Amendment to 21-00216, 02/04/21	**Context**
2.18: after "affect" insert "the staff qualifications or"	Waiver of staff qualifications is a frequent request. However, staff qualifications are usually part of state plan amendment and approved by CMS. Waiver by DHS could result in invalid claims and overpayment.
10.1: delete "**unethical acts or**" in the subdivision title, delete paragraph (a), and remove paragraph lettering in sequence	This language is based off of current requirements in current rule. However, we have heard concerns about the clarity and enforceability of this provision.
11.10 to 11.13: delete "the Minnesota Government Data Practices Act, chapter 13; the privacy provisions of the Minnesota health care programs provider agreement; the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191; and the Minnesota Health Records Act, sections 144.291 to 144.298." and insert "all applicable state and federal law."	Removes specificity to avoid circumstance where this list comes out of alignment with current law, in response to stakeholder request. For example, not all providers are governed by chapter 13.
12.30: delete "providing services to clients"	Improved clarity that work experience might not be from formal health services. Example, a teacher's aide who has worked extensively with children with emotional disturbances. These kids would not typically be considered "clients" when in an educational setting.
20.7: delete "safe"	Extraneous wording. Requirement is to have staff learn how to manage and administer medication from a qualified instructor.
After 21.3: insert "(c) A treatment supervisor must provide treatment supervision to a staff person using methods that allow for immediate feedback, including in-person, telephone, and interactive video supervision." and reletter paragraphs in sequence	Content moved up from subd 2, para (a). The reference should not be to telehealth, since internal consultation between staff persons in the same program is not a telehealth service.
21.9 to 21.16: delete subdivision 2 and renumber subdivisions in sequence	Removes specificity of maximum group size for supervision to avoid unintended consequences for team-based services. Because there is no longer a requirement to document every single time supervision is provided, this is nearly impossible to regulate. Boards of practice still provide guidance around best practices for maximum group sizes for effective supervision. The requirement for supervision to allow to immediate feedback is moved up to subdivision 1.

Amendment to 21-00216, 02/04/21	**Context**
21.25 to 21.26: delete clause (2) and renumber clauses in sequence	Removed language to avoid duplication. The supervision plan is already specific to the license holder.
21.31 to 21.32: delete clause (5) and renumber clauses in sequence	Removed reference to treatment supervision record, which is no longer required.
22.1: delete clause (6) and renumber clauses in sequence	Deleted the requirement to have procedures for responding to client emergencies included in the treatment supervision plan to keep all policy and procedure requirements in 245I.03.
22.2 to 22.3: delete "a description of the staff person's job responsibilities with the license holder,"	Requirement is relocating for clarity.
22.6 to 22.14: delete subdivision 4 and renumber in sequence	Deleted the treatment supervision record to address continued concern about the high level of paperwork and lack of value associated with this specific requirement. The intent is to allow supervisors the maximum amount of time to spend providing high quality supervision. The quality and appropriateness of supervision will show up through things like treatment plans and progress notes more accurately than through a record of each instance of supervision.
After 23.5: insert "(4) a description of the staff person's job responsibilities with the license holder;" and renumber clauses in sequence	Requirement is relocating for clarity.
23.10: delete "documentation" and insert "a verification copy"	"Documentation" is too vague, and may implied more burdensome obligations. DHS needs to see a verification copy, easily obtained from board of practice.
23.16 to 23.17: delete clause (9) and renumber clauses in sequence	See changes below. Individual instances of supervision will no longer require documentation. Staff will need at least an annual review and an individualized plan for supervision. Supervision that results in a shift of treatment plan/intervention would be already be documented through progress notes or other client specific documentation.

Amendment to 21-00216, 02/04/21	**Context**
24.6: delete "promptly"	The timing for "promptly" is not defined, and because there's not a timeline that would be appropriate across all services, we deleted the word.
25.24: delete "seven" and insert "five"	Aligns to 245A required timeline. Services funded by federal block grant may continue to require the extended seven year timeline.
25.26: delete "seven" and insert "five"	Aligns to 245A required timeline. Services funded by federal block grant may continue to require the extended seven year timeline.
27.3: delete "the license holder's"	Corrected drafting error. "Explanation of findings" is the name of a covered service.
31.32: delete "clause (8)" and insert "paragraph (b)"	Corrects cross reference.
32.1: after the subdivision title, insert "(a)"	Updating structure to ensure ITP language can be appropriately cross referenced.
32.29: insert "(b)" at the beginning, and after "document" insert "in"	Updating structure to ensure ITP language can be appropriately cross referenced, and corrects drafting error.
36.7: delete "promptly"	Because the timing for "promptly" is not defined therefore doesn't mean anything, and there's not a timeline that would be appropriate across all services, we deleted the word.
37.9: after "receipt" insert "or disbursement	The intent here is that both when a license holder takes property for safe keeping, and when they return it, it should be documented. Concerns with misplaced or unreturned property is a major source of complaints handled by Licensing. Proper documentation goes a long way in swiftly and accurately resolving these concerns.
37.12: after "receipt" insert "or disbursement	The intent here is that both when a license holder takes property for safe keeping, and when they return it, it should be documented. Concerns with misplaced or unreturned property is a major source of complaints handled by Licensing. Proper documentation goes a long way in swiftly and accurately resolving these concerns.

