitioner or LIP.** “Licensed independent practitioner” or “LIP” means a physician, physician assistant, nurse practitioner or a clinical nurse specialist licensed in Minnesota.
- Subd. 23. **Living unit.** “Living unit” means a set of rooms that are each physically self-contained, have the defining walls extending from floor to ceiling and include bedrooms, living rooms or lounge areas, bathrooms, and connecting areas.
- Subd. 24. **Medically necessary rehabilitation services.** “Medically necessary rehabilitation services” means services that meet the definition of medically necessary care pursuant to section 62Q.53, and are “adult rehabilitative mental health services” pursuant to section 256B.0623, subdivision 2, paragraphs (a) and (a) clause (1).
- Subd. 25. **Mental health practitioner.** “Mental health practitioner” has the meaning given it in section 245.462, subdivision 17.
- Subd. 26. **Mental health professional.** “Mental health professional” has the meaning given it in section 256B.0623, subdivision 5, paragraph (1).
- Subd. 27. **Mental health rehabilitation worker.** “Mental health rehabilitation worker” means a staff person who meets the requirements of section 256B.0623, subdivision 5, paragraph (4) except that a mental health rehabilitation worker who only works during hours when recipients are typically asleep is not required to comply with section 256B.0623, subdivision 5, paragraph (4), item (iv).
- Subd. 28. **Mental illness.** “Mental illness” has the meaning given it in section 245.462, subdivision 20.
- Subd. 29. **Nutrition care services.** “Nutrition care services” has the meaning given it in section 148.621, subdivision 10.
- Subd. 30. **Nutrition care service provider.** “Nutrition care service provider” means a dietician or nutritionist licensed in accordance with section 148.624.
- Subd. 31. **Recipient.** “Recipient” means a person who is receiving services from a provider who is licensed in accordance with this variance.

- Subd. 32. **Registered nurse or RN.** “Registered nurse” or “RN” has the meaning given it in section 148.171, subdivision 20.
- Subd. 33. **Restraint.** “Restraint” means physical or mechanical limiting of the free and normal movement of body or limbs.
- Subd. 34. **Seclusion.** “Seclusion” means separating a recipient from others in a way that prevents social contact and prevents the recipient from leaving the situation if he or she chooses.
- Subd. 35. **Staff or staff member.** “Staff” or “staff member” means any individual who works under the direction of the license holder regardless of their employment status. This includes but is not limited to interns, consultants, individuals who work part-time, and individuals who do not provide direct care services, but does not include volunteers.
- Subd. 36. **Supported employment or SE.** “Supported employment” or “SE” means the mental health evidence based practice identified by the commissioner that includes strategies which help people with mental illnesses find and keep competitive jobs within their communities. The jobs exist in the open labor market, pay at least minimum wage and are in work settings that include people who are not disabled.
- Subd. 37. **Treatment team.** “Treatment team” means staff who provide services under this variance to recipients. At a minimum, this includes the clinical supervisor, treatment director, mental health professionals, and mental health practitioners. For license holders whose staff include mental health rehabilitation workers or certified peer specialists these staff are also included in the treatment team. For license holders who are certified as an eating disorders treatment program (EDTP), the team must include a nutrition care service provider and the LIP.
- Subd. 38. **Trauma informed care.** “Trauma informed care” means mental health care that is based on and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on people and the relationship of these factors to recipients’ mental health services.
- Subd. 39. **Volunteer.** “Volunteer” means an individual who is not a staff member but who is allowed to interact with staff and recipients of the program, including participating in activities.

#### **R36V.04 REQUIRED SERVICE COMPONENTS AND DOCUMENTATION.**

Subdivision 1. **Required service.** The license holder must offer the services identified in this section. The license holder must ensure that all services are delivered by staff that are qualified to provide the service. All services must be delivered by or under the clinical

supervision of a mental health professional and in accordance with the recipient's individual treatment plan (ITP).

**Subd. 1a. Crisis stabilization service exemption.** For license holders who only provide CSS, the license holder is exempt from the requirements of section, R36V.04, subdivision 3, paragraphs (b), and (d) through (j), and subdivisions 5, 6, and 7, and section R36V.05, subdivision 7.

**Subd. 2. Individual treatment.** On a daily basis, the license holder must provide medically necessary rehabilitation services for each IRTS recipient using individualized treatment interventions based on the recipients' assessed needs. The license holder must also provide individualized treatment that promotes recipient choice, and active involvement in the service planning and recovery processes.

**Subd. 3. Assessment and treatment planning.** The license holder must provide the following services to each recipient.

(a) Assessment of immediate needs. Upon the recipient's admission the license holder must evaluate the recipient's immediate needs, including needs related to his or her:

- (1) Health and safety, including the need for crisis assistance;
- (2) Responsibilities concerning children, family, employers; and,
- (3) Housing and legal issues.

(b) Initial treatment plan. An initial treatment plan must be completed within 24 hours of the recipient's admission and must be completed by a mental health professional or a mental health practitioner under clinical supervision. The initial treatment plan may be expanded to meet the requirements of the individual treatment plan (ITP).

- (1) The initial treatment plan must be based on the recipient's intake information and assessment of immediate needs, including consideration of crisis assistance strategies that have proven effective in the past.
- (2) The initial treatment plan must include initial treatment objectives and interventions for the services to be provided and must identify medically necessary rehabilitation services to be provided.
- (3) The initial treatment plan must be dated, signed, and approved as follows:
  - (i) If the initial treatment plan is completed by a mental health professional and signed, the signature of the mental health professional indicates approval by that individual.
  - (ii) If the initial treatment plan is completed by a mental health practitioner under clinical supervision, it must be signed by the mental health practitioner who completed it and it must be approved, within 24 hours of the recipient's admission, by the mental health professional who

provided clinical supervision. If the approval is provided verbally, it must be documented. The mental health professional who provided the clinical supervision must sign the initial treatment plan within 72 hours of the recipient's admission.

(c) Individual abuse prevention plan. The license holder must develop and maintain an individual abuse prevention plan in accordance with sections 245A.65, subdivision 2, paragraph (b), and 626.557, subdivision 14.

(d) Functional assessment. A mental health professional or mental health practitioner with clinical supervision must complete a functional assessment of the recipient within ten calendar days of admission. The assessment must be updated at least every 30 days and within five calendar days prior to discharge. The update must include any changes in the recipient's functioning and symptoms. The functional assessment must be based on information provided by the recipient, referral source or sources, and observations from staff. The functional assessment must include:

- (1) The recipient's functional impairment or impairments related to the symptoms of the mental illness that are identified in the diagnostic assessment;
- (2) The recipient's personal experience regarding his or her symptoms of mental illness and how they interfere with his or her goals;
- (3) The recipient's strengths and resources;
- (4) The date the assessment was completed or updated;
- (5) The signatures and the date of signatures of the mental health professional, or the mental health practitioner and clinical supervisor, if a mental health practitioner conducted the assessment or updated the assessment; and,
- (6) The items listed in section 245.462, subdivision 11a, clauses (1) through (11).

