

*Variance to Minnesota Rules, Chapter 2960 for Children’s Psychiatric Residential Treatment
Facilities (PRTF)*

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45 **R2960V.01 PURPOSE.**

46
47 The purpose is to define PRTF and establish the licensing standards that pertain to the program. The
48 requests for PRTF are further defined within the body of this document.

49
50 This document establishes variance standards governing psychiatric residential treatment facilities
51 (“PRTF”) serving children. A license holder with an approved variance is relieved from the
52 requirements of Minnesota Rules, chapter 2960 since the variance contains alternative conditions that
53 license holders must meet in order to be licensed under chapter 2960 as a Children’s Psychiatric
54 Residential Treatment Facility.

55
56 **R2960V.02 APPLICABLE REGULATIONS.**

57
58 Subpart 1. **Applicable regulations.** In addition to the requirements in this variance, license holders
59 must also comply with all other applicable laws, requirements, and standards, some of which are not
60 enforced as licensing standards. In addition to this variance, the following requirements are enforced by
61 Department of Human Services, Licensing Division:

- 62 (1) Minnesota Statutes, chapter 245A;
- 63 (2) Minnesota Statutes, sections 626.556, 626.557, and 626.5572;
- 64 (3) Minnesota Statutes, chapter 245C; and
- 65 (4) Minnesota Rules, chapter 9544.

66
67 Subpart 2. **Compliance with Code of Federal Regulations.** License holders must comply with the
68 Code of Federal Regulations, title 42, sections 441.150 to 441.182 and be approved by the designated
69 survey and certification group as meeting the conditions of participation.

70
71 **R2960V.03 DEFINITIONS.**

72
73 Subpart 1. **Active Treatment.** “Active Treatment” means implementation of a professionally
74 developed and supervised individual plan of care, designed to achieve the resident's discharge from a
75 PRTF at the earliest possible time.

76
77 Subpart 2. **Case Manager.** “Case manager” means a person who is employed by a county or tribe or an
78 agency contracted with the county or tribe who is responsible to provide the individual with assistance to
79 gain access to needed medical, social, educational, vocational and other necessary services.

80
81 Subpart 3. **Clinical Supervision.** “Clinical Supervision” means the mental health professional must
82 provide supervision in the development, modification, and implementation of individual treatment plan
83 and the service components provided by each program. All treatment areas are driven by the mental
84 health professional through clinical oversight, role modeling, review and evaluation of treatment.

85
86 Subpart 4. **Commissioner.** “Commissioner” means the Commissioner of Human Services or the
87 commissioner’s designated representative including county agencies and private agencies.

88

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89 Subpart 5. **Critical incident.** "Critical incident" means an occurrence which involves a resident and
90 requires the program to make a response that is not a part of the program's ordinary daily routine.
91 Examples of critical incidents include, but are not limited to, suicide, attempted suicide, homicide, death
92 of a resident, injury that is either life-threatening or requires medical treatment, fire which requires fire
93 department response, alleged maltreatment of a resident, assault of a resident, assault by a resident,
94 client-to-client sexual contact, or other act or situation which would require a response by law
95 enforcement, the fire department, an ambulance, or another emergency response provider.

96
97 Subpart 6. **Department.** "Department" means the Minnesota Department of Human Services.

98
99 Subpart 7. **Direct Services.** "Direct Services" means providing face-to-face care and treatment,
100 training, supervision, counseling, consultation, or medication administration, assistance and
101 management to individuals served by the program.

102
103 Subpart 8. **Family.** "Family" means a person or people committed to the support of the individual
104 receiving services, regardless of whether they are related or live in the same household.

105
106 Subpart 9. **Hospital Leave Day.** "Hospital leave day" means when a resident requires admission to a
107 hospital for medical or acute psychiatric care and is temporarily absent from the PRTF.

108
109 Subpart 10. **Imminent Risk of Harm.** "Imminent risk of Harm" means a behavior that is likely to
110 cause physical harm to self or others that is highly likely to occur in the immediate future.

111
112 Subpart 11. **Individual plan of Care.** "Individual plan of care" means a written plan developed for
113 each resident to improve the resident's condition to the extent that psychiatric residential treatment is no
114 longer necessary.

115
116 Subpart 12. **Legal Representative.** "Legal representative" means a guardian, conservator, or guardian
117 ad litem of a child with an emotional disturbance authorized by the court to make decisions about mental
118 health services for the child.

119
120 Subpart 13. **License holder.** "License holder" has the meaning given it in Minnesota Statutes, section
121 245A.02, subdivision 9.

122
123 Subpart 14. **Living Unit.** "Living unit" means a set of rooms that are physically self-contained, have
124 the defining walls extending from floor to ceiling and include bedrooms, living rooms or lounge areas,
125 bathrooms, and connecting areas.

126
127 Subpart 15. **Manual Restraint.** "Manual restraint" means the physical intervention intended to hold a
128 person immobile or limit a person's voluntary movement by using body contact as the only source of
129 physical restraint.

130
131 Subpart 16. **Mechanical restraint.** "Mechanical restraint" means the use of devices, materials, or
132 equipment attached or adjacent to the person's body that limits a person's voluntary movement or holds
133 a person immobile as an intervention precipitated by a person's behavior. Mechanical restraint does

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134 not include: devices worn by the person that trigger electronic alarms to warn staff that a person is
135 leaving a room or area, which not, in and of themselves, restrict freedom of movement; or the use of
136 adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or
137 manager a medical condition.

138
139 Subpart 17. **Mental health practitioner.** “Mental health practitioner” has the meaning given it in
140 Minnesota Statutes, section 245.4871, subdivision 26.

141
142 Subpart 18. **Mental health professional.** “Mental health professional” has the meaning given it in
143 Minnesota Statutes, section 245.4871 subdivision 27, clauses (1) through (6).

144
145 Subpart 19. **Monthly.** “Monthly” means at least once every calendar month.

146
147 Subpart 20. **Person-centered planning.** “Person-centered planning” means a strategy used to
148 facilitate team-based plans for improving a person’s quality of life as defined by the person, the
149 person’s family, and other members of the community, and that focuses on the person’s preferences,
150 talents, dreams, and goals.

151
152 Subpart 21. **Positive support strategy.** “Positive support strategy” means a strength-based strategy
153 based on an individualized assessment that emphasizes teaching a person productive and self-
154 determined skill or alternative strategies and behaviors without the use of restrictive interventions.

155
156 Subpart 22. **Psychiatric practitioner.** “Psychiatric practitioner” means a physician licensed under
157 Minnesota Statutes, chapter 147, who is certified by the American Board of Psychiatry and Neurology
158 or is eligible for board certification. A psychiatric registered nurse who is licensed under Minnesota
159 Statutes, sections 148.171 to 148.285, and is certified as a clinical nurse specialist or a nurse
160 practitioner in adult or family psychiatric and mental health nursing by a national nurse certification
161 organization.

162
163 Subpart 23. **Registered nurse (RN).** “Registered nurse” or “RN” means a registered nurse who is
164 licensed under Minnesota Statutes, sections 148.171 to 148.285 and has specialized training or one
165 year’s experience in treating mentally ill individuals.

166
167 Subpart 24. **Seclusion.** “Seclusion” means: (i) removing a person involuntarily to a room from which
168 exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to
169 hold the door closed or otherwise prevent the person from leaving the room; or (ii) otherwise
170 involuntarily removing or separating a person from an area, activity, situation, or social contact with
171 others and blocking or preventing the person’s return.

172
173 Subpart 25. **Serious injury.** “Serious injury” means any significant impairment of the physical
174 condition of the resident as determined by a qualified medical personnel. This includes, but is not
175 limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs,
176 whether self-inflicted or inflicted by someone else.

177

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178 Subpart 26. **Staff or staff member.** “Staff” or “staff member” means a person who works under the
179 direction of the license holder regardless of their employment status. This includes but is not limited to
180 interns, consultants, individuals who work part-time, and individuals who do not provide direct care
181 services, but does not include volunteers.

