

**SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION**

S.F. No. 1811

(SENATE AUTHORS: KUPEC, Abeler, Hoffman, Xiong and Marty)

DATE	D-PG	OFFICIAL STATUS
02/24/2025	483	Introduction and first reading Referred to Health and Human Services
03/03/2025	627	Author added Xiong
03/02/2026	6461	Author added Marty See HF2115

1.1 A bill for an act

1.2 relating to behavioral health; adding occupational therapy services, occupational

1.3 therapists, and occupational therapy assistants to mental health uniform service

1.4 standards, mental health services, and children's mental health grants; amending

1.5 Minnesota Statutes 2024, sections 245.4889, subdivision 1; 245I.02, by adding

1.6 subdivisions; 245I.04, by adding subdivisions; 245I.23, subdivisions 2, 4, 5;

1.7 256B.0622, subdivisions 2, 7a; 256B.0671, subdivision 3; 256B.0941, subdivision

1.8 2; 256B.0943, subdivisions 1, 2, 7, 9; 256B.0947, subdivisions 2, 3a, 5.

1.9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.10 Section 1. Minnesota Statutes 2024, section 245.4889, subdivision 1, is amended to read:

1.11 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to

1.12 make grants from available appropriations to assist:

1.13 (1) counties;

1.14 (2) Indian tribes;

1.15 (3) children's collaboratives under section 142D.15 or 245.493; or

1.16 (4) mental health service providers.

1.17 (b) The following services are eligible for grants under this section:

1.18 (1) services to children with emotional disturbances as defined in section 245.4871,

1.19 subdivision 15, and their families;

1.20 (2) transition services under section 245.4875, subdivision 8, for young adults under

1.21 age 21 and their families;

1.22 (3) respite care services for children with emotional disturbances or severe emotional

1.23 disturbances who are at risk of residential treatment or hospitalization, who are already in

2.1 out-of-home placement in family foster settings as defined in chapter 142B and at risk of
2.2 change in out-of-home placement or placement in a residential facility or other higher level
2.3 of care, who have utilized crisis services or emergency room services, or who have
2.4 experienced a loss of in-home staffing support. Allowable activities and expenses for respite
2.5 care services are defined under subdivision 4. A child is not required to have case
2.6 management services to receive respite care services. Counties must work to provide access
2.7 to regularly scheduled respite care;

2.8 (4) children's mental health crisis services;

2.9 (5) child-, youth-, and family-specific mobile response and stabilization services models;

2.10 (6) mental health services for people from cultural and ethnic minorities, including
2.11 supervision of clinical trainees who are Black, indigenous, or people of color;

2.12 (7) children's mental health screening and follow-up diagnostic assessment and treatment;

2.13 (8) services to promote and develop the capacity of providers to use evidence-based
2.14 practices in providing children's mental health services;

2.15 (9) school-linked mental health services under section 245.4901;

2.16 (10) building evidence-based mental health intervention capacity for children birth to
2.17 age five;

2.18 (11) suicide prevention and counseling services that use text messaging statewide;

2.19 (12) mental health first aid training;

2.20 (13) training for parents, collaborative partners, and mental health providers on the
2.21 impact of adverse childhood experiences and trauma and development of an interactive
2.22 website to share information and strategies to promote resilience and prevent trauma;

2.23 (14) transition age services to develop or expand mental health treatment and supports
2.24 for adolescents and young adults 26 years of age or younger;

2.25 (15) early childhood mental health consultation;

2.26 (16) evidence-based interventions for youth at risk of developing or experiencing a first
2.27 episode of psychosis, and a public awareness campaign on the signs and symptoms of
2.28 psychosis;

2.29 (17) psychiatric consultation for primary care practitioners; ~~and~~

2.30 (18) providers to begin operations and meet program requirements when establishing a
2.31 new children's mental health program. These may be start-up grants; and

3.1 (19) occupational therapy services as defined in section 245I.02, subdivision 29b, for
3.2 children with emotional disturbances.

3.3 (c) Services under paragraph (b) must be designed to help each child to function and
3.4 remain with the child's family in the community and delivered consistent with the child's
3.5 treatment plan. Transition services to eligible young adults under this paragraph must be
3.6 designed to foster independent living in the community.

3.7 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
3.8 reimbursement sources, if applicable.

3.9 (e) The commissioner may establish and design a pilot program to expand the mobile
3.10 response and stabilization services model for children, youth, and families. The commissioner
3.11 may use grant funding to consult with a qualified expert entity to assist in the formulation
3.12 of measurable outcomes and explore and position the state to submit a Medicaid state plan
3.13 amendment to scale the model statewide.

