

Modifications to Psychiatric Residential Treatment Facility (PRTF) Licensing Requirements

The commissioner of Human Services has temporarily modified certain requirements for licensed psychiatric residential treatment facilities (PRTF), whose services have been designated as essential during the peacetime emergency due to the COVID-19 pandemic. The modifications are necessary to provide flexibility to providers, mitigate the spread of the virus, and protect the health and safety of residents and staff. These modifications are in addition to those for [All Licensed and Certified Services](#) issued on March 20, 2020, and revised on May 4, 2020, that modified licensing activities to mitigate the spread of COVID-19 and in recognition of the challenges of operating in full compliance with all applicable rules and standards during a pandemic.

These additional modifications apply to requirements for treatment delivery, documentation and staffing 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 settings. The changes to requirements for treatment delivery, documentation and staffing 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 PRTFs with more flexibility to operate in a pandemic and to be able to focus on the most critical health and safety measures needed during this time. Any departures from the variance requirements 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, reviews, 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. Programs must ensure that a resident's participation in education is consistent with directions from the local school district and the Minnesota Department of Education.

2. Programs that restrict or eliminate in-person visitation based on MDH and CDC guidance must offer alternative means of communicating with people who would otherwise visit, such as virtual communications (phone, video communication). The program also 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*](#).
3. The multidisciplinary team may meet virtually or by phone to discuss and revise individualized plans of care. The program may obtain signatures for the plan of care from the guardian and multidisciplinary team members by mail or electronically within ten days of the meeting or may obtain oral approval instead of a signature.
4. Clinical supervisors may provide weekly clinical supervision meetings via telephone or video-communication if the clinical supervisor documents that, in their professional judgment, supervision through these modalities allows for safe and effective clinical care.
5. Intermittent and overnight staff are not required to attend weekly treatment team meetings or ancillary meetings in person, but they must attend by phone or video or read the minutes from the meetings.
6. The program may obtain oral informed consent instead of written consent for the nonemergency administration of an antipsychotic or neuroleptic medication; however, the oral consent expires in one month. If oral informed consent is obtained, the program must:
 - a. document an explanation of why written informed consent could not initially be obtained;
 - b. document that the oral consent was witnessed and the name of the witness;
 - c. provide oral and written communication of all items required in part R2960V.08, subpart 8;
 - d. notify the resident's parent or legal representative that: written informed consent material is immediately being sent to them; the oral consent expires in one month; and the medication must be discontinued one month from the date of the oral consent if written consent is not received; and
 - e. consult with the prescriber for further direction if written consent is not obtained one month from the date of the oral consent.
7. The program is not required to complete the health screen but must instead screen each resident for COVID-19 symptoms prior to admission. If a resident is symptomatic, the program must follow the MDH and CDC guidance specific to the situation and program capabilities.

Documentation

8. The requirement for an annual review, evaluation, and update of the quality assurance and improvement plan is temporarily suspended. The requirement for an annual meeting of the board of directors or advisory committee is temporarily suspended.

Staffing

9. Annual and yearly staff training requirements are temporarily suspended. The requirement to develop annual staff training plans is temporarily suspended.
10. Requirements for performance evaluations and annual written reviews are temporarily suspended.

11. Programs are only required to provide orientation trainings to staff persons on the following topics prior to a staff person having direct contact with a resident:

- maltreatment reporting procedures
- emergency procedures
- resident confidentiality
- resident rights
- job specific responsibilities.

Programs must still provide the orientation training for seclusion and restraint required by R2960.11, subpart 1, before a staff person uses restraint or seclusion with a resident. Additionally, programs must continue to provide all other orientation trainings required by federal PRTF and supervised living facility standards.

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](#)

[MDH community settings and COVID-19](#)

[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 Behavioral Health and Children's Residential Facility Licensing Unit at dhs.mhcdlicensing@state.mn.us.