POLICY DEVELOPMENT AND MAINTENANCE
Direct Care and Treatment

Issue Date: July 1, 2025   Effective Date: July 1, 2025   DCT Policy Number: 110-1000

POLICY:
Direct Care and Treatment (DCT) follows a standard process for the development, review, implementation and maintenance of organizational policies.

AUTHORITY:
Minn. Stat. § 246C.07, Subd. 3(a)(2)

APPLICABILITY:
DCT-wide

PURPOSE:
To establish a policy process that complies with applicable licensing, accreditation, regulatory and legal standards and guides conduct reflecting the mission, vision, and values of DCT. To enhance transparency, accountability and consistency in policy development while fostering a culture of continuous improvement and responsiveness.

DEFINITIONS:
Attachment – any structured collection of data in any medium to facilitate documentation of information.
- DCT Policy Attachments – documents developed, approved and listed under the Attachment section of a policy that are managed by policy coordinators. This may include procedural forms.
- Medical Record Forms – forms included in the medical or treatment record. DCT utilizes paper and electronic health record forms (e.g. Avatar, Phoenix, etc.). These forms are managed by Health Information Management Services (HIMS).
- Procedural Forms – forms developed for use within DCT that could be an informational document, such as a diagram, handbook or other supplemental information.
- External Forms – forms used within DCT but managed by an external entity (e.g. Department of Health, Minnesota Management and Budget (MMB), etc.). Drafting chairs must determine if the external form is consistent with the policy purpose and intent. Drafting chairs may consult with the General Counsel's Office for clarification.

Biennial – taking place every other year.

Central Office – Administrative offices located at 3200 Labore Rd, Ste 104, Vadnais Heights, MN, 55110 (i.e., 'Vadnais Heights').

Client – people served by DCT. Depending on the type of service, other terms may be used, including, but not limited to, patient, individual, consumer, or a person receiving services.

DCT – comprised of seven service lines described below:
1. Community Based Services (CBS)
    - Child and Adolescent Services (CAS)
    - Community Support Services (CSS)
    - Minnesota Life Bridge (MLB)/Crisis Services (CS)
    - Residential Services (RS)

- Vocational Services (VS)

2. Mental Health and Substance Abuse Treatment Services (MHSATS)
   - Anoka Metro Regional Treatment Center (AMRTC)
   - Child and Adolescent Behavior Health Hospital (CABHH)
   - Community Addition Recovery Enterprise (CARE)
   - Community Behavioral Health Hospitals (CBHH)
   - Minnesota Specialty Health Systems (MSHS)

3. Forensic Services (FS)
   - Community Integration Services (CIS)
   - Competency Attainment Services (CAS)
   - Forensic Examiner Network (FEN)
   - Forensic Mental Health Program (FMHP)
   - Forensic Nursing Home (FNH)
   - Jail Consultation Services (JCS)

4. Medical Services (MS)
   - Central Preadmissions (CPA)
   - Credentialing (CRD)
   - Health Information Technology (HIT)
   - Transitions (TRAN)
   - Medical Staff (MED)
     - Physicians and Dentists
     - Nurse Practitioners
     - Licensed Independent Clinical Social Workers
     - Pharmacists
     - Dental Therapists and Advanced Dental Therapists
     - Licensed Psychologists

5. Minnesota Sex Offender Program (MSOP)
   - Community Preparation Services (CPS)
   - Moose Lake (ML)
   - Reintegration (RIT)
   - St. Peter (SP)

6. Outpatient Services (OUT)
   - Ambulatory Services (AS)
     - Dental Clinics
     - Outpatient Primary Care
     - Outpatient Psychiatry
   - Laboratory Services (LS)
   - Pharmacy Services (PS)

7. Support Services (SS)
   - Communications/Media (COM)
   - Compliance, Contracts, and Civil Rights (CCC)
     - Procurement and Acquisitions
     - Professional/Technical and Payor Contracting
     - Corporate compliance, auditing and ethics

- Investigations, affirmative action, and accommodations
  - o Equity and Learning(EAL)
    - Health Equity
    - Learning and Development
  - o External Relations (EXT)
    - County Relations
    - Tribal Relations
    - Stakeholder Relations
  - o Finance (FIN)
  - o General Counsel's Office (e.g., Data Privacy) (GCO)
  - o Human Resources (HR)
  - o Legislative (LEG)
  - o Operation Support Services (OSS)
    - Facilities Management
    - Technology/Integration
      - MNIT partnership
      - Netsmart partnership
    - HIMS
    - Office of Special Investigations
  - o Quality Management (QM)
    - DCT wide Policy
    - Utilization Management
    - Strategic Planning
    - Safety
    - Emergency Services

Drafting Chair – employee appointed by a policy committee responsible for coordinating and leading a drafting team. The drafting chair ensures all associated work areas are included in the drafting team.