182
183 Subpart 27. **Therapeutic leave day.** “Therapeutic leave day” means leave for the purpose of preparing
184 for discharge and reintegration.

185
186 Subpart 28. **Time Out.** “Time out” means the restriction of a resident for a period of time to a
187 designated area that is staff directed from which the resident is not physically prevented from leaving,
188 for the purpose of providing the resident an opportunity to regain self-control.

189
190 Subpart 29. **Treatment team.** “Treatment team” means the individual, staff, family and designated
191 agency as applicable who provide services under this variance to individuals.

192
193 Subpart 30. **Volunteer.** “Volunteer” means a person who, under the direction of the license holder,
194 provides services or an activity without pay to an individual served by the license holder.

195
196 Subpart 31. **Weekly.** “Weekly” means at least once every calendar week. The license holder must
197 define the calendar week.

198
199 **R2960V.04 RESIDENT RIGHTS.**

200
201 Subpart 1. **Basic rights.** A resident has basic rights including, but not limited to, the rights in this
202 subpart. The license holder must ensure that resident rights are protected. Resident rights include the
203 right to:

- 204 (1) Reasonable observance of cultural and ethnic practice and religion;
- 205 (2) A reasonable degree of privacy;
- 206 (3) Participate in development of the resident's treatment and case plan;
- 207 (4) Positive and proactive adult guidance, support, and supervision;
- 208 (5) Be free from abuse, neglect, inhumane treatment, and sexual exploitation;
- 209 (6) Needed medical care;
- 210 (7) Nutritious and sufficient meals and sufficient clothing and housing;
- 211 (8) Live in clean, safe surroundings;
- 212 (9) Receive a public education;
- 213 (10) Reasonable communication and visitation with adults outside the facility, including
214 parents, extended family members, siblings, a legal guardian, a caseworker, an attorney, a
215 therapist, a physician, a religious advisor, a case manager, or another important person in the
216 resident’s life, in accordance with the resident's treatment plan;
- 217 (11) Daily bathing or showering and reasonable use of materials, including culturally specific
218 appropriate skin care and hair care products or any special assistance necessary to maintain an
219 acceptable level of personal hygiene;
- 220 (12) Access to protection and advocacy services, including the state-appointed ombudsman and
221 federal protection and advocacy program, parent, guardian and/or legal representative present for
222 debriefing after the use of seclusion and restraint;

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- 223 (13) To retain and use a reasonable amount of personal property;
- 224 (14) Courteous and respectful treatment;
- 225 (15) If applicable, the rights stated in Minnesota Statutes, sections 144.651 and if applicable
- 226 Minnesota Statutes, section 253B.03;
- 227 (16) Be free from bias and harassment regarding race, gender, age, disability, spirituality, and
- 228 sexual orientation;
- 229 (17) Be informed of and to use a grievance procedure; and
- 230 (18) Be free from restraint and seclusion, of any form, used as a means of coercion, discipline,
- 231 convenience, or retaliation.

232

233 Subpart 2. **Basic rights information.** The license holder must comply with the requirements in items A

234 and B.

235

236 A. Upon admission, the license holder must document that that license holder provided the resident

237 a copy of the resident's basic rights information and explain these rights to the resident in a

238 language that the resident can understand. Within five days, the license holder must give the

239 resident's parent, legal guardian, or custodian a written copy of the resident's basic rights

240 information.

241

242 B. The license holder must post a copy of the resident's rights where it can be readily accessed by

243 staff and the resident.

244

245 Subpart 3. **Resident and family grievance procedures.** The license holder must comply with the

246 requirements in items A and B.

247

248 A. The license holder must develop and follow a written grievance procedure that allows a resident,

249 the resident's parent or legal representative, a resident's legal guardian, or a concerned person in

250 the resident's life to make a formal complaint, provide suggestions, or express a concern about

251 any aspect of the resident's care during the resident's stay in the facility. The license holder and

252 staff must not attempt to influence a resident's statement about the facility in the grievance

253 document or during an investigation resulting from the grievance. The written grievance

254 procedure must require, at a minimum, that:

255

- 256 (1) the license holder must give the person who wants to make a grievance the necessary forms
- 257 and any assistance needed to file a grievance;
- 258 (2) the license holder must identify the person who is authorized to resolve the complaint and to
- 259 whom an initial resolution of the grievance may be appealed and, upon request, a license holder
- 260 must carry a grievance forward to the highest level of administration of the facility;
- 261 (3) a person who reports a grievance must not be subject to adverse action by the license holder
- 262 as a result of filing the grievance; and
- 263 (4) a person filing a grievance must receive a written response within five days.

264

265 B. If a grievance is filed, the license holder must document the grievance along with the

266 investigation findings and resulting action taken by the license holder. Information regarding the

267 grievance must be kept on file at the facility for five years.

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268 **R2960V.05 ADMISSION, CONTINUED STAY, AND DISCHARGE.**

269

270 Subpart 1. **Admission Criteria.** The license holder must develop and maintain admission criteria for
271 the program that meets the requirements under this part. The requirements do not prohibit the license
272 holder from restricting admissions or transferring residents who present an imminent danger to
273 themselves or others.

274

275 A. The license holder must:

276 (1) identify what information the license holder requires to make a determination concerning an
277 admission referral; and

278 (2) consider the program’s staffing patterns and competencies of staff when making a
279 determination concerning whether the program is able to meet the needs of a person seeking
280 admission.

281

282 B. Resident must meet the eligibility criteria outlined in Minnesota Statute, section 256B.0941,
283 subdivision 1.

284

285 Subpart 2. **Continued Stay Criteria.** When a continued stay at the facility is needed, it is the
286 responsibility of the resident’s multidisciplinary treatment team and the clinical director to establish that
287 the requirements for a continued stay have been met.

288

289 Subpart 3. **Discharge Criteria.** All discharge planning that occurs throughout a resident’s care must
290 reflect best practices, and comply with the Olmstead plan and person-centered practices. The following
291 criteria must be met for a resident discharge.

292

293 A. The child or adolescent can be safely treated at an alternative level of care.

294

295 B. An individualized discharge plan with appropriate, realistic and timely follow-up care is in place.

296

297 C. In addition to items A and B above, one or more of criteria (1) through (5) must be met:

298 (1) The resident’s documented treatment plan goals and objectives have been substantially met
299 or a safe, continuing care program can be arranged and deployed at a lesser level of care.

300 (2) The resident no longer meets admission criteria, or meets criteria for a less or more intensive
301 level of care.

302 (3) The resident, or family member, guardian, or custodian are competent but non-participatory
303 in treatment or in following the program rules and regulations and there is non-participation to
304 such a degree that treatment at this level of care is rendered ineffective or unsafe, despite
305 multiple, documented attempts to address nonparticipation issues.

306 (4) Consent for treatment is withdrawn, and it is determined that the resident, parent, or guardian
307 has the capacity to make an informed decision and the resident does not meet criteria for an
308 emergency hold per Minnesota Statute, section 253B.05, subdivision 1.

309 (5) The resident is not making progress toward treatment goals despite persistent efforts to
310 engage him or her, and there is no reasonable expectation of progress at this level of care; nor is
311 the level of care required to maintain the current level of function.

312

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313 **R2960V.06 TREATMENT PROGRAMMING.**

314

315 Subpart 1. **Active treatment.** Psychiatric residential treatment services must involve active treatment
316 seven days a week.

317

318 A. Active treatment is:

319 (1) the implementation of services immediately upon admission outlined in a plan of care;

320 (2) the continuous and intentional interaction between the resident and staff;

321 (3) designed to meet the mental health needs of the resident that necessitated the admission to
322 the PRTF;

323 (4) supervised by a licensed mental health professional who is responsible for the care of the
324 resident; and

325 (5) determining length of stay based on the resident’s needs and not on the program structure.

326

327 B. Facilities providing active treatment will:

328 (1) provide a safe, nurturing, non-hostile and therapeutic milieu to residents;

329 (2) document the delivery and response to treatment;

330 (3) provide a flexible schedule to facilitate family involvement in treatment; and

331 (4) include, at an appropriate time, post-discharge plans and coordination of services with
332 transition discharge plans and related community services to ensure continuity of care with the
333 resident's family, school, and community upon discharge.