3.14 Sec. 2. Minnesota Statutes 2024, section 245I.02, is amended by adding a subdivision to
3.15 read:

3.16 Subd. 29a. **Occupational therapist or occupational therapy assistant.** "Occupational
3.17 therapist or occupational therapy assistant" means a staff person who is qualified under
3.18 section 245I.04, subdivision 20.

3.19 Sec. 3. Minnesota Statutes 2024, section 245I.02, is amended by adding a subdivision to
3.20 read:

3.21 Subd. 29b. **Occupational therapy services.** "Occupational therapy services" means
3.22 services related to behavioral health provided to a client within the scope of practice for
3.23 occupational therapists and occupational therapy assistants under section 148.6404. A license
3.24 or certification holder may offer and provide for occupational therapy services as part of a
3.25 client's behavioral health assessment, treatment planning, and treatment services.
3.26 Occupational therapy services include but are not limited to screening, evaluation,
3.27 intervention, and consultation to develop, recover, and maintain a client's:

3.28 (1) sensory integrative, neuromuscular, motor, emotional, motivational, cognitive, or
3.29 psychosocial components of performance;

3.30 (2) daily living skills;

3.31 (3) feeding and swallowing skills;

- 4.1 (4) play and leisure skills;
- 4.2 (5) educational participation skills;
- 4.3 (6) functional performance and work participation skills;
- 4.4 (7) community mobility; and
- 4.5 (8) health and wellness.

4.6 Sec. 4. Minnesota Statutes 2024, section 245I.04, is amended by adding a subdivision to
4.7 read:

4.8 Subd. 20. Occupational therapist and occupational therapy assistant qualifications. In
4.9 order to provide occupational therapy services in a behavioral health setting, an occupational
4.10 therapist or occupational therapy assistant must:

- 4.11 (1) be licensed under sections 148.6401 to 148.6450;
- 4.12 (2) for an occupational therapist, complete at least 480 hours of supervised work
4.13 experience in a behavioral health treatment setting; and
- 4.14 (3) for an occupational therapy assistant, complete at least 320 hours of supervised work
4.15 experience in a behavioral health treatment setting.

4.16 Sec. 5. Minnesota Statutes 2024, section 245I.04, is amended by adding a subdivision to
4.17 read:

4.18 Subd. 21. Occupational therapist and occupational therapy assistant scope of
4.19 practice. (a) An occupational therapist must maintain a valid license and must only provide
4.20 occupational therapy services to a client within the occupational therapist's scope of practice
4.21 under section 148.6404.

4.22 (b) An occupational therapy assistant must maintain a valid license and must only provide
4.23 occupational therapy services to a client within the scope of practice under section 148.6404,
4.24 under the supervision of an occupational therapist pursuant to section 148.6432.

4.25 Sec. 6. Minnesota Statutes 2024, section 245I.23, subdivision 2, is amended to read:

4.26 Subd. 2. **Definitions.** (a) "Program location" means a set of rooms that are each physically
4.27 self-contained and have defining walls extending from floor to ceiling. Program location
4.28 includes bedrooms, living rooms or lounge areas, bathrooms, and connecting areas.

4.29 (b) "Treatment team" means a group of staff persons who provide intensive residential
4.30 treatment services or residential crisis stabilization to clients. The treatment team includes

5.1 mental health professionals, mental health practitioners, clinical trainees, certified
5.2 rehabilitation specialists, mental health rehabilitation workers, and mental health certified
5.3 peer specialists and may include occupational therapists or occupational therapy assistants.

5.4 Sec. 7. Minnesota Statutes 2024, section 245I.23, subdivision 4, is amended to read:

5.5 Subd. 4. **Required intensive residential treatment services.** (a) On a daily basis, the
5.6 license holder must follow a client's treatment plan to provide intensive residential treatment
5.7 services to the client to improve the client's functioning.

5.8 (b) The license holder must offer and have the capacity to directly provide the following
5.9 treatment services to each client:

5.10 (1) rehabilitative mental health services;

5.11 (2) crisis prevention planning to assist a client with:

5.12 (i) identifying and addressing patterns in the client's history and experience of the client's
5.13 mental illness; and

5.14 (ii) developing crisis prevention strategies that include de-escalation strategies that have
5.15 been effective for the client in the past;

5.16 (3) health services and administering medication;

5.17 (4) co-occurring substance use disorder treatment;

5.18 (5) engaging the client's family and other natural supports in the client's treatment and
5.19 educating the client's family and other natural supports to strengthen the client's social and
5.20 family relationships; and

5.21 (6) making referrals for the client to other service providers in the community and
5.22 supporting the client's transition from intensive residential treatment services to another
5.23 setting.

5.24 (c) The license holder must include Illness Management and Recovery (IMR), Enhanced
5.25 Illness Management and Recovery (E-IMR), or other similar interventions in the license
5.26 holder's programming as approved by the commissioner.