(e) Diagnostic assessment. Within five days of the recipient's admission, a diagnostic assessment must be completed or updated by a mental health professional who meets the requirements in section 245.462, subdivision 18, paragraphs (1) through (6). The diagnostic assessment must be completed in accordance with Minnesota Rules, part 9505.0323, subpart 4, paragraph H, clauses (1) through (4) and (5) item (a). The diagnostic assessment must include the date it was completed and must be signed by the mental health professional who completed it and his or her title. A diagnostic assessment update may be used if a diagnostic assessment was completed within 180 days of the recipient's admission and was completed by:

- (1) A mental health professional who meets the requirements in section 245.462, subdivision 18, paragraphs (1) through (6); or,

- (2) An individual who meets the qualifications to complete a diagnostic assessment in accordance with Minnesota Rules, part 9505.0323, subpart 24.

If the recipient's mental health status has changed markedly since the individual's most recent diagnostic assessment, a new diagnostic assessment is required.

(f) Level of Care Utilization System (LOCUS). Effective October 1, 2010, a level of care assessment of the recipient using the LOCUS must be completed by a mental health professional or a mental health practitioner with clinical supervision, within ten days of the recipient's admission. If the recipient is assessed through LOCUS as needing "medically monitored level of service" (level 5), this supports the recipient's need for IRTS. If the recipient is assessed to have needs that are not at this level, the clinical supervisor must evaluate and document how the recipient's admission to and continued services in IRTS is medically necessary. The LOCUS assessment must be completed at least every 30 days and within five calendar days prior to discharge. The LOCUS assessment must include the date the assessment was completed and the signature and title of the mental health professional who completed it. If the LOCUS assessment was completed by a mental health practitioner, it must be signed and dated by the mental health practitioner who completed it and co-signed and dated by the clinical supervisor.

(g) Substance use screening and assessment. Within ten days of admission, all recipients must be screened for the possibility of a co-occurring substance use disorder, unless they have a current substance use diagnosis. For recipients who have current diagnosis of a substance use disorder or their screening indicates the possibility a substance use disorder, the license holder must conduct assessment of the recipient's chemical use. The assessment must evaluate the recipient's history of chemical use relapse and re-hospitalization, and must assess the effects of the recipient's chemical use related to: family and interpersonal conflict; financial concerns or problems; health concerns or problems; housing instability or homelessness; problems attaining and maintaining employment; legal problems, past and pending incarceration, violence, victimization; suicide attempts; and, non-compliance with medication and psychosocial treatment.

(h) Interpretive summary. Within ten days of admission, a mental health professional or a mental health practitioner with clinical supervision must synthesize information from the recipient about his or her preferences and goals, from the recipient's current assessments, and other available information in a written interpretive summary. The summary shall provide direction in the development of the ITP. Within the same ten day period, the interpretive summary must be approved and signed by the clinical supervisor. The interpretive summary must include:

- (1) The recipient's recovery goal or goals;
- (2) The recipient's diagnosis, including current symptoms and how they relate to the recipient's functional impairments;

- (3) The supports and services needed by the recipient to promote success after discharge;
  - (4) Treatment plan priorities; and,
  - (5) Recommended treatment interventions based on the recipient's strengths, resources, and needs.
- (i) Individual treatment plan. Within ten days of admission, the initial treatment plan must be refined and further developed as the ITP based on the interpretive summary. The ITP must be completed by a mental health professional or a mental health practitioner under clinical supervision and must be updated at least every 30 days. Treatment planning must include the recipient and must be focused on the recipient's successful transition from the intensive residential service. The treatment planning must also include participation by or input from the recipient's family and case manager as permitted by the recipient. The ITP must include:
- (1) The recovery goal or goals identified by the recipient;
  - (2) A minimum of one discharge goal that identifies what the recipient needs in order to successfully transition to a less restrictive environment;
  - (3) Objectives that support the discharge goal and can be accomplished within 30 days based on the recipient's strengths and resources;
  - (4) Interventions that will be provided by staff to address each objective, including interventions for treatment of a co-occurring substance abuse disorder treatment, when needed;
  - (5) Interventions related to engaging recipients in treatment if they have a history of non-compliance with treatment and are court ordered to receive treatment or neuroleptic medications;
  - (6) Identification of the staff who are responsible to deliver the interventions and frequency of the interventions;
  - (7) Identification of referrals and resources needed to assure the recipient's health and safety needs are met and the staff who are responsible to assure that appropriate follow-up occurs. If a recipient does not receive a needed service, the license holder must document the reason and determine whether additional follow-up is required;
  - (8) The date it was completed or updated;

(9) The recipient's signature to acknowledge his or her participation in development or the revisions of their ITP. If the recipient refuses to participate in the development of their ITP or subsequent revisions, the refusal must be documented in the recipient's individual file. In this circumstance, the interventions that were used to engage the recipient in the development or revision of their ITP must also be documented in the recipient's individual file;

(10) The recipient's signature to acknowledge receipt of their initial ITP and all subsequent ITPs. If the recipient refuses to sign to acknowledge receipt of their ITP, the refusal must be documented in the recipient's individual file; and,

(11) The signature and title of the mental health practitioner who completed or updated the ITP and the signatures of the treatment director and the clinical supervisor who reviewed the ITP and any changes to the ITP and the date of their review.

(j) Treatment plan and individual abuse prevention plan reviews. The ITP and individual abuse prevention plan must be reviewed during the team meeting in accordance with section, R36V.10, subdivision 4. This review must be documented in the recipient's individual files and any revisions to the ITP must be made in accordance with section R36V.04, subdivision 3, paragraph (i). Revisions to the individual abuse prevention plan must be made in accordance with section 245A.65, subdivision 2, paragraph (b), clause (2).

**Subd. 4. Nursing monitoring and supervision.** The following nursing services must be provided by the license holder. The individual responsible for these services must be a registered nurse. The nurse shall be responsible for the development of policies, procedures, and forms to assure (a) through (g) are met. The nurse is also responsible to assure that staff are trained and supervised related to (a) through (g).

(a) The health needs of recipients will be met. The registered nurse must develop a plan that:

- (1) Provides for a health screening of each recipient within 72 hours of admission;
- (2) Provides a system for on-going monitoring and addressing the health needs of recipients;
- (3) Addresses any special needs of the recipient population served by the program; and,
- (4) Addresses the needs of recipients with co-occurring substance use disorders.

(b) Medical and health documentation is accurate, thorough, and maintained appropriately. The documentation must include recording significant medical or health related information, including but not limited to results of assessments for self-administration of medications and results of assessments of medication side effects.

(c) Referrals to and coordination with community psychiatric and medical services occur in a timely manner, including arranging for an annual physical exam if one is due.

(d) Guidelines regarding when to inform the registered nurse of recipients' health concerns and in what circumstances and how to attain medical care for recipients.

(e) Ongoing consultation and advice concerning the health and medical care of recipients is provided to staff.

(f) Medications are administered safely and accurately. This must include establishing methods for:

(1) Recipients self-administration of medications that include: Assessing each recipient's readiness to self-administer medication; monitoring recipient's compliance with prescribed medication regimes; assuring that medications are stored safely and in a manner that protects the other recipients in the program; and, assisting the recipient to develop the skills necessary to safely administer his or her own medications.

(2) When and how staff are to inform the registered nurse or physician of problems or issues with recipients' self-administration of medications or medication administration by staff, including the failure to administer, refusal of medication, adverse reactions to medications and errors in administering medications.

(3) Training of staff who are responsible for administering medications, including direct observation of staff who are being trained to administer medications to evaluate their competency before independently administering medications.