334

335 C. Treatment services include the following:

336 (1) active treatment seven days per week, which may include individual, family, or group
337 therapy as identified in the individual plan of care;

338 (2) individual therapy, provided a minimum of twice per week;

339 (3) family engagement activities, provided a minimum of once per week;

340 (4) consultation with other professionals, including case managers, primary care professionals,
341 community-based mental health providers, school staff, or other support planners;

342 (5) coordination of educational services between local and resident school districts and the
343 facility;

344 (6) nursing 24 hours and seven days a week; and

345 (7) direct care and supervision, supportive services for daily living and safety, and positive
346 behavior management.

347

348 Subpart 2. **Individualized Program.** Each resident shall be prescribed an individualized program that
349 does the following:

350 (1) includes obtaining all medically necessary services the resident needs while a resident of the
351 facility;

352 (2) addresses their specific needs and maximizes functioning in activities of daily living,
353 education, and vocational preparation;

354 (3) is designed to improve the person’s mental health resiliency and recovery;

355 (4) builds upon the strengths and preferences of the resident and their family identified in the
356 plan of care;

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- 357 (5) includes family involvement with a focus towards the resident and family's presenting
358 problem(s) with assistance given to identify resources and discover solutions;
359 (6) is culturally and spiritually responsive as defined by the resident and family;
360 (7) consists of multiple and various treatment offerings that are trauma informed and person
361 centered and provided immediately upon admission and continuing during the day, evening, and
362 weekends;
363 (8) ensures all PRTF service staff in regular contact with the resident are aware and understand
364 each resident's needs, goals and services identified on the plan of care; and
365 (9) ensures staff engage residents in continuous and intentional interaction designed to meet the
366 resident's needs regardless of the setting or activity during all waking hours including day,
367 evening, and weekends.
368

369 **R2960.07 REQUIRED SERVICE COMPONENTS AND DOCUMENTATION.**

370

371 Subpart 1. **Individual plan of care.** License holder must comply with the requirements in items A and
372 B.

373

374 A. Within 24 hours, an immediate needs assessment and preliminary plan of care must be
375 completed including the following:

376

(1) an assessment of needs related his/her health and safety, including specific measures to
377 minimize risks;

378

(2) minimally one primary treatment goal/objectives/interventions; and

379

(3) the resident's treatment schedule.
380

381

B. Implemented no later than 10 days after admission to the facility the license holder must develop
382 a more formalized individualized plan of care that must comply with the following:

383

(1) The plan of care is individualized and appropriate to the resident's changing condition.

384

(2) The multidisciplinary treatment team will meet to review/revise each resident and plan of
385 care as often as necessary to provide optimum treatment but at least once during the first 10 days
386 following admission and every 30 days thereafter with consideration of all applicable and
387 appropriate treatment modalities.

388

(3) Observable, measurable treatment objectives that represent incremental progress towards
389 goals, coupled with target dates for their achievement.

390

(4) Specific treatment modalities and/or strategy interventions will be employed to reach each
391 objective with identification of the staff who are responsible to deliver the interventions and
392 frequency of the interventions.

393

(5) For individuals who display issues related to inappropriate chemical use, but who do not
394 have a sufficient chemical use history to refer to treatment the license holder must provide
395 education about chemical health to the resident. The education must provide the individual with
396 opportunities to examine the problems associated with inappropriate chemical use.

397

(6) For individuals that display behaviors that may require the use of restraint or seclusion, an
398 individual support plan must be developed. The support plan will be developed with the
399 individuals' involvement that identifies target behaviors, triggers, coping skills, precursors and a
400 plan to assist the individual during crisis.

401

(7) The date it was completed or updated.

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- 402 (8) The resident and legal guardian's signature to acknowledge his/her participation in the
403 development and revisions of the plan of care. If the resident and/or legal guardian refuses to
404 participate in the development of their plan of care or subsequent revisions, the refusal must be
405 documented in the resident's individual file.
406 (9) The signature(s) and title(s) of the multidisciplinary team who completed or update the plan
407 of care and the signature of the mental health professional who approved the plan of care.
408

409 Subpart 2. **Therapeutic and Hospital Leave Days.** The license holder must document therapeutic and
410 hospital leave days in the resident record. Therapeutic leave day(s) must be included in the individual
411 plan of care that lists out the objective for the leave day. The therapeutic leave visit may not exceed
412 three days per visit without prior authorization.
413

414 Subpart 3. **Discharge Planning.** At least ten days before discharge, the treatment team must develop a
415 discharge plan consistent with Minnesota Statutes, section 245.4882, subdivision 3. Discharge planning
416 must comply with the requirements in items A to C.
417

- 418 A. Discharge planning for the resident shall begin upon admission to the PRTF. This process
419 should include the community based provider where the youth will be discharging to if
420 determined, the treatment team and other facility staff, and the resident and their legal guardian
421 when possible.
422
- 423 B. Prior to discharge, the license holder shall prepare an aftercare plan that addresses coordination
424 of family, school/vocational and community resources to provide the greatest possible continuity
425 of care. The aftercare plan shall include the following:
426 (1) Medical needs including allergies;
427 (2) Medication, dosage, clinical rationale, and name of prescriber;
428 (3) Discharge diagnosis and treatment summary;
429 (4) Prevention plan to address symptoms of harm to self or others;
430 (5) Any other essential recommendations;
431 (6) Appointments with after discharge service providers indicating date, time, and place;
432 (7) Contact information for internal providers; and
433 (8) Education contact number from the PRTF education provider.
434
- 435 C. License holder shall submit documents related to the resident's care in their facility to any
436 mental health provider who will be providing aftercare.
437

438 Subpart 4. **No eject policy.** A license holder must have a written no eject policy. Before
439 administratively discharging a resident who has not reached the resident's treatment plan goals the
440 license holder must confer with other interested persons to review the issues involved in the decision.
441 During this review process, which must not exceed five working days, the license holder must
442 determine whether the license holder, treatment team, interested persons, if any, and the resident can
443 develop additional strategies to resolve the issues leading to the discharge and to permit the resident an
444 opportunity to continue to receive services from the license holder. If the review indicates that the
445 decision to discharge is warranted, the reasons for it and the alternatives considered or attempted must

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446 be documented. A resident may be temporarily removed from the facility during the five-day review
447 period. This subpart does not apply to a resident removed by the parent, guardian or payer.
448

449 **R2960V.08 HEALTH CARE SERVICES AND MEDICATION.**

450
451 Subpart 1. **Health care services description.** An applicant or license holder must maintain a complete
452 description of the health care services, nursing services, dietary services, and emergency physician
453 services offered by the license holder.

454
455 Subpart 2. **Health Services - monitoring and supervision.** The following nursing services must be
456 provided by the license holder. The individual responsible for these services must be a registered nurse.
457 The nurse shall be responsible for the development of policies, procedures, and forms to assure A
458 through L are met. The nurse is also responsible to assure that staff are trained and supervised related to
459 A through L.