5.27 (d) The license holder may also offer and have the capacity to directly provide medically
5.28 necessary occupational therapy services to each client.

6.1 Sec. 8. Minnesota Statutes 2024, section 245I.23, subdivision 5, is amended to read:

6.2 Subd. 5. **Required residential crisis stabilization services.** (a) On a daily basis, the
6.3 license holder must follow a client's individual crisis treatment plan to provide services to
6.4 the client in residential crisis stabilization to improve the client's functioning.

6.5 (b) The license holder must offer and have the capacity to directly provide the following
6.6 treatment services to the client:

6.7 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

6.8 (2) rehabilitative mental health services;

6.9 (3) health services and administering the client's medications; and

6.10 (4) making referrals for the client to other service providers in the community and
6.11 supporting the client's transition from residential crisis stabilization to another setting.

6.12 (c) The license holder may also offer and have the capacity to directly provide medically
6.13 necessary occupational therapy services to each client.

6.14 Sec. 9. Minnesota Statutes 2024, section 256B.0622, subdivision 2, is amended to read:

6.15 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
6.16 meanings given them.

6.17 (b) "ACT team" means the group of interdisciplinary mental health staff who work as
6.18 a team to provide assertive community treatment.

6.19 (c) "Assertive community treatment" means intensive nonresidential treatment and
6.20 rehabilitative mental health services provided according to the assertive community treatment
6.21 model. Assertive community treatment provides a single, fixed point of responsibility for
6.22 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per
6.23 day, seven days per week, in a community-based setting.

6.24 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions
6.25 7 and 8.

6.26 (e) "Crisis assessment and intervention" means mobile crisis response services under
6.27 section 256B.0624.

6.28 (f) "Individual treatment team" means a minimum of three members of the ACT team
6.29 who are responsible for consistently carrying out most of a client's assertive community
6.30 treatment services.

7.1 (g) "Primary team member" means the person who leads and coordinates the activities
7.2 of the individual treatment team and is the individual treatment team member who has
7.3 primary responsibility for establishing and maintaining a therapeutic relationship with the
7.4 client on a continuing basis.

7.5 (h) "Certified rehabilitation specialist" means a staff person who is qualified according
7.6 to section 245I.04, subdivision 8.

7.7 (i) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
7.8 subdivision 6.

7.9 (j) "Mental health certified peer specialist" means a staff person who is qualified
7.10 according to section 245I.04, subdivision 10.

7.11 (k) "Mental health practitioner" means a staff person who is qualified according to section
7.12 245I.04, subdivision 4.

7.13 (l) "Mental health professional" means a staff person who is qualified according to
7.14 section 245I.04, subdivision 2.

7.15 (m) "Mental health rehabilitation worker" means a staff person who is qualified according
7.16 to section 245I.04, subdivision 14.

7.17 (n) "Occupational therapist or occupational therapy assistant" means a staff person who
7.18 is qualified according to section 245I.04, subdivision 20.

7.19 Sec. 10. Minnesota Statutes 2024, section 256B.0622, subdivision 7a, is amended to read:

7.20 Subd. 7a. **Assertive community treatment team staff requirements and roles.** (a)

7.21 The required treatment staff qualifications and roles for an ACT team are:

7.22 (1) the team leader:

7.23 (i) shall be a mental health professional. Individuals who are not licensed but who are
7.24 eligible for licensure and are otherwise qualified may also fulfill this role;

7.25 (ii) must be an active member of the ACT team and provide some direct services to
7.26 clients;

7.27 (iii) must be a single full-time staff member, dedicated to the ACT team, who is
7.28 responsible for overseeing the administrative operations of the team and supervising team
7.29 members to ensure delivery of best and ethical practices; and

8.1 (iv) must be available to ensure that overall treatment supervision to the ACT team is
8.2 available after regular business hours and on weekends and holidays and is provided by a
8.3 qualified member of the ACT team;

8.4 (2) the psychiatric care provider:

8.5 (i) must be a mental health professional permitted to prescribe psychiatric medications
8.6 as part of the mental health professional's scope of practice. The psychiatric care provider
8.7 must have demonstrated clinical experience working with individuals with serious and
8.8 persistent mental illness;

8.9 (ii) shall collaborate with the team leader in sharing overall clinical responsibility for
8.10 screening and admitting clients; monitoring clients' treatment and team member service
8.11 delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects,
8.12 and health-related conditions; actively collaborating with nurses; and helping provide
8.13 treatment supervision to the team;

8.14 (iii) shall fulfill the following functions for assertive community treatment clients:
8.15 provide assessment and treatment of clients' symptoms and response to medications, including
8.16 side effects; provide brief therapy to clients; provide diagnostic and medication education
8.17 to clients, with medication decisions based on shared decision making; monitor clients'
8.18 nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and
8.19 community visits;