Amendment to 21-00216, 02/04/21	**Context**
38.9 to 38.10: delete "and provide the client with the date by which the license holder will respond to the client's grievance"	This deletes unnecessary language, because the timeline for response is established in clause (4).
39.7: delete "certified by the commissioner" and insert "listed under section 245I.011, subdivision 5"	Edited for precision.
39.30: delete "clients with face-to-face or telephone access to a mental health professional" and insert "treatment team members with face-to-face or telephone access to a mental health professional for the purposes of supervision"	This corrects a drafting error. The intent was to ensure that staff had adequate supervision, while allowing better flexibility in staffing. Satellite locations are frequently in smaller towns, or located within schools, and might be staffed exclusively with clinical trainees. Programs currently request variances to allow for this, but would be able to do this by right with this proposal.
40.8: after "week" insert "each"	This edit clarifies that the mental health professionals referenced in this paragraph must *each* be employed for at least 35 hours per week.
40.26 to 40.29: delete paragraph (d) and reletter paragraphs in sequence	Removes 60% cap for a single discipline within the mental health clinic in response to stakeholder discussions. The two full-time mental health professionals must still be different disciplines.
42.16: delete clause (6) and renumber clauses in sequence	Removes resource utilization requirement from QA standard for mental health clinics, in response to stakeholder discussions.
42.27: delete "respond to" and insert "act on"	Clarify process within application process, aligning wording to existing language in 245A.
43.21: delete "mental health clinic" and insert "certification holder"	Ensuring parallel language to align application process to 245A.
43.26: delete "employed by" and insert "of"	Needs to be more general. Some staff may have been contracted in, and not employees of the clinic.
43.27: delete "mental health clinic" and insert "certification holder"	Ensuring parallel language to align application process to 245A.
43.27 to 43.28: delete the comma and insert "and grounds, documentation and records,"	Edited so list is parallel to the list in paragraph (a).

Amendment to 21-00216, 02/04/21	**Context**
44.4: delete "clinic's" and insert "certification holder's"	Ensuring parallel language to align application process to 245A.
After 44.5: insert "(b) The commissioner must offer the certification holder a choice of dates for an announced certification review. A certification review must occur during the clinic's normal working hours." and reletter paragraphs in sequence	This is offered in response to a stakeholder concern about the disruption of unplanned site visits. DHS will continue to work with providers to agree on mutually convenient dates for regular program reviews, but will retain the right to perform urgent/unplanned visits when required for responding to maltreatment or other allegations.
45.24: delete "mental health clinic requests reconsideration of" and insert "certification holder appeals"	Ensuring parallel language to align application process to 245A.
After 45.27 insert: Subd. 15. **Transfer prohibited.** A certification issued under this chapter is only valid for the premises and the individual, organization, or government entity identified by the commissioner on the certification. A certification is not transferable or assignable. Subd. 16. **Notifications required and noncompliance.**(a) A certification holder must notify the commissioner, in a manner prescribed by the commissioner, and obtain the commissioner's approval before making any change to the name of the certification holder or the location of the mental health clinic. (b) Changes in mental health clinic organization, staffing, treatment, or quality assurance procedures that affect the ability of the certification holder to comply with the minimum standards of section 245I.20 must be reported in writing by the certification holder to the commissioner within 15 days of the occurrence. Review of the change must be conducted by the commissioner. A certification holder with changes resulting in noncompliance in minimum standards must receive written notice and may have up to 180 days to correct the areas of noncompliance before being decertified. Interim procedures to resolve the noncompliance on a temporary basis must be developed and submitted in	Sections unintentionally omitted when drafted by Revisor's office. Re-instated here. Stakeholders have seen these sections, and they align to current requirements.

Amendment to 21-00216, 02/04/21	Context
writing to the commissioner for approval within 30 days of the commissioner's determination of the noncompliance. Not reporting an occurrence of a change that results in noncompliance within 15 days, failure to develop an approved interim procedure within 30 days of the determination of the noncompliance, or nonresolution of the noncompliance within 180 days will result in immediate decertification. (c) The mental health clinic may be required to submit written information to the department to document that the mental health clinic has maintained compliance with the rule and mental health clinic procedures.	
49.25: delete "the license holder" and insert "a mental health professional or certified rehabilitation specialist"	Required specificity on which staff types are able to conduct this review.
52.11 to 52.32: delete all and insert: Subd. 14. **Weekly team meetings.** The license holder must hold weekly team meetings and ancillary meetings according to this subdivision. (a) A mental health professional or certified rehabilitation specialist must hold at least one team meeting each calendar week and be physically present at the team meeting. All treatment team members, including treatment team members who work on a part-time or intermittent basis, must participate in a minimum of one team meeting during each calendar week when the treatment team member is working for the license holder. The license holder must document all weekly team meetings, including the names of meeting attendees. (b) If a treatment team member cannot participate in a weekly team meeting, the treatment team member must participate in an ancillary meeting. A mental health professional, certified rehabilitation specialist, clinical trainee, or mental health practitioner who participated	The earlier draft gave IRTS providers a choice of supervision models. One was more aligned to what is currently done in outpatient clinics, the other mirrors what's currently done in IRTS settings. The "outpatient" model of supervision ultimately did not seem aligned to the IRTS setting. The weekly meeting is retained from current state as a required element of team communication, staff oversight, and treatment planning.

