

## **Modifications to Intensive Residential Treatment Services (IRTS) Licensing Requirements**

The Commissioner of Human Services has temporarily modified certain requirements for licensed intensive residential treatment services (IRTS) programs, whose services have been designated as essential during the peacetime emergency due to the COVID-19 pandemic. In addition to the modifications issued on March 20, 2020, which temporarily suspended routine inspections, the issuance of correction orders and other licensing actions, and extended expired training timelines, these modifications are necessary to provide flexibility to providers, mitigate the spread of the virus, and protect the health and safety of recipients and staff.

These additional modifications apply to requirements for treatment delivery, documentation and personnel, and impose a new requirement to be familiar with and follow the guidelines on COVID-19 from the Minnesota Department of Health (MDH) and the Centers for Disease Control and Prevention (CDC) specific to residential and nonresidential settings, as applicable. The modifications to treatment delivery, documentation and personnel are effective retroactively from March 13, 2020, until the conclusion of the peacetime emergency.

By making these modifications to licensing standards and practices, the Department of Human Services (DHS) is providing IRTS programs with more flexibility to operate in a pandemic and be able to focus on the most critical health and safety measures needed during this time. Any departures from rules or statutes that a program implements from the list below must be documented in the program's emergency plan. This change does not waive or modify any requirements regarding the Positive Supports Rule under Minnesota Rules, Chapter 9544.

After the peacetime emergency ends, DHS will provide additional information regarding when programs will need to complete the trainings, plans, evaluations, and other activities that were temporarily suspended.

The modifications of requirements for licensed programs are as follows.

### **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 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

12. Requirements for annual reviews of employee training needs and annual employee performance evaluations are temporarily suspended. The requirement to annually update the program training schedule is temporarily suspended.
13. Programs may alter the trainings required to be provided within 30 calendar days of a staff first providing direct contact services to focus only on trainings that are specific to the employee's job tasks and responsibilities. For example, if an employee is conducting an Illness Management and Recovery topic, the employee must be trained in this treatment modality.
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.

[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](#)

[MDH community settings 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 Behavioral Health and Children's Residential Facility Licensing Unit at [dhs.mhcdlicensing@state.mn.us](mailto:dhs.mhcdlicensing@state.mn.us).