- 460
461 A. Provides for a health screening of each resident within 72 hours of admission.
462
463 B. Provides a system for on-going monitoring and addressing the health needs of residents.
464
465 C. Addresses any special needs of the resident population served by the program.
466
467 D. Addresses the needs of residents with co-occurring disorders.
468
469 E. Guidelines regarding when to inform the registered nurse of residents’ health concerns and in
470 what circumstances and how to attain medical care for residents.
471
472 F. Referrals to and coordination with community psychiatric and medical services occur in a timely
473 manner.
474
475 G. Medical and health documentation is accurate, thorough, and maintained appropriately. The
476 documentation must include recording significant medical or health related information,
477 including but not limited to results of assessments for medication compliance and results of
478 assessments of medication side effects.
479
480 H. Ongoing consultation and advice concerning the health and medical care of residents is provided
481 to staff.
482
483 I. Routinely assessing and documenting residents for medication side effects and drug interactions.
484
485 J. Ensuring medication management treatment and goal(s) are reflected on the treatment plan.
486
487 K. Medications are administered safely and accurately. This must include establishing methods for
488 the following:
489 (1) When and how staff are to inform the registered nurse or physician of problems or issues
490 with residents’ medication administration by staff or observation of self-administration of

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- 491 medications, including the failure to administer, refusal of medication, adverse reactions to
492 medications and errors in administering medications.
- 493 (2) Access to information on any risks or other side effects that are reasonable to expect, and
494 any contraindications to its use. This information must be readily available to all staff
495 administering the medication.
- 496 (3) Procedures for acceptance, documentation, and implementation of prescriptions, whether
497 written, verbal, telephonic, or electronic. A provision that delegations of administration of
498 medication are limited to administration of those medications which are oral, suppository, eye
499 drops, ear drops, inhalant, or topical.
- 500 (4) A provision that clients may carry emergency medication such as Epi-pen as instructed by
501 their physician.
- 502 (5) A provision for medication to be self-administered when a client is scheduled not to be at the
503 facility or the parent may only administer medication to the child while not at the facility.
- 504 (6) Requirements for recording the client's use of medication, including staff signatures with
505 date and time.
- 506 (7) Training of staff who are responsible for administering medications, including direct
507 observation of staff who are being trained to administer medications to evaluate their
508 competency before independently administering medications.
- 509 (8) A license holder must document that the requirements in (a) or (b) are met if medication is
510 administered by a staff member, other than a licensed practitioner or nurse, who is delegated by a
511 licensed practitioner or a registered nurse to administer a medication:
- 512 i. That the staff member has successfully completed a medication administration training
513 program for unlicensed personnel through an accredited Minnesota postsecondary
514 educational institution with completion of the course documented in writing and placed in
515 the staff member's personnel file; or
- 516 ii. That the staff member was trained according to a formalized training program which is
517 taught by a registered nurse and offered by the license holder with completion of the
518 course documented in writing and placed in the staff member's personnel records.
- 519
- 520 L. Effective and prompt response by staff to medical emergencies, including those related to
521 intoxication and withdrawal.
- 522
- 523 Subpart 3. **Medication Reconciliation:** The license holder must conduct medication reconciliation on
524 admission, transfer to another unit and at discharge. The license holder will develop clear policies and
525 procedures for each step in the reconciliation process. The process must comprise the following five
526 steps:
- 527 (1) develop a list of current medications that includes dose and frequency along with other drug
528 interactions, allergies from the residents last residence or hospitalization;
- 529 (2) compare prescriptions or admission orders to current medication list, identifying
530 discrepancies, and reconciling differences;
- 531 (3) notify prescriber of discrepancies so the prescriber can make clinical decisions based on the
532 comparison;
- 533 (4) obtain new orders if required; and
- 534 (5) communicate and document the current medications on the medication administration record
535 and with the resident and resident's legal representative.

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Subpart 4. **Medication Administration:** The license holder must complete the following items:

- A. The license holder must obtain written or verbal authorization from the resident or the resident's legal representative to administer medication. This authorization shall remain in effect unless it is withdrawn in writing and may be withdrawn at any time. If the resident or the resident's legal representative refuses to authorize the license holder to administer medication, the medication must not be administered. The refusal to authorize medication administration must be reported to the prescriber as expeditiously as possible. After reporting the refusal to the prescriber, the license holder must follow any directives or orders given by the prescriber. A refusal may not be overridden without a court order. Refusal to authorize administration of a specific psychotropic medication is not grounds for sole service termination and does not constitute an emergency.
- B. The license holder must ensure the following information is documented in the resident's medication administration record or resident file:
 - (1) The information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the resident's name, description of the medication to be provided, and the frequency and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness;
 - (2) Notation of any occurrence of a dose of medication not being administered as prescribed, whether by error by the staff or the resident or by refusal by the resident, or of adverse reactions, and when and to whom the report was made; and
 - (3) Notation of when a medication is started, administered, changed, or discontinued.
- C. The license holder must keep records for a resident who receives prescription drugs at the facility and note: the quantity initially received from the pharmacy, amount of medication given, dosage, and time when the medication was taken. The license holder must document a resident's refusal to take prescription medication.
- D. Prescription medicine belonging to a resident must be given to the resident's parent or legal guardian or a resident who is 18 years of age or older upon the resident's release or must be disposed of according to a pharmacy-approved plan when medications have been determined by the physician to be harmful to release medications. The license holder must note the disposition of the resident's medicine in the resident's file.
- E. Standing orders must be individualized to the resident and shall specify the circumstances under which the drug is to be administered, the drug, dosage, route, frequency of administration, and duration.

Subpart 5. **Control of drugs.** A license holder must have in place and implement written policies and procedures developed by a registered nurse that contains the following provisions:

- (1) A requirement that all drugs must be stored in a locked compartment. Schedule II drugs, as defined by Minnesota Statutes, section 152.02, must be stored in a separately locked compartment, permanently affixed to the physical plant or medication cart;
- (2) A system which accounts for all scheduled drugs each shift;

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- 581 (3) A procedure for recording the client's use of medication, including the signature of the
- 582 administrator of the medication with the time and date;
- 583 (4) A procedure for destruction of discontinued, outdated, or deteriorated medications;
- 584 (5) A statement that only authorized personnel are permitted to have access to the keys to the
- 585 locked drug compartments; and
- 586 (6) A statement that no legend drug supply for one client will be given to another client.
- 587

588 Subpart 6. **Conditions for use of psychotropic medications.** When psychotropic medications are

589 administered to a resident in a PRTF, the license holder is responsible for ensuring that the conditions in

590 items A to C are met.

- 591
- 592 A. Psychotropic medication must not be administered as punishment, for staff convenience, as a
- 593 substitute for a behavioral or therapeutic program, or in quantities that interfere with learning or
- 594 other goals of the individual treatment plan.
- 595
- 596 B. When psychotropic medications are administered to a resident in a PRTF, the prescribing
- 597 practitioner must document the following:
- 598 (1) A description in observable and measurable terms of the symptoms and behaviors that the
- 599 psychotropic medication is to alleviate; and
- 600 (2) Data collection methods the license holder must use to monitor and measure changes in
- 601 symptoms and behaviors that are to be alleviated by the psychotropic medication.
- 602
- 603 C. Ongoing the prescribing practitioner must conduct and document a psychotropic medication
- 604 review at least weekly for the first month and every month thereafter. The LH must consider and
- 605 document subitems (1) to (3) in the resident file.
- 606 (1) Targeted symptoms and behaviors of concern;
- 607 (2) Data collected since the last review; and
- 608 (3) Side effects observed and actions taken.
- 609

610 Subpart 7. **Informed Consent.** The license holder must obtain informed consent before any

611 nonemergency administration of psychotropic medication. To the extent possible, the resident must be

612 informed and involved in the decision making.