(4) Routinely assessing recipients for medication side effects and drug interactions.

(g) Effective and prompt response by staff to medical emergencies, including those related to intoxication and withdrawal.

**Subd. 5. Illness Management and Recovery.** License holders must integrate IMR practices in the design of their programs and delivery of services. This must include:

(a) Use of the educational handouts and group manual developed and provided by the department; and,

(b) Use of individual and group interventions based on the recipients' ITPs.

**Subd. 6. Integrated Dual Diagnosis Treatment.** License holders must address the needs of recipients who have co-occurring substance use disorders using IDDT. The license holder must assure that:

- (a) Staffing levels are appropriate for treating recipients who are assessed as having a co-occurring substance use disorders;
- (b) Staff are trained to provide services to recipients who have a co-occurring substance use disorder;
- (c) Interventions are based on the recipients' ITPs; and,
- (d) If interventions are provided in a group setting, it must be determined and documented in the recipient's individual file that the group setting is appropriate to meet the recipient's needs.

**Subd. 7. Treatment services.** License holders must offer the following services based on the recipient's needs and as indicated in the recipient's ITP.

- (a) Independent living skills training that emphasizes the development of the skills required to increase the recipient's independence related to:
  - (1) Medication administration and self administration of medication, including the capacity within the program for recipients to possess and store their own medications in a manner which is secure;
  - (2) Household management;
  - (3) Cooking and nutrition;
  - (4) Budgeting and shopping, including the capacity within the program for recipients to possess and store their own money in a manner which is secure;
  - (5) Use of transportation;
  - (6) Healthy living;
  - (7) Employment-related skills; and,
  - (8) Social and interpersonal skills development, including interventions identified in IMR and IDDT and other best practices.
- (b) Family involvement support services that assist recipients to build relationships to improve recovery outcomes. The license holder must offer educational and social opportunities for family members to learn about psychiatric disorders and support family relationships including interventions to assist the recipient to identify natural supports.
- (c) Crisis prevention planning that is designed to assist recipients in identifying and addressing patterns in their history and experience of their illness, and developing crisis prevention strategies, that includes the use of staff and peer support and community resources as needed. De-escalation strategies proven to be effective in the past must be considered in the development of the crisis prevention strategy. Staff shall assist recipients in accessing crisis intervention services in the community if needed.
- (d) License holders must submit a plan to the department's adult mental health division by July 1, 2011 that details how the license holder will implement certified peer specialist support services.

Subd. 8. **Behavioral emergency procedures.** A license holder must have written procedures that staff must follow when responding to a recipient who exhibits behavior that is threatening to the safety of the recipient or others. Behavioral emergency procedures must not be used to enforce facility rules or for the convenience of staff. Behavioral emergency procedures must not be part of any recipient's treatment plan, or used at any time for any reason except in response to specific current behaviors that threaten the safety of the recipient or others. Behavioral emergency procedures may not include the use of seclusion or restraint. The procedures must include:

- (a) A plan designed to prevent the recipient from hurting himself or herself, or others;
- (b) Contact information for emergency resources that staff must consult or contact when a recipient's behavior cannot be controlled by the procedures established in the plan;
- (c) The types of behavioral emergency procedures that staff may use;
- (d) The circumstances in which behavioral emergency procedures may be used; and,
- (e) The staff members authorized to implement the behavioral emergency procedures.

Subd. 9. **Optional services.** If the license holder offers additional mental health treatment services, the treatment must meet the definition of a best practice and be delivered by staff who have received adequate training in the provision of the treatment and who are supervised by a mental health professional who is competent in the delivery of the treatment.

### **R36V.05 RECIPIENT FILE DOCUMENTATION and DATA PRIVACY.**

Subdivision 1. **Data privacy.** The license holder must comply with all Minnesota Government Data Practices Act, Minnesota Health Care Provider requirements, and the Health Insurance Portability and Accountability Act (HIPAA). In addition, the license holder must also comply with section 144.294, subdivision 3 concerning release of mental health records. The license holder's use of electronic record keeping or electronic signatures does not alter the license holder's obligations to comply with applicable state and federal law, and regulation.

Subd. 2. **Documentation standards.** Documentation in the recipient's file must:

- (a) Be typed or legible if hand written;
- (b) Identify the recipient on each page;
- (c) Identify the date of service;
- (d) Be signed and dated by the staff person completing the documentation, including the person's title;
- (e) Be co-signed and dated by the clinical supervisor as required in this variance; and,

- (f) Identify who provided the intervention.

**Subd. 3. Documentation of medically necessary rehabilitation services.** Each day the recipient is present in the program (i.e., within a 24 hour period during a calendar day), the license holder must provide medically necessary rehabilitation services using treatment interventions that are specified in the recipient's ITP. The staff person who provided the interventions must record in the recipient's individual file the:

- (a) Start and stop times of the interventions;
- (b) Objective from the ITP that was addressed;
- (c) Description of the intervention that was provided by staff;
- (d) Recipient's response to the intervention; and,
- (e) Way in which the intervention may be refined to be more effective in the future, if applicable.

**Subd. 4. Daily documentation.** Each day the recipient is present in the program (i.e., within a 24 hour period during a calendar day), the license holder must provide a summary in the recipient's individual file that includes observations about the recipient's behavior and symptoms, including any critical incidents for which the recipient was involved.

**Subd. 5. Documentation of absence.** For days that the recipient is not present in the program, the license holder must document the reason for the absence.

**Subd. 6. Other documentation.** The license holder must document in the recipient's individual file any information pertinent to providing services to the recipient, if it is not otherwise documented as part of the ITP interventions. This includes but is not limited to:

- (a) Case coordination activities;
- (b) Medical and other appointments;
- (c) Critical incidents; and,
- (d) Issues related to medications that are not otherwise documented in the recipient's file.

**Subd. 7. Discharge summary.** A discharge summary shall be written for each recipient within five calendar days prior to the recipient's planned discharge or within ten days of the recipient's leaving the program if the discharge was not planned. The discharge summary must be completed by a mental health practitioner and shall be provided to the people and providers who will be subsequently providing services or supports to the recipient. All discharge summaries must include:

- (a) A brief review of the recipient's problems, strengths, and needs while in the program;
- (b) The recipient's response to his or her ITP;
- (c) The recipient's response to the overall program;
- (d) The goals and objectives that the program recommends to be addressed during the first three months following the recipient's discharge;

- (e) Recommended actions or supports to assist the recipient with successful transition, including target dates for completion and identifying the people or agencies who are responsible to work with the recipient after discharge;
- (f) Recommended follow-up services in response to recovery of co-occurring substance use disorders or needed medical services;
- (g) The recipient's forwarding address and telephone number;
- (h) Copies of the recipient's most recent functional assessment and LOCUS assessment;
- (i) The date the discharge summary was completed; and,
- (j) The signature of the mental health practitioner who completed it.

Subd. 8. **Critical incidents.** The license holder must report critical incidents to the department's licensing division in writing and within ten days of the occurrence. The license holder must also maintain records of all critical incidents on file in the facility.

### **R36V.06 QUALITY ASSURANCE AND IMPROVEMENT.**

Subdivision 1. **Quality plan.** License holders must develop a written quality assurance and improvement plan that at a minimum includes the requirements of paragraphs (a) through (c) of this section. The plan must also include processes to review the data or information related to each of the requirements of paragraphs (a) through (c) every three months.