Amendment to 21-00216, 02/04/21	Context
in the most recent weekly team meeting may lead the ancillary meeting. During the ancillary meeting, the treatment team member leading the ancillary meeting must review the information that was shared at the most recent weekly team meeting, including revisions to client treatment plans and other information that the treatment supervisors exchanged with treatment team members. The license holder must document all ancillary meetings, including the names of meeting attendees.	
54.11: after the subdivision title, insert "(a) When a license holder discharges a client from a program, the license holder must categorize the discharge as a successful discharge, program-initiated discharge, or non-program-initiated discharge according to the criteria in this subdivision. The license holder must meet the standards associated with the type of discharge according to this subdivision." and reletter paragraphs in sequence	Clarification on how discharge types work for IRTS/RCS programs. The language following this insertion was highly negotiated between DHS, advocates, providers, and homeless shelter operators. This framing statement is intended to address clarity concerned raised by the revisor's office.
56.19 to 56.20: delete "actions, supports, and services that the license holder recommends for the client to successfully" and insert "recommended actions, supports, and services that will assist the client with a successful"	Edited for parallel form with the other paragraphs in this subdivision.
57.7 to 57.9: delete "The license holder must provide services to clients who are not receiving intensive residential treatment services or residential crisis stabilization at the program and provide services to clients who are not receiving intensive residential treatment services or residential crisis stabilization at the program location."	Removes language that was included accidentally during revisions.
58.1: delete clause (6) and renumber clauses in sequence	Removes resource utilization requirement from QA standard for IRTS/RCS programs, in response to stakeholder discussions.
60.14: delete "245I.07" and insert "245I.10, subdivision 8"	Corrects cross reference to individual treatment plan.

Amendment to 21-00216, 02/04/21	**Context**
After 71.3: insert "(b) If a county provides engagement services under section 253B.041, the county's emergency service providers must refer clients to engagement services when the client meets the criteria for engagement services."	Stakeholders have requested a reference to the engagement services under the recent revisions to 253B. If a county provides these services, the emergency call center should refer clients who meet criteria.
73.12: after "stabilization" insert "for adults"	Clarifying that residential crisis stabilization continues to be for ages 18 and older. Stakeholders and DHS will continue conversations about crisis stabilization needs for children.
77.11: after "identified by the recipient" insert "or family member"	Edited so combined crisis language more appropriately incorporates the inclusion of child clients.
77.16: after "law enforcement," insert "engagement services,"	Stakeholders have requested a reference to the engagement services under the recent revisions to 253B. If a county provides these services, the mobile team must collaborate with those efforts.
77.23: after "recipient" insert "or parent or guardian"	Edited so combined crisis language more appropriately incorporates the inclusion of child clients.
79.7: delete "a recipient" and insert "children and adults"	Edited so combined crisis language more appropriately incorporates the inclusion of child clients.
83.31: delete "a recipient" and insert "children and adults"	Edited so combined crisis language more appropriately incorporates the inclusion of child clients.
106.14: after "assist a" insert "child and the"	Reinstating language that accidentally got deleted during revisions.
106.15: delete "the immediate provision of mental health" and insert "mobile"	Edited to clarify that we're referring to mobile crisis services.
107.6: delete "and" and insert "or"	Corrects unintentional use of "and" in the clause list. This edit maintains current state (see 107.3).
122.23: strike "requesting certification" and insert "certified under"	Edited for clarity.
122.25: strike "a certification fee" and insert "an annual nonrefundable certification fee"; strike "per year"	Edited for clarity.

Amendment to 21-00216, 02/04/21	**Context**
122.25 to 122.26: strike “mental health center or”	Corrects reference to certified mental health clinics that we accidentally omitted.
145.9 to 145.11: delete paragraph (i)	This paragraph unnecessary now that we’ve removed the specificity of maximum group size for supervision in section 245I.06.
166.31: strike “clinical” and insert “<u>treatment</u>”	Corrects reference to treatment supervision that we accidentally omitted.
185.21: delete “<u>245I.04, subdivisions 6 and 7</u>” and insert “<u>245I.10, subdivisions 7 and 8</u>”	Corrects cross reference to individual treatment plan.