- 613
- 614 A. Informed consent is required either orally or in writing before the nonemergency administration
- 615 of psychotropic medication, except that for antipsychotic or neuroleptic medication, informed
- 616 consent must be in writing. If oral informed consent is obtained for a non-antipsychotic
- 617 medication, subitems (1) to (4) must be followed and documented:
- 618 (1) An explanation why written informed consent could not be initially obtained;
- 619 (2) Documentation that the oral consent was witnessed and the name of the witness;
- 620 (3) Oral and written communication of all items required in part R2960V.08, subpart 8; and
- 621 (4) An explanation that written informed consent material is immediately being sent by the
- 622 license holder to the resident's parent or legal representative, that the oral consent expires in one
- 623 month, and that the medication must be discontinued one month from the date of the telephone
- 624 consent if written consent is not received.
- 625

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- 626 B. Informed consent for any psychotropic medication must be renewed in writing at least yearly.
627
- 628 C. Informed consent must be obtained from an individual authorized to give consent. An individual
629 authorized to give consent is specified in subitems (1) to (4).
630 (1) If applicable, minors age 16 or older see Minnesota Statute 253B.04.
631 (2) If the resident has a legal representative or conservator authorized by a court to give consent
632 for the resident, consent is required from the legal representative or conservator.
633 (3) If subitem (1) does not apply, consent is required from at least one of the resident's parents.
634 If the parents are divorced or legally separated, the consent of a parent with legal custody is
635 required, unless the separation or marriage dissolution decree otherwise delegates' authority to
636 give consent for the resident.
637 (4) If the commissioner of human services is the resident's legal representative, consent is
638 required from the county representative designated to act as legal representative on behalf of the
639 commissioner of human services.
640
- 641 D. Informed consent is not necessary in an emergency situation where the physician determines that
642 the psychotropic medication is needed to prevent serious and immediate physical harm to the
643 individual or others. In the event of the emergency use of psychotropic medication, the license
644 holder must:
645 (1) Inform and document that the individual authorized to give consent was informed orally and
646 in writing within 24 hours or on the first working day after the emergency use of the medication;
647 (2) Document the specific behaviors constituting the emergency, the circumstances of the
648 emergency behaviors, the alternatives considered and attempted, and the results of the use of the
649 emergency psychotropic medication; and
650 (3) Arrange for an interdisciplinary team review of the individual treatment plan within seven
651 days of the emergency to determine what actions, if any, are required in light of the emergency.
652 If a psychotropic medication continues to be required, the license holder must seek a court order
653 according to Minnesota Statutes, section 253B.092, subdivision 3.
654
- 655 E. Informed consent must be obtained by the license holder within 30 days to continue the use of
656 psychotropic medication for a resident admitted with prescribed psychotropic medication.
657
- 658 Subpart. 8. **Information communicated in obtaining consent.** The information in this subpart must
659 be provided both orally and in writing in nontechnical language to the resident's parent, the resident's
660 legal representative, and, to the extent possible, the resident. The information must include:
661
662 (1) the diagnosis and behaviors for which the psychotropic medication is prescribed;
663 (2) the expected benefits of the medication;
664 (3) the pharmacological and nonpharmacological treatment options available and the course of
665 the condition with and without the treatment options;
666 (4) specific information about the psychotropic medication to be used, including the generic and
667 commonly known brand name, the route of administration, the estimated duration of therapy, and
668 the proposed dose with the possible dosage range or maximum dose;
669 (5) the more frequent and less frequent or rare but serious risks and side effects of the
670 psychotropic medication, including how the risks and possible side effects must be managed;

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- 671 (6) an explanation that consent may be refused or withdrawn at any time and that the consent is
672 time-limited and automatically expires within 30 days for oral consent and yearly for written
673 consent;
- 674 (7) the names, addresses, and telephone numbers of appropriate professionals to contact if
675 questions or concerns arise; and
- 676 (8) signature of resident and legal representative acknowledging the following:
- 677 i. prescribing practitioner or designee has talked about the medication with resident and/or
678 the resident's legal representative and answered questions; and
 - 679 ii. the resident and resident's legal representative has agreed to the medication and dosage.
680

681 Subpart 9. **Refusal of routine administration of psychotropic medication.** If the authorized person
682 refuses consent for a routine administration of psychotropic medication, the conditions in items A to C
683 apply.

- 684
- 685 A. The psychotropic medication must not be administered or, if the refusal involves a renewal of
686 consent, the psychotropic medication for which consent had previously been given must be
687 discontinued according to a written plan as expediently as possible, taking into account
688 withdrawal side effects.
 - 689
 - 690 B. A court order must be obtained to override the refusal.
 - 691
 - 692 C. Refusal to consent to use of a specific psychotropic medication is not grounds for discharge of a
693 resident. A decision to discharge a resident must be reached only after the alternatives to the
694 specific psychotropic medication have been attempted and only after an administrative review of
695 the proposed discharge has occurred. If the refusal to consent to the routine administration of a
696 psychotropic medication results in an emergency situation, then the requirements of subpart 8,
697 item D, must be met when psychotropic medication will be administered to a resident.
698

699 Subpart 10. **Monitoring side effects.** The license holder must monitor for side effects if a resident is
700 prescribed a psychotropic medication. The license holder, under the direction of a prescribing
701 psychiatric practitioner, must document and monitor for side effects within 24 hours of admission.
702 Based on the results and the medications prescribed the nurse will determine and document frequency of
703 side effect monitoring within the resident file. The license holder must monitor for side effects when a
704 new psychotropic medication is ordered for a resident or when a psychotropic medication has been
705 discontinued as determined by the prescribing psychiatric practitioner. In addition to appropriate
706 physical or laboratory assessments as determined by the medically licensed person, standardized
707 checklists or rating scales, or scales developed for a specific drug or drug class, must be used as
708 monitoring tools. The license holder must provide the assessments to the prescribing psychiatric
709 practitioner for review.

710

711 **R2960V. 09 EDUCATION.**

712

713 Subpart 1. **Educational services.** The license holder must ensure that educational services are provided
714 to residents according to items A to E, except where not applicable; due to the age of the resident or the
715 resident's short stay in the facility.

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716

717 A. The license holder must facilitate the resident's admission to an accredited public school or, if the
718 resident is home-schooled or educated at a private school or school operated by the license
719 holder, the school must meet applicable laws and rules. If the educational services are provided
720 on the grounds of the facility, the license holder must:

- 721 (1) arrange for educational programs that provide for instruction on a year-round basis, if
722 required by law;
723 (2) get the approval of the education services from the Department of Education; and
724 (3) cooperate with the school district.

725

726 B. The license holder must facilitate the resident's school attendance and homework activities.

727

728 C. The license holder must inquire at least every 90 days to determine whether the resident is
729 receiving the education required by law and the resident's individual education plan that is
730 necessary for the resident to make progress in the appropriate grade level. The license holder
731 must report the resident's educational problems to the case manager or placing agency.

732

733 D. Prior to discharge, the PRTF education provider shall submit necessary information to the
734 community education provider to ensure continuity of education services

735

736 **R2960V. 10 PROGRAM RULES.**

737

738 The license holder must communicate verbally and in writing to a resident who is capable of
739 understanding the program rules and the details for the due process system used in the facility. The
740 rules must address the following topics:

- 741 (1) Which behaviors are considered acceptable and unacceptable and the reasons why;
742 (2) The consequences that will be applied utilizing positive support strategies and evidence
743 based practices; and
744 (3) The circumstances, if any, that will result in time-out or the use of restraints or seclusion.

745

746 **R2960. 11 SECLUSION AND RESTRAINT.**

747

748 Subpart 1. **Standards for the Use of Restraint or Seclusion.** The license holder must have written
749 policies that staff must follow when responding to a resident who exhibits behavior that presents an
750 imminent risk of harm to self or others and when less restrictive interventions have been ineffective to
751 prevent the resident or others from harm. The license holder must meet the following:

752

- 753 (1) Consideration of individual dignity and privacy will be of highest priority;
754 (2) Staff may initiate the use of restraint and seclusion only when necessary to protect the
755 individual or others from imminent risk of harm;
756 (3) Before staff uses restraint or seclusion with an individual, staff must complete the training
757 required regarding the use of restraint and seclusion at the facility, to include the different
758 restraint holds and must successfully demonstrate the techniques;
759 (4) Upon admission, the Medical Practitioner must document any medical or physical
760 contraindications for the use of restraint or seclusion with the individual; and

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761 (5) At the initiation of the restraint or seclusion the individual will be made aware of the
762 reason for the restraint or seclusion and the release criteria to discontinue the intervention.
763

764 Subpart 2. **Documentation.** The license holder must document all uses of restraint or seclusion and
765 must include the following:

- 766 (1) Prior events that may have been a contributing factor to the incident;
- 767 (2) What supportive and less restrictive interventions were attempted and why these
768 interventions failed or were found to be inappropriate; and
- 769 (3) The types of interventions utilized including the type of physical holding used.
770

771 Subpart 3: **Debriefing.** The license holder must conduct a debriefing within 24 hours on all uses of
772 restraint or seclusion and must comply with item A through D.
773

