

Subject Mental health services; children’s residential facilities and day treatment services provider standards

Authors Fischer

Analyst Danyell A. Punelli

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Overview

This bill modifies the Mental Health Uniform Service Standards Act, children’s therapeutic services and supports, and intensive rehabilitative mental health services. In addition, the bill moves and modifies provisions from Minnesota Rules to Minnesota Statutes relating to children’s residential facility and day treatment services staff orientation and individual staff development, and the use of psychotropic medications and clinical supervision in children’s residential mental health treatment settings.

Summary

Section	Description
1	Child with severe emotional disturbance. Amends § 245A.02, by adding subd. 4b. Defines “child with severe emotional disturbance” in the chapter of statutes governing human services licensing.
2	Clinical supervision. Amends § 245A.02, by adding subd. 4c. Defines “clinical supervision” in the chapter of statutes governing human services licensing.
3	Clinical supervisor. Amends § 245A.02, by adding subd. 4d. Defines “clinical supervisor” in the chapter of statutes governing human services licensing.
4	Individual treatment plan. Amends § 245A.02, by adding subd. 7c. Defines “individual treatment plan” in the chapter of statutes governing human services licensing.

Section	Description
5	<p>Mental health professional.</p> <p>Amends § 245A.02, by adding subd. 9a. Defines “mental health professional” in the chapter of statutes governing human services licensing.</p>
6	<p>Residential mental health treatment for children with severe emotional disturbance; certification.</p> <p>Creates § 245A.80. Specifies that sections 245A.80 to 245A.82 establish standards of certification for residential treatment programs serving children with severe emotional disturbance.</p>
7	<p>Residential mental health treatment for children with severe emotional disturbance; supervision.</p> <p>Creates § 245A.81. Moves Minnesota Rules, part 2960.0630, to statute and modifies provisions.</p> <p>Subd. 1. Mental health professional consultation. Requires the license holder to: (1) ensure that the children’s residential mental health treatment program employs or contracts with a mental health professional to provide consultation related to the planning, development, implementation, and evaluation of program services; and (2) ensure that the mental health professional can be reached for consultation about a mental health emergency within 30 minutes.</p> <p>Subd. 2. Staff supervision. Lays out requirements a mental health professional must meet when providing staff supervision for a children’s residential mental health treatment program.</p> <p>Subd. 3. Treatment supervision. Lists requirements a mental health professional must meet when providing treatment supervision.</p>
8	<p>Residential mental health treatment for children with severe emotional disturbance; psychotropic medications.</p> <p>Creates § 245A.82. Moves Minnesota Rules, part 2960.0620, to statute and modifies provisions.</p> <p>Subd. 1. Definitions. Defines “medical professional,” “prescribing practitioner,” and “psychotropic medication” for purposes of the section.</p> <p>Subd. 2. Conditions for use of psychotropic medications. Lays out requirements license holders must meet when psychotropic medications are administered to a resident in a residential mental health treatment facility for children with severe emotional disturbance.</p>

Section Description

Subd. 3. Monitoring side effects. Requires the license holder to: (1) have the prescribing practitioner or pharmacist list possible side effects when a resident is prescribed psychotropic medication; (2) monitor a resident for side effects and document any side effects in the resident's individual treatment plan at least weekly for the first four weeks after the resident begins taking a new psychotropic medication or a significantly modified dose of a currently used psychotropic medication, and at least monthly thereafter; and (3) provide the assessments to the directing medical professional for review.

Subd. 4. Consultation. Requires a medical professional to provide consultation and review of the license holder's administration of psychotropic medications at least weekly and review the license holder's compliance with psychotropic medication review and informed consent requirements.

Subd. 5. Psychotropic medication review. Requires the license holder to conduct and document a psychotropic medication review if a resident is prescribed a psychotropic medication.

Subd. 6. Informed consent. Lays out requirements the license holder must meet in obtaining informed consent before any nonemergency administration of psychotropic medication prescribed by the program's licensed medical professional. Lists the information that must be documented by the license holder. Lists individuals who are authorized to give informed consent. Specifies a license holder is not required to obtain informed consent in an emergency situation and lists requirements the license holder must meet in the event of the emergency use of psychotropic medication. Lists information the license holder must provide to the resident's parent, the resident's legal representative, and the resident.

Subd. 7. Refusal of routine administration of psychotropic medication. Prohibits administration of psychotropic medication if the person authorized to consent refuses consent for routine administration of the medication. Requires discontinuation of the use of psychotropic medication if the person authorized to consent refuses to renew consent, according to a written plan. Requires the license holder to obtain a court order to override the refusal to consent. Prohibits a license holder from discharging a resident because of refusal to consent to the use of a specific psychotropic medication. Specifies how a decision to discharge must be reached and requirements for emergency administration of psychotropic medication.

9 **Children's residential facilities and day treatment services; training.**

Creates § 245A.83. Moves Minnesota Rules, parts 2960.0650, 2960.0660, and portions of rules in chapter 2960, to statute, and modifies provisions.

Section Description

Subd. 1. Applicability. Applies the requirements of this section to license holders and staff of children’s residential treatment settings, except foster care providers and foster care residences, and to license holders providing day treatment services.