- (a) Measuring recipient outcomes, including:
  - (1) Evaluating the outcome data to identify ways to improve the effectiveness of the services provided to recipients and improve recipient outcomes; and,
  - (2) Attaining and evaluating feedback from recipients, family members, staff and referring agencies concerning the services provided.
- (b) Reviewing critical incidents and other significant incidents, including:
  - (1) Determining whether policies and procedures were followed;
  - (2) Evaluating the staff's response to the critical and other significant incidents;
  - (3) Assessing what could have prevented the critical and other significant incidents from occurring; and,
  - (4) Modifying policies, procedures, training plans, or recipients' ITPs in response to the findings of the review.
- (c) Self-monitoring of compliance, including:
  - (1) Evaluating compliance with the requirements of this variance; and,
  - (2) Demonstrating action to improve the program's compliance with the requirements.

Subd. 2. **Evaluating and updating the quality plan.** The quality assurance and improvement plan shall be reviewed, evaluated, and updated at least annually, by the clinical supervisor and the treatment director. The review shall include documentation of the actions the license holder will take as a result of the information obtained from the monitoring activities outlined in the plan and establish goals for improved service delivery for the next year.

Subd. 3. **Community mental health reporting.** The license holder will collect the statistical data necessary to fulfill the requirements for the Community Mental Health Reporting System as well as other data as requested by the department.

### **R36V.07 STAFF MANAGEMENT.**

Subdivision 1. **Job descriptions.** The license holder shall have job descriptions for each position specifying the staff person's responsibilities, degree of authority to execute job responsibilities, standards of job performance, required qualifications, and to what extent the person may act independently.

Subd. 2. **Job evaluation.** The license holder shall have a process to conduct work performance evaluations of all staff on a regular basis that includes a written annual review. The program must maintain documentation of these reviews.

Subd. 3. **Conditions of employment.** The license holder shall establish conditions of employment including those that constitute grounds for dismissal and suspension.

Subd. 4. **Good faith communication.** The license holder must not adversely affect a staff member's retention, promotion, job assignment, or pay related to good faith communication between a staff member and the department, the Department of Health, the Ombudsman for Mental Health and Developmental Disabilities, law enforcement, or local agencies for the investigation of complaints regarding a recipient's rights, health, or safety. For purposes of this requirement, the scope of the department's jurisdiction is solely related to the policy and procedure requirements provided in this section and not related to issues concerning labor and management or disputes between staff and the license holder.

Subd. 5. **Staff files.** The license holder must maintain organized records for each staff member that at a minimum include:

- (a) An application for employment or a resume;
- (b) Verification of the staffs' qualifications specific to the position including required credentials and other training or qualifications necessary to carry out their assigned job duties;
- (c) Documentation required under chapter 245C concerning background studies;
- (d) The date of hire;
- (e) A job description that identifies the date that specific job duties and responsibilities are effective, including the date the staff has direct contact;

- (f) Documentation of orientation;
- (g) An annual job performance evaluation;
- (h) An annual development and training plan; and,
- (i) Records of training and education activities that were completed during employment.

Subd. 6. **Organizational chart.** The license holder shall maintain a current organizational chart that is available upon request to staff, recipients, and the public. The organizational chart must clearly identify the lines of authority.

Subd. 7. **Volunteers.** If the license holder utilizes volunteers, the license holder must:

- (1) Not permit volunteers to provide treatment services.
- (2) Not regard volunteers as staff for the purpose of meeting licensing requirements for staffing or service delivery.
- (3) Determine whether volunteers may have any contact with recipients. If the treatment director approves that a volunteer may have contact with recipients, the approval must be in writing and maintained in the license holder's records.
- (4) Develop job descriptions for volunteers. When volunteers are approved to have contact, the scope of that contact must be identified in the job description.
- (5) Maintain individual files on each volunteer consistent with the requirements of this subdivision, and subdivision 5 paragraphs (c), (f), and (i).
- (6) Provide orientation and training for volunteers consistent with the requirements of section R36V.08, subdivision 2, paragraphs (a), (b), and (d), clauses (1), (2), and (3).

## **R36V.08 ORIENTATION AND TRAINING.**

Subdivision 1. **Program plan for staff orientation and training.** The license holder must develop a plan to assure that staff receive orientation and training. The plan must include the requirements under paragraphs (a) through (d) below.

- (a) A formal process to provide orientation to all staff at the time of hire that includes topics to be covered, identification of who will conduct the orientation, and the time frame for which the training is to be completed.
- (b) A formal process to evaluate the training needs of each staff person, such as through an annual performance evaluation. The evaluation of training needs must occur when the staff person is hired and at least annually thereafter.

- (c) How the program determines when additional training of a staff is needed and how and under what time lines the additional training will be provided.
- (d) A schedule of training opportunities for a 12 month period that is updated at least annually.

**Subd. 2. Orientation and training for staff members providing direct contact services.**

For staff that provide direct contact services, the license holder shall meet the requirements of this subdivision. The license holder shall also provide the necessary staff development and offer on-going training opportunities for staff that provide direct contact services.

(a) Orientation to the following topics must be provided prior to the staff providing direct contact services:

- (1) Recipient rights as identified in section R36V.12;
- (2) Emergency procedures appropriate to the position, including but not limited to fires, inclement weather, missing persons, and recipients' behavioral and medical emergencies;
- (3) Recovery concepts and principles; and,
- (4) Training related to the specific activities and job functions that the staff person will be responsible to carry out, including documentation of the delivery of services.

(b) Orientation as required in sections 245A.65, subdivision 3 and R36V.13, subdivision 1, paragraph (c) must be provided within 72 hours of a staff first providing direct contact services.

(c) Orientation to the following topics must be provided within 30 calendar days of a staff first providing direct contact services.

- (1) Facility policies and procedures.
- (2) The treatment needs of recipients, including psychiatric disorders and co-occurring substance use disorders.
- (3) Best practice service delivery including:
  - (i) Illness management and recovery;
  - (ii) Trauma informed care;
  - (iii) Supported employment;
  - (iv) Assertive community treatment;
  - (v) Certified peer specialist support services; and,
  - (vi) Integrated dual diagnosis treatment, including the definitions of co-occurring disorders, prevalence of co-occurring disorders, common signs and symptoms of co-occurring disorders, and the etiology of co-occurring disorders (cause, interaction and exacerbation of symptoms).

(d) Annual training. Each staff person must complete training on the following topics annually.

