DATE: November 21, 2017

TO: CHILDREN’S RESIDENTIAL FACILITIES – CRF (DHS RULE 2960)


A. NEW AND UPDATED INFORMATION

1. 2017 Legislation changes. The 2017 Minnesota Legislature passed amendments affecting Department of Human Services (DHS) license holders. As a license holder, it is your responsibility to be aware of any legislative changes that effect your licensed service and take the action necessary to comply with any new requirements.

The updated 2017 statutes are now available online through the Office of the Revisor of Statutes website, and are also available on the DHS Website.

As a reminder, the Minnesota Legislature passed the following amendments that affected your license. We are including this information again as many programs are being cited for not having a plan for transfer that meets requirements.

Please note, both A and B require your program to have a policy, and you will be cited if you do not meet the requirements of A and B below.

A. Plan for transfer of clients and records upon closure. Minnesota Statutes, section 245A.04, subdivision 15a required that a provider have a plan for transfer of clients and records upon closure. An applicant for initial or continuing licensure or certification is required to have a written plan indicating how the program will ensure the transfer of clients and records for both open and closed cases if the program closes.

   (i) The plan must provide for managing private and confidential information concerning program clients. The plan must also provide for notifying affected clients of the closure at least 25 days prior to closure, including information on how to access their records. A controlling individual of the program must annually review and sign the plan.

   (ii) Plans for the transfer of open cases and case records must specify arrangements the program will make to transfer clients to another provider or county agency for continuation of services and to transfer the case record with the client.

   (iii) Plans for the transfer of closed case records must be accompanied by a signed agreement or other documentation indicating that a county or a similarly licensed provider has agreed to accept and maintain the program’s closed case records and to provide follow-up services as necessary to affected clients.

If you have questions about this requirement, please contact your licensor.
B. **Reporting a death in the program.** Minnesota Statutes, section 245A.04, subdivision 16. Unless such reporting is otherwise already required under statute or rule, programs licensed under Minnesota Statutes, chapter 245A must have a written policy for reporting the death of an individual served by the program to the commissioner of human services. Within 24 hours of receiving knowledge of the death of an individual served by the program, the license holder shall notify the commissioner of the death. If the license holder has reason to know that the death has been reported to the commissioner, a subsequent report is not required.

For clarification purposes, for a client who may be on pass or not actually at the licensed facility at the time of the death, but considered an active client, a report is required to be made within 24 hours to the Commissioner of Human Services. The report can be made in the following manner:

By phone: 651-431-6600 to the central intake unit

By fax: 651-431-7601

Please note that a death report made to the Ombudsman of Mental Health and Developmental Disabilities does not meet the above statute requirements and does not exclude your responsibility from reporting to the commissioner of DHS. However, DHS Licensing will allow the use of the ombudsman’s office death reporting form to be utilized to avoid the license holder having to complete multiple forms. [Death Report Form](#)

2. **NETStudy 2.0, the new background study system.** The Background Studies Division is continuing to move forward with development and implementation of NETStudy 2.0. More information is available on the [Background Study web page](#) under the NETStudy 2.0 / Background Study Changes feature. FAQs are also posted as is a link to subscribe to an email list for updates about NETStudy 2.0.

3. **Positive Supports Rule.** The Positive Supports Rule (PSR) is a Minnesota rule that became effective August 31, 2015. The rule requires all DHS license holders to use person-centered principles and positive support strategies when providing services to persons with developmental disabilities or related conditions. In addition, the rule both prohibits and limits certain restrictive interventions. Information about the Positive Supports Rule is available on the [DHS website](#). The Department has developed frequently asked question (FAQ) documents to provide more direction and address specific questions submitted by license holders. This information continues to be available on the [DHS website](#). In addition, questions about the Positive Supports Rule can be emailed to the DHS-Disability Services Division at positivesupports@state.mn.us and informational resources are available at [Positive Supports Minnesota website](#).

4. **Minnesota Adult Abuse Reporting Center.** Minnesota has a new centralized system for reporting suspected maltreatment of vulnerable adults. On July 1, 2015, the [Minnesota Adult Abuse Reporting Center](#) (MAARC) was established. MAARC provides a web-based reporting system and a call center available 24 hours a day, seven days a week for mandated reporters. Mandated reporters are professionals or professional’s delegate identified by law (Minnesota Statutes, section 626.5572, subdivision 16) who MUST make a report if they have reason to believe that the abuse, neglect of financial exploitation of a vulnerable adult
has occurred. Mandated reporters can use the Minnesota Adult Abuse Reporting Center’s web based report at mn.gov/dhs/reportadultabuse, or make a phone report by calling the statewide toll-free number at 844-880-1574.