Drafting Team – employees who draft or review a policy as assigned under the direction of an appointed drafting chair.

General Counsel's Office – see definition in DCT Policy 130-1000, "Responding to Legal Actions."

Policy – a document providing direction on how to carry out an objective or rule.

Policy Archive – a complete electronic set of all historical policies maintained according to the designated records retention schedule, which includes:
- Final, signed policies;
- Rescinded or superseded policies;
- DCT/service line policy checklist;
- All policy requests (approved and denied)
- Past editions and tracked changes of what was changed and include any supporting information; and
- Pertinent historical information involving the policy or instruction development (including, but not limited to, resident family and advisory council suggestions, copies of correction orders, and email correspondence).

Policy Committee – leadership appointed by the executive director or at the endorsement and consensus of existing policy committee members who review and approve policies.

Policy Coordinator – a designated employee responsible for managing policies.

Security Policy – a policy classified as security information pursuant to <u>Minn. Stat. § 13.37 subd. 1(a)</u>, which must not be viewed by the public or clients served by DCT, with the following exceptions:
- Program licensing entities
- Other entities as authorized by the Health System CEO and/or service line executive director or Minnesota State Statutes, in consultation with the GCO or the DCT Data Privacy Official.
- Policies are identified with the words "Security Policy", in red, under the service line title

PROCEDURES:
A.   Policy System
       1.   DCT ensures all policies are posted electronically on the policy SharePoint site timely and consistently.

       2.   Policies remain in effect until superseded or rescinded.

       3.   Unless specifically identified as security information pursuant to <u>Minn. Stat. § 13.37</u>, all policies are public data.

       4.   As part of the policy review process, all policies must be sent to designated required reviewers, minimally including Legal, Quality and Compliance.

B.   All Employee Responsibilities
       1.   Employees must:
           a)   know how to access all DCT-wide, service line/program policies;

           b)   read and be familiar with all DCT-wide applicable service line/program policies;

           c)   review all DCT-wide applicable service line/program standard and special issuance home page announcements and policies;

           d)   forward any suggested changes to the drafting chair or members of the drafting team; and

           e)   contact their supervisor if they want to become more involved in the policy process.

       2.   Employees may be subject to disciplinary action, up to and including termination for failure to comply with policies.

C.   Policy Applicability
       1.   DCT-wide Policy
           a)   Applicable to two or more service lines or Central Office.

           b)   The DCT Health System Chief Executive Officer (CEO) and/or DCT Executive Medical Director are the policy signatory authority.

           c)   DCT-wide policies may exclude specific service lines and/or programs based on applicability of regulation, subject matter, programming, etc.

       2.   CBS, FS, MHSATS, MSOP, Outpatient Services or Central Office Policy

      a)   CBS, FS, MHSATS, MSOP and Outpatient Services: The associated Executive Director and/or Medical Director are the policy signatory authority.

      b)   Central Office: The DCT Chief Operation Officer and/or DCT Executive Medical Director are the policy signatory authority.

3.   Program Policy
Applicable to one or more program(s) in a service line of DCT. The program policy signatory authorities are the associated Executive Director and/or Medical Director.

4.   Refer to the Policy Applicability (110-1000f) attachment for detailed information.

D.   Requesting New Policies
1.   Employees may submit requests for new policies to the designated policy coordinator using the Policy Request Form (110-1000c).

2.   The policy coordinator may collaborate with peers to review policy requests and consider related policies across DCT, potential conflicts or redundancies with existing policies, new compliance or legal requirements, etc.