- (1) Vulnerable adult and child maltreatment requirements in sections 245A.65, subdivision 3 and R36V.13, subdivision 1, paragraph (c) must be provided within 72 hours of a staff first providing direct contact services.
- (2) Recipient rights as identified in section R36V.12; and
- (3) Emergency procedures appropriate for the position, including but not limited to fires, inclement weather, missing persons, and recipients' behavioral and medical emergencies.
- (4) Treatment services for recipients with co-occurring substance use disorders.
- (5) Additional training subjects. Staff who are not licensed mental health professionals must be provided additional annual training. The additional annual training must include a minimum of four of the following subjects.
  - (i) Recovery concepts and principles.
  - (ii) Certified peer support services.
  - (iii) Documentation requirements related to recipient services.
  - (iv) Psychiatric and substance use emergencies including prevention, crisis assessment and de-escalation techniques, and non-physical intervention techniques to address violent behavior.
  - (v) The problems and needs of recipients with mental illness and co-occurring substance use disorders.
  - (vi) Psychotropic medications and their side effects.
  - (vii) Assessment and ITPs.
  - (vii) Statutes and rules relating to mental health services.
  - (ix) The characteristics, and treatment of recipients with special needs, such as substance abuse, obsessive compulsive disorder, eating disorders, and physical health issues, including weight management, diabetes, smoking.
  - (x) Topics related to crisis intervention and stabilization of persons with serious mental illness.
  - (xi) Prevention and control of infectious diseases, including human immunodeficiency virus (HIV) infection.
  - (xii) First aid and cardiopulmonary resuscitation (CPR) training.
  - (xiii) Healthy lifestyles, such as exercise nutrition, stress management, therapeutic recreation.
  - (xiv) Motivational interviewing.
  - (xv) Illness management and recovery (IMR), integrated dual diagnosis treatment (IDDT), supported employment (SE), and assertive community treatment (ACT), and other research based best practices.

(6) Additional training hours. Staff who are not licensed mental health professionals must receive additional hours of annual training based on their level of experience. The additional training must meet the following requirements.

- (i) Staff with less than 4000 hours of experience in the delivery of services to persons with mental illness must receive at least 24 hours of training annually; and,
- (ii) Staff with more than 4000 hours of experience in the delivery of services to persons with mental illness must receive 16 hours of training annually.

**Subd. 3. Orientation and training for staff members not providing treatment services.**

For staff that do not provide treatment services, but who have contact with recipients, the license holder shall meet the requirements of this subdivision. The license holder shall also provide the necessary staff development and offer on-going training opportunities for staff who do not provide treatment services.

(a) Orientation. The license holder shall have a plan for orienting new staff. The plan shall include the topics to be covered, who conducts the orientation, and the time frame for which it is to be completed. The topics must include:

- (1) Training related to the specific activities and job functions that the staff will be responsible to carry out;
- (2) Orientation as required in sections 245A.65, subdivision 3 and R36V.13, subdivision 1, paragraph (c) must be provided within 72 hours of a staff first providing direct contact services.
- (3) Recipient rights as identified in R36V.12;
- (4) Emergency procedures appropriate for the position, including but not limited to fires, inclement weather, missing persons, and recipients' behavioral and medical emergencies; and,
- (5) Recovery concepts and principles.

(b) Annual training. Each staff person must complete training on the following topics annually.

- (1) Vulnerable adult and child maltreatment requirements in sections 245A.65, subdivision 3 and R36V.13, subdivision 1, paragraph (c) must be provided within 72 hours of a staff first providing direct contact services.
- (2) Recipient rights as identified in R36V.12; and,

(3) Emergency procedures appropriate for the position, including but not limited to fires, inclement weather, missing persons, and recipients' behavioral and medical emergencies.

Subd. 4. **Documentation of orientation and training.** The license holder must document that orientation and training was provided. The documentation must include the:

- (a) Dates of training;
- (b) Subjects covered;
- (c) Amount of time the training was provided;
- (d) Names and credentials of the people who provided the training; and,
- (e) Names of the staff and volunteers who attended.

### **R36V.09 STAFF QUALIFICATIONS AND REQUIRMENTS.**

Subdivision 1. **Staffing levels and ratios.** License holders shall have sufficient staff to provide the services offered by the program. License holders must also have sufficient staff available to provide 24-hour-per-day coverage and to: meet the needs identified in the recipients' ITPs; implement program requirements; and, safely supervise and direct the activities of recipients taking into account the recipients' level of behavioral and psychiatric stability, cultural needs, and vulnerabilities. At a minimum:

- (a) Staff must be available and must provide direction to and supervision of recipients whenever recipients are present in the program;
- (b) Staff must remain awake during all work hours; and,
- (c) A ratio of one staff person to nine recipients must be maintained on each shift and:
  - (1) If nine or fewer recipients are being served, the program must be staffed by a mental health practitioner or mental health professional a minimum of eight hours per calendar day; or,
  - (2) If more than nine recipients are being served, one of the staff on both the day and evening shifts must be a mental health practitioner or mental health professional.

Subd. 2. **Staff requirements.** The license holder is responsible to assure that all staff providing services are qualified to adequately carry out the job duties they are assigned. Staff that provide mental health services must meet the qualifications to be a mental health professional, a mental health practitioner, a mental health rehabilitation worker, or a certified peer specialist. Staff must also demonstrate competency to deliver and document the service components they provide. This includes staff that work overnights, weekends, part-time, and on an infrequent basis.

- (a) Responsibilities of key staff positions. In addition, the license holder must assure that staff in key staff positions meet the requirements of this section.

(1) Clinical Supervisor. The clinical supervisor must be a mental health professional. The clinical supervisor must supervise the development, modification, and implementation of recipients' ITPs and the service components provided by the program. This includes but is not limited to meeting with the staff being supervised to discuss the staff's work and to review the individual treatment received by recipients. It also includes documenting the oversight and supervision provided by the clinical supervisor and being responsible for and evaluating the treatment services required under this variance.

(2) Registered Nurse. The RN must provide monitoring and supervision as defined in Minnesota Rules, part 6321.0100. The RN is responsible to carry out the requirements in section R36V.04, subdivision 4 and must take active steps to assure that recipients have needed medications and receive necessary medical and psychiatric care. The RN must be qualified as a mental health practitioner, and must be at the program location a minimum of eight hours per week. Additional nursing services may be delivered by a mental health rehabilitation worker who is also a registered nurse or licensed practical nurse (LPN), as defined in section 148.171, subdivision 8.

(3) Treatment Director. The treatment director may also serve as the clinical supervisor if qualified to do so. The treatment director must comply with items (i) through (iv).

(i) The treatment director must be a mental health practitioner or mental health professional. If the treatment director is a mental health practitioner he or she must receive clinical supervision at least monthly in addition to the supervision required in R36V.10, subdivision 4. If the treatment director requires clinical supervision, the supervision must cover the:

- (A) General needs of the recipients being served;
- (B) Overall needs and effectiveness of the program; and,
- (C) Needs and issues related to staff training.

(ii) The treatment director must know and understand the rules and regulations associated with the delivery of services under this variance. The treatment director must ensure that:

- (A) The staff requirements in section, R36V.09, subdivision 1 and section R36V.10, subdivisions 1 and 3 are met;
- (B) Staff understand how to implement the recipients' ITPs, including all revisions to the ITPs; and,
- (C) The development and revisions to the recipients' ITPs are in compliance with section R36V.04, subdivision 3.

(iii) The services provided to recipients promote individual choice and involvement in the treatment process and that recipient rights are upheld.

(iv) The treatment director determines the scope of interaction and involvement that is appropriate for volunteers to have with recipients in the program and is responsible to assure that the activities and functions performed by volunteers are directed and monitored appropriately.

(b) Notification of changes in key positions. The license holder must assure coverage of key positions. In the event of a vacancy in the positions of treatment director, registered nurse, or mental health professional, the license holder must inform the department's licensing division in writing of the names and qualifications of individuals who are appointed to serve in an interim and permanent basis to these key positions within five working days of the vacancy. The license holder must also submit evidence of the appointee's qualifications to the department's licensing division.