B. INFORMATION SPECIFIC TO ALL CHILDREN’S RESIDENTIAL FACILITY PROGRAMS (CRF)

1. Self-monitoring checklists. Contact your licensor or email dhs.mhcdlicensing@state.mn.us if you would like a self-monitoring checklist to evaluate your program and applicable licensing standards. Checklists are organized into four topic areas: physical plant, policies and procedures, personnel files, and resident records.

2. Resident Rights. Minnesota Rules, part 2960.0050, outlines the rights of a resident receiving services in a children’s residential facility. This includes a resident’s right to privacy. Requiring or allowing a resident to sleep in a common area for any reason is a violation of this right. If a resident requires increased supervision to maintain their safety, you must update your staffing plan accordingly or work with the placing agent to obtain an appropriate level of care.

3. Transitional Services Plans. The license holder must develop a transition services plan for a resident prior to their discharge from the program. This must be done in conjunction with the placing agency, with input from the resident, the resident’s family members, and if appropriate, the providing school district and the persons who will provide services to the resident following their discharge.

Separate from other requirements governing documentation to be completed upon a resident’s discharge, the transitional services plan should be in development throughout their participation in the program.

4. Health Screenings. The requirements for health screenings differ based on the type of care the resident receives:
   a. For a resident receiving shelter care services, the license holder must arrange for a qualified professional to conduct a basic health screening within 24 hours of admission. This screening must be completed by a certified pediatric nurse practitioner, a licensed nurse trained to do child and teen checkups, a certified family nurse practitioner, or a registered nurse experienced in the care of children in a shelter facility under the direction of a physician. The screening is to determine if the resident needs a thorough physical or dental examination.
   b. For a resident receiving group residential, mental health, or chemical dependency treatment, or transitional services, the health screen occur within 24 hours of admission and must note the resident’s history of abuse and vulnerability to abuse, potential for self-injury, current medications, and the most their most recent physician and clinic’s name, address and phone number.

5. Standing Orders. “Standing orders” identifying commonly used over the counter medications must be individualized, include the resident’s name, and be signed by the resident’s parent or guardian. If the parent/guardian or physician determines a medication on the standing orders is not to be administered to the resident, the document must reflect that. The physician must approve and sign each standing order document.

6. Reporting Critical Incidents.
   a. For incidents of the same type and occurring with the same resident within a 10-day period, incidents may be combined into one critical incident report. For example, for a
residents who frequently run from the program which requires a response by law enforcement, one report could be made on October 30, 2017, for runs occurring on October 21, 25, 26, and 27;

b. In the event of resident to resident assault, the incident only needs to be reported as a critical incident if the assault results in an injury that requires medical intervention, or if a maltreatment report was made.

7. No-Eject Documentation. Before residents are discharged prior to meeting their case plan or treatment plan goals, specific areas related to deciding to discharge or not to discharge must be documented:
   a. How the license holder conferred with other interested persons to review the issues involved in the decision to discharge;
   b. The determination of whether or not any additional strategies could be developed to allow the resident to continue receiving services by the program;
   c. The reasons for the discharge and all alternatives considered or attempted, if the determination resulted in a decision to discharge the resident.

C. INFORMATION FOR CRF PROGRAMS WHO PROVIDE TRANSITIONAL SERVICES

1. Access to Housing. Programs with the transitional services certification provide a residential service that includes independent living skills training and related supportive services. The services include housing, which can be provided in a variety of housing types: congregate, scattered site, or cooperative housing. No matter the type of housing provided, residents receiving transitional services must have 24-hour access to their housing. The program cannot be locked or otherwise inaccessible.

D. INFORMATION FOR CRF PROGRAMS WHO ARE CERTIFIED TO USE RESTRICTIVE PROCEDURES

1. Physical Escort. Physical escort means the temporary touching or holding of a resident's hand, wrist, arm, shoulder, or back to induce a resident in need of a behavioral intervention to walk to a safe location. If a resident resists, struggles, becomes aggressive, or drops to the floor during the escort, the procedure is no longer considered an escort.

   The use of a procedure to move the resident to a safe location, if imminent risk is present, must be documented as a restrictive procedure. The procedure must be described and approved as part of the restrictive procedure plan.