Subd. 2. Definitions. Defines “critical incident,” “culturally competent,” “direct contact,” “discipline,” “medication assistance,” “physical holding,” “restrictive procedure,” and “target population” for purposes of this section.

Subd. 3. Orientation training. Requires the license holder and staff to complete specialized training directly related to serving the program’s target population and to meeting certification requirements if the program has been certified. Requires a license holder to provide staff orientation training directly related to serving the program’s target population and to achieving the program’s outcomes. Lists the subjects that must be included in orientation training. Requires the license holder to document the date and number of hours of orientation training completed by each staff person in each topic area and name the entity that provided the training.

Subd. 4. In-service initial training. Lists the subjects in which staff who provide program services must complete training before assuming sole responsibility for the care of residents. Prohibits staff from participating in physical holding or other restrictive procedures with a resident before completing approved training.

Subd. 5. Annual training. Requires direct care staff and volunteers to have sufficient annual training to accomplish their duties. Lists the topics that must be included in annual staff training. Requires staff who have direct contact with residents to complete at least 24 hours of in-service training annually. Requires staff who do not have direct contact with residents and volunteers to complete annual in-service training requirements consistent with their duties. Requires the license holder to ensure that an annual individual staff development and evaluation plan is developed for each person who provides, supervises, or directly administers program services. Lists the requirements the plan must meet.

10 **Functional assessment.**

Amends § 245I.02, subd. 17. Modifies the definition of “functional assessment” in the chapter of statutes governing the Mental Health Uniform Service Standards Act by removing requirements to use specified functional assessment instruments.

Section	Description
11	<p>Level of care assessment.</p> <p>Amends § 245I.02, subd. 19. Modifies the definition of “level of care assessment” in the chapter of statutes governing the Mental Health Uniform Service Standards Act by removing requirements to use specified level of care assessment instruments.</p>
12	<p>Functional assessment; required elements.</p> <p>Amends § 245I.10, subd. 9. Removes a narrative summary from the list of elements included in a functional assessment for an adult client and modifies the timeline for updating the client’s functional assessment from every 180 days to every 365 days. Allows a license holder to use any available, validated assessment tool when completing the required elements of a functional assessment.</p>
13	<p>Generally.</p> <p>Amends § 245.11, subdivision 1. Exempts a children’s day treatment services license holder from medication storage and administration requirements, if serving a child who habitually self-administers medication under provider oversight.</p>
14	<p>Minimum staffing standards.</p> <p>Amends § 245I.20, subd. 4. Removes requirement that the two required mental health professionals employed by a mental health clinic specialize in different mental health disciplines.</p>
15	<p>Weekly team meetings.</p> <p>Amends § 245I.23, subd. 14. Modifies weekly team meeting requirements, including requiring development of a plan for communicating reviews of individual treatment plans and individual abuse prevention plans to any treatment team member who is not present at the meeting but who is scheduled to work during that calendar week. Lists the information that must be included in the communication plan. Modifies team meeting supervision and physical presence requirements.</p>
16	<p>Mental health services provider certification.</p> <p>Creates § 256B.0617. Requires the commissioner of human services to: (1) establish an initial provider entity application and certification process and recertification process to determine whether a provider entity has administrative and clinical infrastructures that meet the requirements to be certified. Lists the mental health services to which the certification process applies; (2) recertify a provider entity every three years; (3) establish a process to decertify a provider entity; and (4) provide certain information to provider entities for the certification, recertification, and decertification processes.</p>

Section	Description
	Makes this section effective July 1, 2024, and requires the commissioner to implement all requirements in this section by September 1, 2024.
17	Definitions. Amends § 256B.0943, subd. 1. Adds definition of “transition to community living services” in the section of statutes governing children’s therapeutic services and supports.
18	Covered service components of children’s therapeutic services and supports. Amends § 256B.0943, subd. 2. Adds transition to community living services to the list of covered services for children’s therapeutic services and supports.
19	Determination of client eligibility. Amends § 256B.0943, subd. 3. Allows a children’s therapeutic services and supports license holder to provide a client with any combination of psychotherapy sessions, group psychotherapy sessions, family psychotherapy sessions, and family psychoeducation sessions, based on a client’s identified needs. Prohibits a license holder from providing more than ten sessions within a 12-month period without prior authorization. Makes technical changes.
20	Excluded services. Amends § 256B.0943, subd. 12. Removes treatment by multiple providers within the same agency at the same clock time from the list of services that are not eligible for MA payment as children’s therapeutic services and supports.
21	Standards for intensive nonresidential rehabilitative providers. Amends § 256B.0947, subd. 5. Modifies the list of professionals who must make up the clinically qualified core team for intensive nonresidential rehabilitative mental health services.
22	Rulemaking; direction to commissioner of human services. Directs the commissioner of human services to amend or adopt rules to indicate that specified, existing rules not being repealed related to training only apply to foster care providers and foster care residences licensed by the commissioner. Allows the commissioner to engage in rulemaking under the good cause exemption.
23	Repealer. Repeals Minnesota Rules, parts 2960.0620 (use of psychotropic medications), 2960.0630 (clinical supervision by mental health professional), 2960.0650 (staff orientation), and 2960.0660 (individual staff development).



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