Subd. 3. **Dividing staff time between locations.** License holders that provide services in more than one building under one license and who divide one staff person's time between buildings during the same work period must attain prior approval from the commissioner.

### **R36V.10 STAFF SUPERVISION AND RESPONSIBILITIES.**

Subdivision 1. **Direct observation of mental health rehabilitation workers.** The license holder must assure that mental health rehabilitation workers are directly observed as they provide services to recipients and must assure that documentation completed by the mental health rehabilitation workers concerning services provided to recipients are accurate.

(a) Direct observation must be carried out and documented by either a mental health practitioner or mental health professional. The amount of direct observation must be no less than:

- (1) Six hours per 40 hours worked during the first 160 hours that the a newly hired mental health rehabilitation worker works; and,
- (2) Six hours for every six months of employment after the first 160 hours worked.

(b) Progress notes that are written by mental health rehabilitation workers, related to services delivered during the direct observation, must be reviewed for accuracy and consistency based on the recipient contact that was observed and the recipient's ITP and goals. These progress notes must be co-signed by the mental health practitioner or mental health professional who directly observed the contact with the recipient.

Subd. 2. **Language competency.** Additional supervision is required for mental health rehabilitation workers whose qualifications are based on their competency to meet the language or ethnic needs of recipients in accordance with section 256B.0623, subdivision 5, paragraph (4), clause (iv), item (B). The license holder must supervise these staff in accordance with section 256B.0623, subdivision 5, paragraph (4) clause (iv), item (B) sub-items (1) through (5).

Subd. 3. **Access to a mental health practitioner or professional.** The license holder must have the capacity to promptly and appropriately respond to emergent needs of the recipients and make any necessary staffing adjustments to assure the health and safety of recipients. Within 30 minutes, treatment staff must have access in person or by telephone to the clinical supervisor or a mental health practitioner with clinical supervision. The license holder must maintain a schedule of the mental health practitioners or professionals who will be available and a means to reach them. The schedule must be current and readily available to staff.

Subd. 4. **Treatment team meetings.** The license holder must assure that staff on all shifts exchange information necessary to carry out the recipients' ITPs, and respond to the recipients' recovery goals, and inform updates and revisions to the recipient's ITP and individual abuse prevention plan.

- (a) The clinical supervisor must hold at least one team meeting per calendar week and be physically present at the meeting. All treatment team members are expected to participate in a minimum of one team meeting during every calendar week they work. This includes part-time staff and staff who work on an intermittent basis. The license holder must maintain documentation of the weekly meetings, including the names of staff who attended.
- (b) Staff who do not participate in the weekly team meeting must participate in an ancillary meeting during each week in which they work. During the ancillary meeting the information that was shared at the most recent weekly team meeting must be verbally reviewed, including revisions to the recipients' ITPs and other information that was exchanged. The ancillary meeting may be conducted by the clinical supervisor or a mental health practitioner that participated in the weekly meeting. The license holder must maintain documentation of the ancillary meetings, including the names of staff who attended.

Subd. 5. **Clinical supervision and plan.** The clinical supervisor must assure that the supervision requirements in this section and clinical supervision as required in sections R36V.04, subdivisions 1, 2 and 3 paragraphs (b), (d), (e), (f), (h), (i), and (j), and subdivision 9, and section R36V.05, subdivision 3 and section R36V.09, subdivision 2, paragraph (a), clause (1) are provided. The clinical supervisor must have a written plan describing how these supervisory requirements will be met, including the names and qualifications of mental health professionals who may provide clinical supervision at the program.

### **R36V.11 ADMISSION AND DISCHARGE REQUIREMENTS.**

Subdivision 1. **Admission and discharge criteria.** The license holder must have admission and discharge criteria that meet the requirements of this section. License holders who only provide CSS are exempt from the requirements of this section. These

requirements do not prohibit the license holder from restricting admissions or transferring people who present an imminent danger to themselves or others.

(a) Admissions criteria. The license holder must:

- (1) Develop and maintain admission criteria that are consistent with section 256B.0622, subdivision 3, clauses (1), (3), (4), (5), and (6), and as required in under section R36V.04, subdivision 3, paragraph (f);
- (2) Identify what information the license holder requires to make a determination concerning an admission referral.

(b) Prohibited admission criteria. The license holder must not limit or restrict services to recipients based solely on:

- (1) The recipient's substance use;
- (2) The county in which the recipient resides; or,
- (3) Whether the recipient elects to receive other services for which they may be eligible, including but not limited to case management services.

(c) Admissions determinations. The license holder must:

- (1) Be able to receive referral information from any source at the IRTS location all days of the year and at any time;
- (2) Respond within eight hours of receiving a referral to the referral source and, within that time frame, provide the referral source what information is required for the license holder to make a determination concerning admission;
- (3) Consider the program's staffing patterns and competencies of staff when making a determination concerning whether the program is able to meet the needs of a person seeking admission; and,
- (4) Make a determination concerning the admission within 72 hours of having received all information required of the referral source under paragraph (a), clause (2) of this subdivision is received.

(d) Discharge. When recipients meet their program goals or are otherwise found to no longer be eligible for services or the recipient's needs cannot be met by the license holder, the license holder must make arrangements for the recipient's discharge. The license holder must complete a discharge summary as required in R36V.05, subdivision 7.

- (1) When possible, the license holder shall coordinate discharge planning with the recipient, the recipient's case manager if one is assigned, and the recipient's family as requested by the recipient.

- (2) When a recipient's needs cannot be met by the license holder or the recipient has needs for services after discharge, the license holder must make arrangements to transfer the recipient to services that are appropriate given the recipient's needs and that are expected to meet the recipient's needs.

### **R36V.12 RECIPIENT RIGHTS AND PROGRAM ORIENTATION.**

Subdivision 1. **Resident rights and orientation.** The license holder must comply with the following requirements concerning recipients' rights and recipients' orientation to the program, with the exception that programs that provide only CSS are not required to comply with paragraph (b):

(a) Explanation of rights. The program shall have a written statement of recipients' rights and responsibilities that encompassing paragraphs (b) to (n). The license holder shall explain to each recipient the recipient's rights and responsibilities. At admission, a written statement of recipients' rights and responsibilities shall be given to each recipient, and to his or her responsible party if the recipient as applicable. A list of recipients' rights and responsibilities shall be posted in a place accessible to the recipients and shall be available to the department for review. Any restriction on recipients' rights must be documented in the recipient's ITP.

(b) Recipient council. The program shall have a recipient council through which recipients have an opportunity to express their feelings and thoughts about the program and to affect policies and procedures of the program. Minutes of council meetings shall be recorded and made available to the program director.

(c) Recipient compensation. A recipient who performs labor other than labor of a housekeeping nature shall be compensated appropriately and in compliance with applicable state and federal labor laws, including minimum wage and minimum wage reduction provisions. Labor of a housekeeping nature shall be limited to household chores which a person living in his or her own residence in the community would normally perform.

(d) Physician appointments. A recipient shall be allowed to see his or her physician at any reasonable time.

(e) Photographs of recipients. A recipient shall not have his or her photograph taken for any purpose beyond identification or supervision unless he or she consents. Consent must be documented in writing and be maintained in the recipient's file.