- 774 A. Staff must document in the resident's record that both debriefing sessions took place and must
775 include in that documentation the names of staff who were present for the debriefing, the names
776 of staff who were excused from the debriefing, and any changes to the resident's treatment plan
777 or additional staff training that result from the debriefings.
778
- 779 B. The license holder will provide the resident with the opportunity to have a legal representative or
780 advocate participate in the debriefing. License holder must document the resident's response and
781 rationale if license holder is not able to accommodate participation upon resident's request.
782
- 783 C. Precipitating factors and alternative techniques that might have prevented the use of restraints
784 and/or seclusion must be incorporated into the individual's support plan to prevent future use.
785
- 786 D. Staff involved in an emergency safety intervention that results in an injury to a resident or staff
787 must meet with supervisory staff and evaluate the circumstances that caused the injury and
788 develop a plan to prevent future injuries.
789

790 Subpart 4. **Administrative review.** The license holder must complete an administrative review of the
791 use of a restrictive procedure within three working days after the use of the restrictive procedure. The
792 administrative review must be conducted by someone other than the person who decided to impose the
793 restrictive procedure, or that person's immediate supervisor. The resident or the resident's representative
794 must have an opportunity to present evidence and argument to the reviewer about why the procedure
795 was unwarranted.
796

797 The record of the administrative review of the use of a restrictive procedure must state whether:

- 798 (1) the required documentation was recorded;
- 799 (2) the restrictive procedure was used in accordance with the treatment plan;
- 800 (3) the rule standards governing the use of restrictive procedures were met; and
- 801 (4) the staff who implemented the restrictive procedure were properly trained.
802

803 Subpart 5. **Review of patterns of use of restraint and seclusion procedures.** At least quarterly, the
804 license holder must review the patterns of the use of restraint and seclusion procedures. The review
805 must be done by the license holder or the facility's advisory committee. The review must consider:

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- 806 (1) any patterns or problems indicated by similarities in the time of day, day of the week,
807 duration of the use of a procedure, individuals involved, or other factors associated with the use
808 of restraint and seclusion procedures;
809 (2) any injuries resulting from the use of restraint and seclusion procedures;
810 (3) actions needed to correct deficiencies in the program's implementation of restraint and
811 seclusion procedures;
812 (4) an assessment of opportunities missed to avoid the use of restraint and seclusion procedures;
813 and
814 (5) proposed actions to be taken to minimize the use of restraint and seclusion.
815

816 **R2960V. 12 REPORTING OF CRITICAL INCIDENTS.**

817
818 **Critical incident and maltreatment reports.** The license holder must report critical incidents and the
819 maltreatment of a resident according to items A to D.

- 820
821 A. The license holder must report critical incidents of a serious nature that involve or endanger the
822 life or safety of the resident or others to the commissioner of human services or corrections
823 within ten days of the occurrence on forms approved by the commissioner of human services or
824 corrections. The license holder must maintain records of all critical incidents on file in the
825 facility.
826
827 B. The license holder must meet the reporting requirements of Minnesota Statutes, sections 626.556
828 and 626.557, if applicable, and other reporting requirements based on the age of the resident.
829
830 C. The license holder must develop policies and procedures to follow if maltreatment is suspected.
831
832 D. The license holder must review policies and procedures about maltreatment at least annually and
833 revise the policies if the maltreatment laws change or if the license holder's review of incident
834 reports or quality assurance reports indicates that a change in maltreatment policy or procedure is
835 warranted.
836

837 **R2960V. 13 CLINICAL SUPERVISION.**

838
839 The license holder must assure that staff on all shifts exchange information necessary to carry out the
840 resident plan of care, and respond to the residents' goals, and inform updates and revisions to the
841 resident plan of care and individual abuse prevention plan if required.
842

- 843 A. The clinical supervisor must hold at least one clinical supervision meeting per calendar week and
844 be physically present at the meeting. All treatment team members are expected to participate in
845 a minimum of one team meeting during every calendar week they work. This includes part-time
846 staff and staff who work on an intermittent basis. The license holder must maintain
847 documentation of the weekly meetings, including the names of staff who attended.
848
849 B. Staff who do not participate in the weekly meeting must participate in an ancillary meeting
850 during each week in which they work. During the ancillary meeting the information that was

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851 shared at the most recent weekly team meeting must be verbally reviewed, including revisions to
852 the residents' plan of care and other information that was exchanged. The ancillary meeting may
853 be conducted by the clinical supervisor or a mental health practitioner that participated in the
854 weekly meeting. The license holder must maintain documentation of the ancillary meetings,
855 including the names of staff who attended.
856

857 **R2960V. 14 STAFF RATIOS.**

858
859 Subpart 1. **Sufficient staff.** The license holder must provide enough appropriately trained staff to
860 ensure that a resident will have the treatment needs identified in the resident's individual plan of care
861 met during the resident's stay in the facility.
862

863 The license holder must have nursing (RN/LPN) staff available 24 hours a day, 7 days a week.
864

865 Subpart 2. **Awake hours.** During normal waking hours, when residents are present, a facility certified
866 to provide mental health treatment to residents must have a ratio of staff of at least one staff person to
867 three residents within the living unit.
868

869 Subpart 3. **Sleeping hours.** During normal sleeping hours, a license holder must provide at least one
870 staff person for every four residents present within the living unit, with the ability to access other staff
871 within the facility as needed. Staff persons must be awake.
872

873 Subpart 4. **Access to a licensed mental health professional.** The license holder must have the capacity
874 to promptly and appropriately respond to emergent needs of the residents and make any necessary
875 staffing adjustments to assure the health and safety of residents. Within 30 minutes, treatment staff must
876 have access in person or by telephone to a licensed mental health professional. The license holder must
877 maintain a schedule of the licensed mental health professionals who will be available and a means to
878 reach them. The schedule must be current and readily available to staff.
879

880 **R2960V. 15 STAFF MANAGEMENT.**

881
882 Subpart 1. **Job descriptions.** The license holder shall have job descriptions for each position specifying
883 the staff person's responsibilities, degree of authority to execute job responsibilities, standards of job
884 performance, required qualifications, and to what extent the person may act independently.
885

886 Subpart. 2. **Job evaluation.** The license holder shall have a process to conduct work performance
887 evaluations of all staff on a regular basis that includes a written annual review. The program must
888 maintain documentation of these reviews.
889

890 Subpart 3. **Conditions of employment.** The license holder shall establish conditions of employment
891 including those that constitute grounds for dismissal and suspension.
892

893 Subpart 4. **Good faith communication.** The license holder must not adversely affect a staff member's
894 retention, promotion, job assignment, or pay related to good faith communication between a staff
895 member and the department, the Department of Health, the Ombudsman for Mental Health and

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896 Developmental Disabilities, law enforcement, or local agencies for the investigation of complaints
897 regarding a resident's rights, health, or safety. For purposes of this requirement, the scope of the
898 department’s jurisdiction is solely related to the policy and procedure requirements provided in this
899 section and not related to issues concerning labor and management or disputes between staff and the
900 license holder.

901

902 Subpart. 5. **Staff files.** The license holder must maintain organized records for each staff member that
903 at a minimum include:

- 904 (1) an application for employment or a resume;
- 905 (2) verification of the staffs’ qualifications specific to the position including required credentials
906 and other training or qualifications necessary to carry out their assigned job duties in accordance
907 with the organizational credentialing requirements of the organizations Human Resources policy
908 and procedure manual;
- 909 (3) documentation required under chapter 245C concerning background studies;
- 910 (4) the date of hire;
- 911 (5) a job description that identifies the date that specific job duties and responsibilities are
912 effective, including the date the staff has direct contact;
- 913 (6) documentation of orientation;
- 914 (7) an annual job performance evaluation;
- 915 (8) an annual development and training plan; and
- 916 (9) records of training and education activities that were completed during employment.

917

918 Subpart. 6. **Organizational chart.** The license holder shall maintain a current organizational chart that
919 is available upon request to staff, residents, and the public. The organizational chart must clearly
920 identify the lines of authority.