3.   Policy requests must be approved by the designated policy committee.

4.   The policy committee assigns a drafting chair and may establish a due date or general timeframe for completion.

5.   The policy coordinator will monitor approved policy requests and ensure a list is maintained.

DI.   Policy Issuance
1.   Standard Issuance
      a)   The policy coordinator posts new and revised policies on the applicable SharePoint site for issuance on the first Tuesday of the month. Policies become effective on the first Tuesday of the following month.

      b)   If the first Tuesday of the month falls on a State holiday, policies are issued on the second Tuesday.

2.   Special Issuance
      a)   DCT uses a special issuance when policies are issued outside of the standard issuance.

      b)   The appropriate policy committee approves special issuance and determines issue and effective dates.

      c)   The policy coordinator posts special issuances on the applicable SharePoint site.

DII.   Policy Management and Coordination
1.   The policy coordinator:
      a)   collaborates and provides policy expertise and guidance to:
          (1)   drafting chairs and drafting teams to ensure effective policy development and revision; and

> (2)   all employees, as requested, about the development, review, requirements, and expectations of the policy process.

b)   notifies drafting chairs of upcoming policy reviews and due dates at the start of each new review period according to Procedure G. Biennial Policy Reviews and <u>Exception to Biennial Review Process (110-1000e)</u> attachment;

c)   monitors and tracks the status of all policies;

d)   prioritizes policy requests for drafting, in consultation with the policy committee;

e)   provides review and final editing of policy, which includes checking for spelling, proper grammar and appropriate sentence structure, use of established definitions, prior to presentation to the policy committee;

f)   schedules, organizes, and facilitates policy committee meetings;

g)   sends out agenda and policy drafts prior to policy committee meeting to allow committee members to review before the meeting;

h)   finalizes policy drafts after the policy committee approval, including obtaining executive signature(s);

i)   uploads standard issuance and special issuance announcements on the Policy SharePoint site regarding new and revised policies and attachments;

j)   serves as a temporary drafting chair for a policy when there is an urgent need for policy development/updates, and a drafting chair is not assigned or is unavailable;

k)   notifies Policy Committee of policies/assigned drafting chairs when policy reviews are not completed during the designated review period;

l)   serves as a liaison between policy committees;

m)   updates, maintains and ensures accuracy of the following:
> (1)   DCT Policy SharePoint site;
>
> (2)   policy archives including all approved and denied policy requests;
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> (3)   DCT/service line-specific glossary;
>
> (4)   meeting agenda and minutes as outlined in <u>DCT Policy 110-1020, "Governance"</u>; and
>
> (5)   Emergency Policies section of Policy SharePoint site;

n)   MHSATS: facilitates bi-weekly meeting to review policies across all service lines. This group serves to communicate policy revisions before they are presented to the MHSATS Policy Committee. Revisions occur via the drafting chair, as outlined below.

o) CBS: facilitates monthly or bi-monthly program-specific meetings with drafting chairs and key employees from all program areas that represent the drafting team. Policy drafts are provided to participants ahead of time and they are expected to review prior to the meeting and come with comments/edits.

2. Policy Committee
   a) Policy committees are established for CBS, FS, MHSATS, MSOP, Outpatient Services, Central Office and DCT-wide policies.

   b) Policy committee members:
      (1) ensure all policies comply with the established DCT policy process outlined in this policy;

      (2) provide oversight, direction and approval of new or revised policies;

      (3) assign/re-assign drafting chairs (or provide recommendation for drafting chair assignments as needed) and additional subject matter experts for final policy review;

      (4) review all new and revised policy drafts prior to attending the policy committee meeting;

      (5) bring all comments/questions/suggestions to the meeting for discussion;

      (6) send a designated back-up if they are unable to attend the meeting;

      (7) send their comments via email to the drafting chair or policy coordinator to bring to the meeting when they are not able to attend;

      (8) review recommendations for new policy requests and approve as appropriate; and

      (9) Outpatient Services: identify and approve drafting chairs, drafting team members and additional subject matter experts for final policy review.