(f) Telephone use. Recipients shall have access within the IRTS program to a telephone for incoming, local outgoing, and emergency calls. Recipients shall have access within the IRTS program to a pay phone or its equivalent for outgoing long distance calls.

- (g) Mail. Recipients shall be allowed to receive and send uncensored mail.
- (h) Visitors. Recipients shall be allowed to receive visitors at reasonable times. Recipients shall be allowed to receive visits at any time from their personal physician, religious adviser, and attorney. The right to receive visitors other than those specified may be subject to reasonable written visiting rules and hours established by the license holder. These rules must be reasonable, be written, and be available to recipients. The license holder may impose limitations on visits to an individual recipient only if it is determined that the limitations are necessary for the welfare of the recipient and if the limitations and reasons are fully documented in the recipient's ITP.
- (i) Freedom from discrimination. The program shall not discriminate due to age, race, color, creed, religion, national origin, sex, marital status, disability, sexual orientation, and status with regard to public assistance. License holders must abide by all applicable state and federal laws including the requirements of the Minnesota Human Rights Act, chapter 363A.
- (j) Courtesy and respect. Staff shall treat recipients with courtesy and respect and with consideration of their individuality.
- (k) Refusal of treatment. Recipients shall be permitted to refuse treatment. The license holder shall inform recipients of the likely impact of refusing treatment, medications, or dietary restrictions. The license holder must document this in the recipient's individual file. In cases where a recipient is incapable of understanding the consequences of the refusal, but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented in the recipient's file.
- (l) Freedom from maltreatment. The license holder shall inform recipients of the definitions of and reporting requirements in sections 245A.65, 626.556 and 626.557.
- (m) Confidentiality. The license holder shall provide for the confidential treatment of the recipients' records. A recipient may approve or refuse the release of information to any individual outside the facility. Recipients shall be notified when personal records are requested by any individual outside the facility.
- (n) Personal items. Recipients shall be permitted to retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other recipients, and unless it is medically or programmatically contraindicated for medical, safety, or programmatic reasons and this is documented. The license holder must either maintain a central locked depository or provide individual locked storage areas in which recipients may store their valuables.

### **R36V.13 POLICIES AND PROCEDURES.**

**Subdivision 1. Policy requirements and manual.** All license holders must develop and maintain a written manual of policies and procedures, plans and other documents required by this variance and that comply with Minnesota Statute, section 245A.04, subdivision 14. The manual shall contain:

- (a) All policies and procedures required by this variance;
- (b) Policies and procedures required by sections 245A.04, subdivision 1, paragraphs (c) and (d), and 245A.04, subdivision 13; and,
- (c) Policies and procedures related to reporting maltreatment of minors in accordance with section 626.556, subdivisions 2, 3, and 7.

**Subd. 2. Service description.** The manual must include a current organizational chart, as required in section, R36V.07, subdivision 6. The manual must also contain a complete description of all of the services provided by the program, including each treatment service component required in section R36V.04, subdivisions 3, paragraph (e) and (g), and 4 through 9. In addition, license holders who are certified as an eating disorders treatment program (EDTP) must also include in their program description each treatment component required in section R36V, subdivision 4.

**Subd. 3. Required policies and procedures, and plans.** The license holder must at a minimum have policies and procedures or plans as identified in this section. All policies, procedures and plans must be consistent with the requirements of this variance and provide sufficient direction for staff and the license holder to effectively carry out the policy, procedure, or plan. The policies and procedures and plans must include but are not limited to addressing paragraphs (a) through (m).

- (a) Individual treatment requirements in accordance with section R36V.04, subdivisions 1 and 2.
- (b) Nursing service requirements in accordance with section R36V.04, subdivision 4.
- (c) Emergency procedures in accordance with section R36V.04, subdivision 8.
- (d) Documentation requirements in accordance with section R36V.05.
- (e) Critical incidents, including the program's definitions and procedures to address such situations in accordance with section R36V.05, subdivision 8.
- (f) Quality assurance and improvement requirements identified in section R36V. 06.
- (g) Staff management requirements in section R36V.07, subdivisions 2, 3, and 4.

- (h) Orientation and training plan in accordance with section R36V.08, subdivision 1.
- (i) Staff qualifications and requirements in accordance with section R36V.09, subdivisions 1 and 2, and:
  - (1) For license holders who are certified to provide CSS, section R36V.15, subdivision 8; and,
  - (2) For license holders certified as an EDTP, section R36V.16, subdivision 5.
- (j) Clinical supervision in accordance with section R36V.10, subdivision 5.
- (k) Admission and discharge requirements in accordance with section R36V.11, and:
  - (1) For license holders who are certified to provided CSS, section R36V.15, subdivisions 2 and 7; and,
  - (2) For license holders who are certified as an EDTP, section 245.16, subdivisions 1 and 2.
- (l) Recipient right requirements in accordance with section R36V.12; and,
- (m) Physical plant requirements in accordance with section R36V.14, subdivision 6, as applicable.

Subd. 4. **Review of policies and procedures, and plans.** Policies and procedures, and plans must be reviewed by the treatment director at least annually and updated as needed. Each policy and procedure or plan must identify the date it was initiated and the dates of any revisions.

#### **R36V.14 PHYSICAL PLANT.**

Subdivision 1. **Housing requirements.** The license holder must be licensed or certified as a board and lodging facility, supervised living facility, or a boarding care home by the Minnesota Department of Health.

Subd. 2. **Capacity.** The license holder must not have more than 16 beds per program site. This capacity includes other residential services for the treatment of mental illness that are offered by the license holder at the same address.

Subd. 3. **Furnishings.** Each living unit must be furnished in a manner that is appropriate to the psychological, emotional, and developmental needs of recipients.

Subd. 4. **Space.** Each program must have one living room or lounge area per living unit. There shall be space available for services as indicated in the ITPs, such as an area for learning recreation and leisure time skills, and areas for learning independent living skills, such as laundering clothes and preparing meals.

Subd. 5. **Privacy.** The living unit shall allow for individual privacy. Each recipient shall have the opportunity for privacy during assessment interviews, counseling sessions, and to visit with outside guests.

Subd. 6. **Physical separation of services.** If the license holder offers services to individuals who are not recipients of IRTS at the IRTS location, the license holder must inform and submit a plan to the department's licensing division on how and when the services will be provided. Such services shall only be provided in an area that is physically separated from the IRTS services. The commissioner determines whether the other services may be provided in the IRTS location.

### **R36V.15 CERTIFICATION FOR CRISIS STABILIZATION SERVICES.**

Subdivision 1. **Crisis stabilization services certification.** Prior to providing CSS in an IRTS program the license holder must meet the additional requirements of this section and apply to the department to be certified to provide these services. Unless the license holder is otherwise exempt, the requirements of this section are in addition to the requirements of sections R36V.01 through R36V.14.

Subd. 2. **Admission criteria.** The license holder must develop and maintain admission criteria that are consistent with section 256B.0624, subdivision 3.

Subd. 3. **Crisis stabilization services.** The license holder must provide the assessments and services listed in this subdivision (a) through (f) and collaborate with other service providers as needed to coordinate services for the recipient. All services must be delivered by or under the clinical supervision of a mental health professional who meets the requirements in section 245.462, subdivision 18, paragraphs (1) through (6).

