Ending the Modifications to Mental Health Center Certification Requirements

In May 2020, the commissioner issued a waiver suspending or modifying certain mental health center certification 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 all certification requirements. Certification holders must resume meeting requirements in rule and statute according to the timelines below. If a specific certification holder has a DHS-issued active variance to any of these requirements, the certification holder may continue to follow the conditions of the variance.

Effective immediately on July 2, 2021:

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.

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 statutes and rules, including the following previously waived requirements that have not otherwise expired:

1. A mental health professional must be on-site at each satellite location, to supervise and intervene in the clinical services, whenever the satellite office is open.
2. Case review and consultation meetings must occur twice a month according to the rule requirements.
3. A mental health professional must provide face-to-face client-specific supervisory contact to mental health practitioners.
4. Centers must resume conducting multidisciplinary peer reviews of the annual caseload of each mental health professional.
5. Centers must have multidisciplinary staff that consist of at least four mental health professionals. At least two of the mental health professionals must each be employed or under contract for a minimum of 35 hours a week. Those two mental health professionals must be of different disciplines. If a center has six or more
full-time equivalent mental health professionals, no discipline or combination of allied fields may comprise more than 60 percent of the full-time equivalent mental health professional staff. Mental health practitioners must not comprise more than 25 percent of the full-time equivalent multidisciplinary staff.