Amended Modifications to Intensive Residential Treatment Services (IRTS) Licensing Requirements

In May 2020, the commissioner issued a waiver suspending or modifying certain Intensive Residential Treatment Services (IRTS) licensing requirements so that essential services could continue during the COVID-19 pandemic. The commissioner is now amending this waiver to require license holders to resume 30-day orientation trainings, annual performance evaluations, annual employee training reviews, and annual training schedule updates effective January 1, 2021. In addition to this waiver specific to IRTS programs, the commissioner also amended the waiver for all DHS-licensed and certified services to require most annual and other ongoing training requirements to resume.

Resuming requirements

Beginning on January 1, 2021, all IRTS programs must resume 30-day orientation trainings, annual performance evaluations, annual employee training reviews, and annual training schedule updates as follows:

Orientation trainings

Through December 31, 2020, programs may alter the required 30-day orientation trainings to focus only on training that is specific to the employee job tasks and responsibilities. For example, if an employee is conducting an Illness Management and Recovery topic, the employee must be trained in the treatment modality.

Beginning on January 1, 2021, all license holders must resume providing all 30-day orientation trainings to all required topics for all new staff persons hired on or after January 1, 2021, according to the timelines required in the IRTS Variance.

Annual performance evaluations, annual employee training reviews, and annual training schedule updates

Through December 31, 2020, annual performance evaluations, annual employee training reviews, and annual training schedule updates are temporarily suspended. Given the previous modification of evaluation, training review, and update requirements due to the peacetime emergency, licensors will not review performance evaluations, employee training reviews, and training schedule updates that were required to be completed between March 1, 2020, and December 31, 2020.

Beginning on January 1, 2021, all license holders must resume completing annual performance evaluations, annual employee training reviews, and annual training schedule updates. Annual performance evaluations, annual training reviews, and annual training schedule updates that were due in 2020, but were not completed, must instead be completed in 2021 by the same month the evaluation, review, or update was due in 2020. License holders must ensure each required evaluation, review, and update is completed as it comes due after December 31, 2020, or be subject to a correction order if the requirements are not met.

Programs that are unable to meet these requirements due to a COVID-19 outbreak at the program may request a program specific variance by contacting the MH/SUD/CRF Licensing Unit at dhs.mhcdlicensing@state.mn.us.

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Ongoing modifications

The remaining modified requirements below became effective March 13, 2020, and will continue during the peacetime emergency until DHS issues additional information about resuming the requirements.

Any departures from the variance that a program implements from the list below must be documented in the program’s emergency plan. These changes do not waive or modify any requirements regarding the Positive Supports Rule under Minnesota Rules, Chapter 9544.

The ongoing modifications of requirements include the following:

New requirement for programs operating during the peacetime emergency

During the peacetime emergency, license holders are required to be familiar with the MDH guidance and CDC guidance on COVID-19. If a person receiving services or a staff person tests positive for COVID-19 or has symptoms of COVID-19, the license holder must follow the MDH and CDC guidance specific to the situation and program capabilities. As the guidance will evolve during the pandemic, license holders need to remain familiar with the guidance as it changes.

Treatment delivery

1. The requirement to complete an interpretive summary is temporarily suspended.

2. The timeline to complete the functional assessments is extended from within 10 calendar days of admission to within 30 calendar days of admission. The requirement to update the functional assessment every 30 days is temporarily suspended; however, the functional assessment must still be updated within five calendar days prior to discharge.

3. The requirement to arrange for an annual physical exam for each recipient is temporarily suspended.

4. The program is not required to complete the health screen but must instead screen each recipient for COVID-19 symptoms prior to admission. If a recipient is symptomatic, the program must follow the MDH and CDC guidance specific to the situation and program capabilities.

5. To the extent practicable, registered nurse duties may be completed by phone or video communication instead of in person and on site at the program. The registered nurse must document that performing these duties by phone or video communication is sufficient for safe and effective care. Note: The registered nurse must continue to provide all duties listed in R36V.04, subdivision 4, which may require the nurse to be physically present on site.

6. The clinical supervisor may hold weekly treatment team meetings via phone or video communication if they document that, in their professional opinion, the modality is sufficient for safe and effective care.

7. Intermittent and overnight staff are not required to attend weekly treatment team meetings in person, but they must attend by phone or video communication or read the minutes from the meetings.

Documentation

8. If a mental health professional’s written signature cannot be obtained to approve an initial treatment plan, functional assessment, individual treatment plan, or individual crisis stabilization plan, the mental health

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professional must give oral approval and the oral approval must be documented. The documentation must contain the date of approval and the name of the mental health professional who approved the document.

9. Requirements for quarterly and annual reviews of quality assurance and improvement plans are temporarily suspended.

10. If a program limits a recipient’s right to have visitors in the program due to COVID-19 concerns, the limitation and the reasons are not required to be documented in the recipient’s individual treatment plan. However, the program must offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video communication) and must implement additional measures to allow for continued social contact including the recommendations in the MDH Interim Guidance for the Prevention of COVID-19 in DHS-Licensed Residential and Non-Residential Settings with At-Risk Persons.

11. The requirement for the treatment director to annually review and update each policy and procedure is temporarily suspended.

**Personnel**

Modifications previously numbered 12 and 13 related to annual performance evaluations, annual employee training reviews, annual training schedule updates, and 30-day orientation trainings are ending effective December 31, 2020.

14. Programs experiencing staffing shortages due to the pandemic may substitute a mental health rehabilitation worker for the required on-site mental health practitioner or mental health professional if deemed clinically appropriate by the mental health professional. During periods when a mental health rehabilitation worker is substituted for a mental health practitioner or mental health professional, a mental health professional must be on call for consultation and a mental health practitioner or mental health professional must be continuously available to come to the program to assist if clinically required. Programs that change the mental health staffing level must still ensure that adequate supervision is provided and that the health and safety of recipients is maintained. The license holder must inform DHS Licensing prior to implementing changes to the mental health staffing level. If additional departures from staffing requirements are needed, license holders may request a variance.

**Additional information**

In addition to the links above, you may find it helpful to review the following links for more COVID-19 information and resources.

- [MDH community settings and COVID-19](#)
- [COVID-19 Testing in Residential Programs Licensed by the Department of Human Services: Frequently Asked Questions](#)
- [COVID-19 Testing Resources for Residential Programs Licensed by the Department of Human Services](#)
- [DHS Licensing COVID-19 latest information](#)
- [Background studies COVID-19 temporary changes](#)
All DHS COVID-19 waivers and modifications

Minnesota Health Care Programs Provider Manual telemedicine and COVID-19

Questions, technical assistance and variances

For questions, concerns, technical assistance, or to request a program specific variance to a requirement not addressed by these modifications, please contact the MH/SUD/CRF Licensing Unit at dhs.mhcdlicensing@state.mn.us.