Amended Modifications to Psychiatric Residential Treatment Facility (PRTF) Licensing Requirements

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

Resuming requirements

Beginning on January 1, 2021, all PRTFs must resume orientation trainings, annual staff trainings, annual staff training plans, and annual staff performance reviews as follows:

Orientation trainings

Through December 31, 2020, 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: emergency procedures; resident rights; resident confidentiality; maltreatment reporting procedures; and 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.

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

Annual staff trainings and annual staff training plans

Through December 31, 2020, annual staff training and annual training plan requirements are suspended. Given the previous modification of training and training plan requirements due to the peacetime emergency, licensors will not review trainings and training plans that were required to be completed between March 1, 2020, and December 31, 2020.

Beginning on January 1, 2021, all license holders must resume completion of annual trainings and annual staff training plans. Annual trainings and annual staff training plans that were due in 2020, but were not completed, must instead be completed in 2021 by the same month the training or plan was due in 2020. License holders must ensure each required training and training plan is completed as it comes due after December 31, 2020, or be subject to a correction order if the requirements are not met.
Annual staff performance reviews

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

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

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

Ongoing modifications

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

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

The ongoing modifications of requirements include the following:

New requirement for programs operating during the peacetime emergency

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

Treatment Delivery

1. 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.

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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**

Modifications previously numbered 9, 10, and 11 related to annual staff trainings, annual staff training plans, annual staff performance reviews, and orientation trainings are ending effective December 31, 2020.

**Additional information**

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

[MDH community settings and COVID-19](#)
COVID-19 Testing in Residential Programs Licensed by the Department of Human Services: Frequently Asked Questions

COVID-19 Testing Resources for Residential Programs Licensed by the Department of Human Services

DHS Licensing COVID-19 latest information

Background studies COVID-19 temporary changes

All DHS COVID-19 waivers and modifications

Minnesota Health Care Programs Provider Manual telemedicine and COVID-19

Questions, technical assistance and variances

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