921

922 Subpart. 7. **Volunteers.** If the license holder utilizes volunteers, the license holder must:

- 923 (1) not permit volunteers to provide treatment services;
- 924 (2) not regard volunteers as staff for the purpose of meeting licensing requirements for staffing
925 or service delivery;
- 926 (3) develop job descriptions for volunteers and, when volunteers are approved to have contact,
927 the scope of that contact must be identified in the job description; and
- 928 (4) provide orientation and training for volunteers.

929

930 Subpart 8. **Student Trainees.** If the license holder utilizes student trainees, the license holder must
931 provide notification to the resident when student trainees provide treatment services. The treatment
932 services must be overseen by a mental health practitioner/professional.

933

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935 **R2960V. 16 STAFF TRAINING.**

936

937 Subpart 1. **Training Plan.** The license holder must develop a plan to assure that staff receive
938 orientation and ongoing training. For staff that provide direct services, the license holder shall meet the
939 requirements of subparts 1 to 6. The plan must include the requirements under items A to C.

940

941 A. A formal process to evaluate the training needs of each staff person, such as through an annual
942 performance evaluation.

943

944 B. How the program determines when additional training of a staff is needed and how and under
945 what time lines the additional training will be provided.

946

947 C. A schedule of training opportunities for a 12 month period that is updated at least annually.

948

949 Subpart 2. **Orientation.** Orientation must be provided as set forth below:

950

951 A. Prior to providing direct contact services, a staff person must receive orientation on:
952 (1) the requirements in Minnesota Statutes, section 245A.65, subdivision 3, and section 626.556,
953 subdivisions 2, 3 and 7;
954 (2) resident rights as identified in part R2960V.04 and Minnesota Statutes, section 253B.04;
955 (3) emergency procedures appropriate to the position, including but not limited to fires,
956 inclement weather, missing persons, and residents' behavioral and medical emergencies;
957 (4) resiliency and recovery concepts and principles;
958 (5) gender based needs;
959 (6) resident confidentiality; and
960 (7) training related to the specific activities and job functions that the staff person will be
961 responsible to carry out, including documentation of the delivery of services.

962

963 B. Orientation to the following topics must be provided within 30 calendar days of a staff person
964 first providing direct services:
965 (1) facility policies and procedures;
966 (2) the treatment needs of residents, including psychiatric disorders and co- occurring disorders;
967 and
968 (3) best practice service delivery including:
969 (i) trauma informed care;
970 (ii) developmentally appropriate care;
971 (iii) the characteristics, and treatment of residents with special needs such as substance abuse,
972 obsessive compulsive disorder, and eating disorders; and
973 (iv) co-occurring disorders as defined by the population being served.

974

975 **Subpart 3. Annual training.** Each staff person must complete training on the following topics
976 annually.

977 (1) vulnerable adult and child maltreatment requirements in Minnesota Statutes, sections
978 245A.65, subdivision 3 and part R2960V.11, subpart 1, subitem (c);

979 (2) resident rights as identified in part R2960V.04;

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- 980 (3) emergency procedures appropriate for the position, including but not limited to fires,
981 inclement weather, missing persons, and residents' behavioral and medical emergencies;
982 (4) treatment services for residents with co-occurring disorders;
983 (5) additional training subjects. Staff who are not licensed mental health professionals or licensed
984 independent practitioners must be provided additional annual training. The additional annual
985 training must include a minimum of four of the following subjects.
986 (i) resiliency and Recovery concepts and principles;
987 (ii) documentation requirements related to resident services;
988 (iii) psychiatric and substance use emergencies including prevention, crisis assessment and de-
989 escalation techniques, and non-physical intervention techniques to address violent behavior;
990 (iv) psychotropic medications and their side effects;
991 (v) assessment and plan of care;
992 (vi) evidence based treatment of eating disorders, including family based therapy, cognitive
993 behavioral therapy, and dialectical behavioral therapy;
994 (vii) The characteristics and treatment of residents with special needs, such as substance abuse,
995 obsessive compulsive disorder, eating disorders, and physical health issues, including weight
996 management, diabetes, smoking;
997 (viii) topics related to crisis intervention and stabilization of persons with serious mental illness;
998 (ix) prevention and control of infectious diseases, including human immunodeficiency virus
999 (HIV) infection;
1000 (x) first aid and cardiopulmonary resuscitation (CPR) training;
1001 (xi) healthy lifestyles, such as exercise nutrition, stress management, therapeutic recreation; or
1002 (xii) motivational interviewing.

1003
1004 Subpart 4. **Additional training hours.** Staff who are not licensed mental health professionals or
1005 licensed independent practitioners must receive additional hours of annual training based on their level
1006 of experience. The additional training must meet the following requirements.

- 1007 (1) staff with less than 4000 hours of experience in the delivery of services to persons with
1008 mental illness must receive at least 24 hours of training annually; and,
1009 (2) staff with more than 4000 hours of experience in the delivery of services to persons with
1010 mental illness must receive 16 hours of training annually.
1011

1012 Subpart. 5. **Orientation and training for staff members not providing treatment services.** For staff
1013 that do not provide direct contact services, but who have contact with residents, the license holder shall
1014 meet the requirements of this subpart. The license holder shall also provide the necessary staff
1015 development and offer on-going training opportunities for staff who do not provide treatment services.
1016

- 1017 A. The license holder shall have a plan for orienting new staff. The plan shall include the topics to
1018 be covered, who conducts the orientation, and the time frame for which it is to be completed.
1019 The topics must include:
1020 (1) training related to the specific activities and job functions that the staff will be responsible to
1021 carry out;
1022 (2) orientation as required in Minnesota Statute, sections Minnesota Statute 245A.65 and
1023 626.557; and Minnesota Statute 245A.66 and section 626.556, must be provided within 72 hours
1024 of a staff hire.

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- 1025 (3) resident rights as identified in part R2960V.04;
1026 (4) emergency procedures appropriate for the position, including but not limited to fires,
1027 inclement weather, missing persons, and residents' behavioral and medical emergencies.
1028

- 1029 B. Each staff person must complete training on the following topics annually:
1030 (1) vulnerable adult and child maltreatment requirements in Minnesota Statute, sections
1031 Minnesota Statute 245A.65 and 626.557; and Minnesota Statute 245A.66 and section 626.556,
1032 must be provided within 72 hours of a staff hire;
1033 (2) resident rights as identified in part R2960V.04; and,
1034 (3) emergency procedures appropriate for the position, including but not limited to fires,
1035 inclement weather, missing persons, and residents' behavioral and medical emergencies.
1036

1037 Subpart. 6. **Documentation of orientation and training.** The license holder must document that
1038 orientation and training was provided. All training programs and materials used by the facility must be
1039 available to for review by regulatory agencies. The documentation must include the:

- 1040 (1) dates of training;
1041 (2) subjects covered;
1042 (3) amount of time the training was provided;
1043 (4) names and credentials of the people who certified the completion of the training;
1044 (5) documentation of the employee competency evaluation, specifically medication
1045 administration and restraint/seclusion; and
1046 (6) names of the staff and volunteers who attended.
1047

1048 **R2960V. 17 QUALITY ASSURANCE AND IMPROVEMENT.**
1049

1050 Subpart 1. **Quality Assurance plan.** License holder must develop a written quality assurance and
1051 improvement plan that at a minimum includes the requirements of subitems (1) to (4). The plan must
1052 also include processes to review the data or information related to each of the requirements every three
1053 months. The quality assurance plan must include a process for:
1054

- 1055 (1) Measuring resident outcomes including evaluating the outcome data to identify ways to
1056 improve the effectiveness of the services provided to residents and improve resident outcomes;
1057 and, attaining and evaluating feedback from residents, family members, staff and referring
1058 agencies concerning the services provided.
1059 (2) reviewing restraint and seclusion data according to part R2960V.10, subpart 7.
1060 (3) Reviewing critical incidents and other significant incidents, including:
1061 (i) determining whether policies and procedures were followed;
1062 (ii) evaluating the staff's response to the critical and other significant incidents;
1063 (iii) assessing what could have prevented the critical and other significant incidents from
1064 occurring; and,
1065 (iv) modifying policies, procedures, training plans, or residents' ITPs in response to the findings
1066 of the review.
1067

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(4) Reviewing self-monitoring of compliance, including evaluating compliance with the requirements of this variance and demonstrating action to improve the program's compliance with the requirements.