- (a) Assessment of the recipient's immediate needs as defined in this section R36V.04, subdivision 3, paragraph (a);
- (b) Additional assessment of the factors that lead to the crisis;
- (c) Individualized crisis stabilization treatment planning as defined in section R36V.14, subdivision 6;
- (d) Supportive counseling;
- (e) Skills training as identified in the recipient's individual crisis stabilization plan; and,
- (f) Referrals to other service providers in the community as needed and to support the recipient's transition from CSS.

Subd. 4. **Recipient files.** The following documentation must be maintained in the recipient's individual file:

- (a) The assessment of the recipient by a mental health professional, by physician working in an emergency department, or by a member of a mobile crisis team, that determines the recipient is experiencing a mental health crisis;

- (b) The risk and immediate needs assessment and plan;
- (c) The crisis stabilization treatment plan;
- (d) Signed release forms necessary to coordinate services with other providers;
- (e) Recipient health information and current medications as required in section R36V.04, subdivision 4;
- (f) Emergency contacts for license holder to notify on the recipient's behalf;
- (g) Summaries of contact with the recipient's family or others, if any; and,
- (h) Summary of the recipient's case reviews, if any, by staff.
- (i) A discharge summary that includes (1) through (4).
  - (1) The recipient's response to his or her individual crisis stabilization treatment plan;
  - (2) The recipient's forwarding address and telephone number;
  - (3) The date the discharge; and,
  - (4) Any other information that is significant to the recipient's treatment or care.

Subd. 5. **Individual abuse prevention plan.** Complete the individual abuse prevention plan, as required in section R36V.04, subdivision 3, paragraph (c), within 24 hours of the recipient's admission.

Subd. 6. **Individual crisis stabilization treatment plan.** An individual crisis stabilization treatment plan must be completed by a mental health professional or a mental health practitioner under clinical supervision must be completed within 24 hours of the recipient's admission.

- (1) The license holder must coordinate the development of the individual crisis stabilization treatment plan with the recipient's case manager if a case manager is assigned and must involve the recipient's family as permitted by the recipient.
- (2) The individual crisis stabilization treatment plan must include:
  - (a) A list of the recipient's needs identified in the assessments;
  - (b) A list of the recipient's strengths and resources;
  - (c) Measurable, short-term objectives to be achieved, including the time frames for achievement;
  - (d) Where applicable, documentation of referral to and scheduling of services that are not expected to be completed in the CSS program; and,
  - (e) The recipient's signature (If the recipient refuses to sign the plan, the reason must be documented in the recipient's file.).
- (3) The individual crisis stabilization treatment plan must be dated, signed, and approved as follows:
  - (a) If the individual crisis stabilization treatment plan is completed by a mental health professional and signed, the signature of the mental health professional indicates approval by that individual.

- (b) If the individual crisis stabilization treatment plan is completed by a mental health practitioner under clinical supervision, it must be signed by the mental health practitioner who completed it and it must be approved, within 24 hours of the recipient's admission, by the mental health professional who provided clinical supervision. If the approval is provided verbally, it must be documented. The mental health professional who provided the clinical supervision must sign the initial treatment plan within 72 hours of the recipient's admission.

Subd. 7. **Emergency discharge.** If the license holder cannot meet the recipient's health and safety needs, the license holder must arrange to transfer the recipient to a provider who or setting that has the capacity to meet the recipient's needs.

Subd. 8. **Staffing requirements.**

- (a) If one or more recipients in the program are receiving crisis stabilization services, the staff must include a mental health professional and at least one individual who is a mental health practitioner or rehabilitation worker who has had 30 hours of training in crisis services in the last two years.

- (b) During the first 48 hours that a recipient who is receiving CSS is in the program, the license holder must have at least two staff working 24 hours a day. Staffing levels may be reduced following the 48 hours provided the staffing levels continue to meet the recipients' needs as specified in their individualized crisis stabilization treatment plans.

## **R36V.16 CERTIFICATION AS AN EATING DISORDER TREATMENT PROGRAM.**

Subdivision 1. **Certification for eating disorders treatment programs.** Prior to providing EDTP services, the license holder must meet the additional requirements of this section and apply to the department to be certified to provide these services. Unless the license holder is otherwise exempt, the requirements of this section are in addition to the requirements of sections R36V.01 through R36V.14.

Subd. 2. **Admission criteria.** To be eligible for admission to an EDTP the following must be met:

- (a) The recipient is diagnosed with an eating disorder of Anorexia Nervosa (AN), Bulimia Nervosa (BN), or Eating Disorder Not Otherwise Specified (NOS) as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM).
- (b) The license holder has the capacity to effectively manage the recipient's co-morbid or other medical conditions.

Subd. 3. **Discharge criteria.** A recipient must be discharged when at least one of the following criteria is met:

- (a) The recipient has achieved maximum benefit from treatment or successfully met the goals of the individualized treatment plan (ITP);
- (b) The recipient's symptoms and needs may be managed at a lesser level of service and adequate supports and services are available;
- (c) The recipient exhibits a severe exacerbation of symptoms, decreased functioning or disruptive or dangerous behaviors and requires a more intensive level of service;
- (d) The recipient has medical or physical health needs that the license holder is not able adequately address;
- (e) The recipient does not participate in the program despite multiple attempts to engage him or her and to address nonparticipation issues;
- (f) The recipient does not make progress toward treatment goals and there is no reasonable expectation that progress will be made; or,
- (g) The recipient leaves against medical advice for an extended period (determined by written procedures of provider agency).

Subd. 4. **Service requirements.** The following service must be provided to be certified as an EDTP.

(a) Nutrition care services provided by a nutrition care service provider. Nutrition care services must include:

- (1) Assessing the nutritional needs of the recipient;
- (2) Establishing priorities, goals, and objectives to meet nutritional needs of the recipient;
- (3) Providing nutrition counseling for therapeutic needs;
- (4) Developing, implementing, and managing nutrition care services; and,
- (5) Evaluating, adjusting, and maintaining appropriate standards of quality in nutrition care.

(b) Oversight of medical services must be provided by or under the direction of a licensed independent practitioner (LIP) and must include:

- (1) Education for recipients, including basic facts about the causes of eating disorders, medical consequences, and its treatment, including information on medication;
- (2) Drug and urine screens as appropriate;
- (3) Physical vital sign monitoring;
- (4) Weight restoration; and,
- (5) Exercise assessment and planning.

(c) The following services must be available as needed to address the medical and health care needs of recipients: Physical and occupational therapy; dental care; physician services; and laboratory services. These services may be provided on or off-site, in accordance with applicable laws, rules, and requirements. If the license holder does not directly provide these services, the license holder must assure that recipients receive the services that are necessary to meet their medical and health care needs.

(d) A licensed independent practitioner (LIP) and nutrition care provider must be members of the treatment team. These staff shall not provide mental health rehabilitation services unless they are also qualified as a mental health professional, a mental health practitioner, or a mental health rehabilitation worker. These staff are in addition to the treatment team members required by section R36V. 09.

**Subd. 5. Staff qualifications.** The license holder must ensure and maintain documentation that all staff have knowledge or competency in the following areas:

- (a) The characteristics, and treatment of recipients with special needs such as substance abuse, obsessive compulsive disorder, and eating disorders; and,
- (b) First aid and cardiopulmonary resuscitation (CPR) training.