Ending the Modifications to the Forensic Mental Health Program Licensing Requirements

In May 2020, the commissioner issued a waiver suspending or modifying certain Forensic Mental Health Program licensing requirements so that essential services could continue during the COVID-19 pandemic. On June 30, the Minnesota Legislature voted to end the state peacetime emergency effective Thursday, July 1, 2021, at 11:59 p.m. This means that some temporary modifications put in place during the COVID-19 peacetime emergency will be ending immediately while other modifications will end on August 30, 2021. The legislature only allowed DHS to extend some of the waivers for 60 days beyond the end of the peacetime emergency, after which providers must return to following the licensing requirements as provided in variance, rule, and statute. License holders must resume meeting requirements in variance, rule, and statute according to the following timelines.

Effective immediately:

1. DHS recommends that providers continue to follow COVID-19 guidance from the Minnesota Department of Health (MDH) and the Centers for Disease Control and Prevention (CDC).
2. Providers are no longer required to maintain and update a COVID-19 preparedness plan, however, providers may find their plan to be a useful resource in the event someone tests positive for COVID-19.
3. An individual right may only be restricted by a psychiatric practitioner order, court order, or behavior management plan.

Effective on August 31, 2021 (60 days after the end of the peacetime emergency):

Effective August 31, 2021, your program must be fully compliant with all relevant variance requirements, statutes, and rules, including the following previously waived requirements that have not otherwise expired:

1. A mental health professional must be physically present in weekly treatment team meetings.
2. All staff who provide direct contact with a client must participate in at least one team meeting during every calendar week they work.
3. Nursing assessments must be completed within 8 hours of admission.
4. The program must complete initial social work documentation within three business days of admission.
5. The program must screen for the possibility of a co-occurring substance use disorder within 30 days of admission.
6. The psychiatric practitioner must complete a discharge summary within 5 days of discharge.
7. The Executive Director and/or Medical Director must review the policies and procedures annually and update them if needed.

8. The program’s leadership team must review, evaluate, and update the quality assurance and improvement plan annually. Data related to each of the requirements in the quality assurance and improvement plan must be reviewed every 3 months.

9. A mental health professional must approve the individual abuse prevention plan (IAPP) within 24 hours of a client’s admission or transfer to another unit. If the IAPP was prepared by a registered nurse or a mental health practitioner and verbally approved by a mental health professional, the approval must be documented and that mental health professional must sign the IAPP by the next weekly clinical review meeting.

10. If an individual treatment plan (ITP) is completed by a mental health practitioner, registered nurse, or behavioral analyst under clinical direction, it must be approved within 24 hours of completion by the mental health professional that provided the clinical direction. If the approval is verbal, the mental health professional must sign the ITP by the next weekly clinical review meeting.

11. The program must resume the completion of annual reviews of employee training needs, annual employee performance evaluations, and an annual development and training plan.

12. Orientation trainings on all required topics must be provided to all new staff persons.