Subpart 2. **Evaluating and updating the quality plan.** The quality assurance and improvement plan shall be reviewed, evaluated, and updated at least annually, by license holder. The review shall include documentation of the actions the license holder will take as a result of the information obtained from the monitoring activities outlined in the plan and establish goals for improved service delivery for the next year.

Subpart 3. **Community involvement.** Each facility must have a board of directors or advisory committee that represents the interests, concerns, and needs of the residents and community being served by the facility. The board of directors or advisory committee must meet at least annually. The license holder must meet at least annually with community leaders representing the area where the facility is located to advise the community leaders about the nature of the program, the types of residents served, the results of the services the program provided to residents, the number of residents served in the past 12 months, and the number of residents likely to be served in the next 12 months.

R2960V. 18 POLICIES AND PROCEDURES.

Subpart 1. **Program state and description.** The license holder must have a statement of intended use for the facility, a description of the services to be offered, the program's service philosophy, the target population to be served, and program outcomes.

Subpart. 2. **Policy and procedures manual.** All license holders must develop and maintain a written manual of policies and procedures, plans and other documents required by this variance and that comply with Minnesota Statute, section 245A.04, subdivision 14. The license holder must at a minimum have policies and procedures or plans as identified in this subpart. All policies, procedures and plans must be consistent with the requirements of this variance and provide sufficient direction for staff and the license holder to effectively carry out the policy, procedure, or plan. The policies and procedures and plans must include but are not limited to:

- (1) policies and procedures related to reporting maltreatment of adults in accordance with Minnesota Statute 245A.65 and 626.557;
- (2) policies and procedures related to reporting maltreatment of minors in accordance with Minnesota Statute 245A.66 and section 626.556;
- (3) resident right requirements in accordance with part R2960V.04;
- (4) admission, continuing stay, and discharge requirements in accordance with part R2960V.05;
- (5) individual plan of care requirements in accordance with part R2960V.07, subpart 1;
- (6) discharge planning and no eject policy in accordance with part R2960V.07 subpart 3 and 4;
- (7) health care services requirements in accordance with part R2960V.08 subpart 2 through 10;
- (8) program rule in accordance with part R2960V. 10;
- (9) restraint and seclusion procedures in accordance with part R2960V. 11;
- (10) critical incidents, including the program's definitions and procedures to address such situations in accordance with part R2960V. 12;
- (11) clinical supervision in accordance with part R2960V. 13;

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- 1113 (12) orientation and training plan in accordance with part R2960V. 16;
- 1114 (13) quality assurance and improvement requirements identified in part R2960V. 17; and
- 1115 (14) documentation requirements in accordance with part R2960V. 19.

1116
1117 **R2960. 19 RESIDENT FILE DOCUMENTATION AND DATA PRIVACY.**

1118
1119 Subpart 1. **Data privacy.** The license holder must comply with all Minnesota Government Data
1120 Practices Act, Minnesota Health Care Provider requirements, and the Health Insurance Portability and
1121 Accountability Act (HIPAA). In addition, the license holder must also comply with section 144.294,
1122 subdivision 3 concerning release of mental health records. The license holder's use of electronic record
1123 keeping or electronic signatures does not alter the license holder's obligations to comply with applicable
1124 state and federal law, and regulation.

1125
1126 Subpart 2. **Documentation standards.** Documentation in the resident's file must:

- 1127 (1) be accurate and typed or legible if hand written;
- 1128 (2) identify the resident on each page;
- 1129 (3) identify the date of service;
- 1130 (4) be signed and dated by the staff person completing the documentation, including the
1131 person's title; and
- 1132 (5) be co-signed and dated by the mental health professional as required in this variance.

1133
1134 Subpart 3. **Daily documentation.** Each day the resident is present in the program (i.e., within a 24 hour
1135 period during a calendar day), the license holder must provide a summary in the resident's individual
1136 file that includes observations about the resident's behavior and symptoms, including any critical
1137 incidents for which the resident was involved.

1138
1139 Subpart 4. **Other documentation.** The license holder must document in the resident's individual file
1140 any information pertinent to providing services to the resident, if it is not otherwise documented as part
1141 of the ITP interventions. This includes but is not limited to:

- 1142 (1) case coordination activities;
- 1143 (2) medical and other appointments;
- 1144 (3) critical incidents; and
- 1145 (4) Issues related to medications that are not otherwise documented in the resident's file.

1146
1147 **R2960V. 20 PHYSICAL PLANT AND CODE STANDARDS.**

1148
1149 Subpart 1. **Housing requirements.** The facility must be licensed with the Minnesota Department of
1150 Health as a Supervised Living Facility, Class B.

1151
1152 Subpart 2. **Physical environment and equipment.** A facility must meet the requirements in items A to
1153 H.

- 1154
1155 A. Buildings, structures, or enclosures used by the facility, including walls, floors, ceilings,
1156 registers, fixtures, equipment, and furnishings, must be kept in good repair.

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- 1158 B. Written policies and procedures must specify the facility's fire prevention protocols, including
1159 fire drills, and practices to ensure the safety of staff, residents, and visitors. The policies must
1160 include provisions for adequate fire protection service, inspection by local or state fire officials,
1161 and placement of fire hoses or extinguishers at appropriate locations throughout the facility.
1162
- 1163 C. The license holder must have a written maintenance plan that includes policies and procedures
1164 for detecting, reporting, and correcting building and equipment deterioration, safety hazards, and
1165 unsanitary conditions.
1166
- 1167 D. The license holder must have a written smoking policy for the facility that applies to staff and
1168 residents that complies with Minnesota Statutes, sections 144.411 to 144.417, and Public Law
1169 103-227, title X, section 1043.
1170
- 1171 E. The license holder must ensure that food services, storage, housekeeping, laundry, and
1172 maintenance are operated on a consistent, healthy basis.
1173
- 1174 F. If the license holder provides educational services on site, the classrooms must provide an
1175 atmosphere that is conducive to learning and meets the resident's special physical, sensory, and
1176 emotional needs.
1177
- 1178 G. The license holder must provide adaptive equipment and furnishings to meet the resident's
1179 special needs.
1180
- 1181 H. A facility must have first aid kits readily available for use by staff. The kits must be sufficient to
1182 meet the minor wound care needs of residents and staff.
1183

1184 Subpart 2. **Comfort, privacy, and dignity.** The physical environment must provide for the comfort,
1185 privacy, and dignity of residents.
1186

1187 Subpart. 3. **Code compliance.** A facility must comply with the applicable fire, health, zoning, and
1188 building codes and meet the physical plant and equipment requirements in items A to F.
1189

- 1190 A. A resident must have adequate space for clothing and personal possessions, with appropriate
1191 furnishings to accommodate these items.
1192
- 1193 B. Facility grounds must provide adequate outdoor space for recreational activities.
1194
- 1195 C. There must be one shower or bathtub and sink with hot and cold water and one toilet for every
1196 eight residents.
1197
- 1198 D. The facility must have sufficient space provided for indoor quiet and group program activities.
1199
- 1200 E. The facility providing educational services on site must meet the physical plant and equipment
1201 requirements of the Department of Education for the provision of educational services.
1202

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1203 F. A facility providing intake or admission services must have sufficient space to conduct intake
1204 functions in a private, confidential manner or provide the opportunity to conduct private
1205 meetings, including intake activities in a separate space.

1206
1207 Subpart 4. **Seclusion Room.** The room used for seclusion must be well lighted, well ventilated, clean,
1208 have an observation window which allows staff to directly monitor an individual in seclusion, fixtures
1209 that are tamper resistant, with electrical switches located immediately outside the door, and doors that
1210 open out.

1211