3. The drafting chair:
   a) completes the review of the policy in collaboration with the drafting team during the designated policy review period, or initiates an at-need policy review when necessary;

   b) serves as the policy subject matter expert, identifies drafting team members (may require the approval of the policy committee and/or supervisor of potential drafting team member) and consults with policy coordinator(s) or policy committee for input;

   c) obtains assistance from policy coordinators for policy drafts, language information, forms, etc., as needed;

   d) coordinates drafting team meetings, ensuring all areas have the opportunity for input into the draft and any questions/issues are resolved;

   e) consults with policy coordinators/policy committee for direction when the drafting team cannot reach consensus on an issue;

f) coordinates the policy checklist review process, ensuring all required policy reviewers and relevant stakeholders and service lines (if applicable) have the opportunity to provide feedback on proposed policy revisions and questions/issues are resolved;

g) documents all consultations with policy stakeholders on the policy checklist prior to finalization:
(1) DCT-wide policies – Use DCT-wide Policy Checklist (110-1000a);

(2) CBS, FS, MHSATS, MSOP and Central Office policies – Use Policy Checklist (110-1000b);

(3) Outpatient Services policies – Use Outpatient Services Policy Checklist (110-1000f):

h) evaluates feedback and suggestions for edits and decides on final policy language;

i) identify applicable training needs with Learning & Development (L&D), prior to presenting the policy at policy committee;

j) makes final edits that include checking for spelling, proper grammar, appropriate sentence structure, and ensures all changes are tracked;

k) provides the finalized, tracked changes draft of the policy or revision, any new or revised attachments and completed policy checklist to the policy coordinator;

l) attends the policy committee meeting on the scheduled date to review policy changes;

m) consults with the policy committee to determine if additional communication plan is needed for implementation of the policy (other than the homepage announcement); and

n) responds to questions after the policy is approved and issued.

4. Drafting team members:
a) ensure all draft policies have appropriate review/input from the specific service line/program/department they are representing to address any concerns or impacts (including communication plans, implementation, training, etc.); and

b) act as a liaison to employees/clients regarding implementation of policies.

G. Biennial Policy Reviews
1. Biennial review periods are established dates during which the policy review must be completed. An extension or modification of review period dates is not possible.

Section 1: Administration & Management	January 1 to June 30	Odd Years
Section 2: Client Services	July 1 to December 31	Odd Years
Section 3: Healthcare	January 1 to June 30	Even Years
Section 4: Facility Operations	July 1 to December 31	Even Years

2. Policies will be reviewed biennially, unless otherwise required by licensing, statute or other regulatory agencies as noted on the Exception to Biennial Review Process (110-1000e).

3. Service lines are responsible to:
    a) identify policies that must be reviewed outside of the biennial review schedule;

    b) establish a review schedule to meet requirements; and

    c) ensure the Exception to Biennial Review Process (110-1000e) attachment is accurate.

4. Drafting chairs are responsible for completing their assigned policy review before the end of the designated review period.

5. Policy reviews with recommended changes and at-need reviews are considered completed when the policy coordinator receives the completed checklist from the drafting chair.

6. Policy reviews with no recommended changes:
    a) Outpatient Services, Central Office, FS, CBS, MHSATS and DCT-wide Policies: The drafting chair sends the policy to the required checklist reviewers. The policy coordinator documents completion of the biennial review on the policy review SharePoint site and archives the checklist.

    b) MSOP Policies: The policy coordinator documents completion of the biennial review on the policy review SharePoint site.

7. Policy Reviews Not Completed
    a) Policy coordinators will inform policy committee members of policy reviews not completed during the established policy review period.

    b) Policy coordinators will send drafting chairs regular reminders to complete the policy review.

H. Policy Format
  1. Attachments
    a) Policies requiring employees to use an attachment must mention the attachment within the body of the policy and list under the attachments section.

    b) The policy coordinator includes communication of new or revised attachments uploaded to the DCT policy site on the standard or special issuance SharePoint site announcement.

  2. All listed definitions must be used in the body of the policy or on an attachment.

REVIEW:
Biennially

REFERENCES:
DCT Policy 115-1005, "Training Requirement Approval"

ATTACHMENTS:
DCT-wide Policy Checklist (110-1000a)
Policy Checklist (110-1000b)
Policy Request Form (110-1000c)

SUPERSESSION:
DCT Policy 110-1000, "Policy Development and Maintenance", October 3, 2023
All agency policies, memos or other communication that contradicts this policy by verbal, written or transmitted electronic means regarding this topic.

/s/
Marshall E. Smith, MHA, LNHA, FACHE
Health System Chief Executive Officer
Direct Care and Treatment