2. Administrative Reviews of Restrictive Procedures. The administrative review of the use of a restrictive procedure must be completed within three working days. Additionally, the administrative review must be conducted by someone other than the person who decided to impose the restrictive procedure, or that person's immediate supervisor.

E. INFORMATION SPECIFIC TO CRF PROGRAMS REQUIRED TO COMPLY WITH MINNESOTA RULES, PARTS 2960.0430 TO 2960.0490 (Chemical Dependency Treatment Certification)

1. Opioid Addiction Treatment Education. Minnesota Statutes, Section 245A.1915, requires that all programs licensed by the commissioner to provide chemical dependency treatment services (this includes CRF programs with a chemical dependency certification) must provide educational information concerning treatment options for opioid addiction, including the use of a medication for the use of opioid addiction, to clients identified as having or seeking treatment for opioid addiction. Educational materials developed by the commissioner can be found here.

2. Chemical Dependency Treatment Fund Billing and Rate Enhancement Requirements. CRF
programs providing chemical dependency and co-occurring treatment services are eligible to bill through the CCDTF. For information regarding the specific requirements please click on the following link for further information: Complying with Chemical Dependency Treatment Fund Billing and Rate Enhancement Requirements.

3. Providing the Required 15 Clinical Services Each Week for Residential Services and Children’s Residential Chemical Dependency Services. Providers have asked what to do in cases when, due to medical appointments, a client does not receive the required 15 hours of clinical services during a week. In these cases providers should first attempt to make up the services at some point during the remainder of the week. If this is not possible, document in the client’s file the reason the client was unable to receive the required hours of services for that week. If the client is not receiving the required number of hours for multiple weeks, the provider must assess whether the intensity level is appropriate for the client.

4. Therapeutic Recreation. Therapeutic recreation is a service required by 2960.0450, subpart 2, and must be led by, directed by, or provided according to a plan developed by qualified alcohol and drug counselors. For example, a program whose LADC created a therapeutic recreation plan, and whose direct service staff implemented the plan would be in compliance with this requirement.

F. INFORMATION FOR RESIDENTIAL MENTAL HEALTH PROGRAMS

1. Psychotropic medications and the Individual Treatment Plan. The use of a psychotropic medication included in the resident’s individual treatment plan, and must include the following:
   a. A description in observable and measurable terms of the symptoms and behaviors that the psychotropic medication is to alleviate; and
   b. Data collection methods the license holder must use to monitor and measure changes in the symptoms and behaviors that are to be alleviated by the psychotropic medication.

2. Required Services and Staff Qualifications. Minnesota Rules, part 2960.0590, identifies services that must be offered and who is qualified to provide each service. Individual and group psychotherapy, crisis assistance services, and family support services must be provided by a staff person that, at a minimum, qualifies as a mental health practitioner. Documentation demonstrating the staff person’s qualifications must be maintained.

G. INFORMATION FOR CRF PROGRAMS WHO PROVIDE RESIDENTIAL SERVICES TO INFANTS OR CHILDREN THROUGH AGE FIVE YEARS

1. Infant and Child Safety recommendations. License holders who provide residential services to infants or children through age five must provide staff persons and volunteers training on the standards in Minnesota Statutes, section 245A.1435 and on reducing the risk of sudden unexpected infant death and abusive head trauma from shaking infants and young children as described in Minnesota Statutes, section 245A.1444. It is recommended that this training also be provided to parenting youth within the licensed program.

2. Crib Safety Requirements. Children’s residential facilities who utilize cribs must follow all requirements in Minnesota Statutes, section 245A.146. The license holder must perform and document safety inspections of every crib at least monthly, and certify the crib is safe annually. The form to document crib safety requirements is located at DHS Monthly Safety Crib Inspection Form.

H. INFORMATION FOR CRF PROGRAMS THAT SERVE VULNERABLE ADULTS
Policies and Procedures: License holders who provide services to vulnerable adults must have policies and procedures that meet the requirements of Minnesota Statutes, sections 245A.65, and section 626.557, including:

- A Program Abuse Prevention Plan;
- Orientation to the program abuse prevention plan and internal and external vulnerable adult maltreatment reporting procedures; and
- An Individual Abuse Prevention Plan.

Required posting: The program abuse prevention plan must be posted in a prominent location in the program and be available upon request to mandated reporters, persons receiving services, and legal representatives.