8.20 (iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized
8.21 for mental health treatment and shall communicate directly with the client's inpatient
8.22 psychiatric care providers to ensure continuity of care;

8.23 (v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per
8.24 50 clients. Part-time psychiatric care providers shall have designated hours to work on the
8.25 team, with sufficient blocks of time on consistent days to carry out the provider's clinical,
8.26 supervisory, and administrative responsibilities. No more than two psychiatric care providers
8.27 may share this role; and

8.28 (vi) shall provide psychiatric backup to the program after regular business hours and on
8.29 weekends and holidays. The psychiatric care provider may delegate this duty to another
8.30 qualified psychiatric provider;

8.31 (3) the nursing staff:

8.32 (i) shall consist of one to three registered nurses or advanced practice registered nurses,
8.33 of whom at least one has a minimum of one-year experience working with adults with

9.1 serious mental illness and a working knowledge of psychiatric medications. No more than
9.2 two individuals can share a full-time equivalent position;

9.3 (ii) are responsible for managing medication, administering and documenting medication
9.4 treatment, and managing a secure medication room; and

9.5 (iii) shall develop strategies, in collaboration with clients, to maximize taking medications
9.6 as prescribed; screen and monitor clients' mental and physical health conditions and
9.7 medication side effects; engage in health promotion, prevention, and education activities;
9.8 communicate and coordinate services with other medical providers; facilitate the development
9.9 of the individual treatment plan for clients assigned; and educate the ACT team in monitoring
9.10 psychiatric and physical health symptoms and medication side effects;

9.11 (4) the co-occurring disorder specialist:

9.12 (i) shall be a full-time equivalent co-occurring disorder specialist who has received
9.13 specific training on co-occurring disorders that is consistent with national evidence-based
9.14 practices. The training must include practical knowledge of common substances and how
9.15 they affect mental illnesses, the ability to assess substance use disorders and the client's
9.16 stage of treatment, motivational interviewing, and skills necessary to provide counseling to
9.17 clients at all different stages of change and treatment. The co-occurring disorder specialist
9.18 may also be an individual who is a licensed alcohol and drug counselor as described in
9.19 section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience,
9.20 and other requirements in section 245G.11, subdivision 5. No more than two co-occurring
9.21 disorder specialists may occupy this role; and

9.22 (ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients.
9.23 The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT
9.24 team members on co-occurring disorders;

9.25 (5) the vocational specialist:

9.26 (i) shall be a full-time vocational specialist who has at least one-year experience providing
9.27 employment services or advanced education that involved field training in vocational services
9.28 to individuals with mental illness. An individual who does not meet these qualifications
9.29 may also serve as the vocational specialist upon completing a training plan approved by the
9.30 commissioner;

9.31 (ii) shall provide or facilitate the provision of vocational services to clients. The vocational
9.32 specialist serves as a consultant and educator to fellow ACT team members on these services;
9.33 and

10.1 (iii) must not refer individuals to receive any type of vocational services or linkage by
10.2 providers outside of the ACT team;

10.3 (6) the mental health certified peer specialist:

10.4 (i) shall be a full-time equivalent. No more than two individuals can share this position.
10.5 The mental health certified peer specialist is a fully integrated team member who provides
10.6 highly individualized services in the community and promotes the self-determination and
10.7 shared decision-making abilities of clients. This requirement may be waived due to workforce
10.8 shortages upon approval of the commissioner;

10.9 (ii) must provide coaching, mentoring, and consultation to the clients to promote recovery,
10.10 self-advocacy, and self-direction, promote wellness management strategies, and assist clients
10.11 in developing advance directives; and

10.12 (iii) must model recovery values, attitudes, beliefs, and personal action to encourage
10.13 wellness and resilience, provide consultation to team members, promote a culture where
10.14 the clients' points of view and preferences are recognized, understood, respected, and
10.15 integrated into treatment, and serve in a manner equivalent to other team members;

10.16 (7) the program administrative assistant shall be a full-time office-based program
10.17 administrative assistant position assigned to solely work with the ACT team, providing a
10.18 range of supports to the team, clients, and families; and

10.19 (8) additional staff:

10.20 (i) shall be based on team size. Additional treatment team staff may include mental
10.21 health professionals; clinical trainees; certified rehabilitation specialists; mental health
10.22 practitioners; ~~or~~ mental health rehabilitation workers; or occupational therapists or
10.23 occupational therapy assistants. These individuals shall have the knowledge, skills, and
10.24 abilities required by the population served to carry out rehabilitation and support functions;
10.25 and

10.26 (ii) shall be selected based on specific program needs or the population served.

10.27 (b) Each ACT team must clearly document schedules for all ACT team members.

10.28 (c) Each ACT team member must serve as a primary team member for clients assigned
10.29 by the team leader and are responsible for facilitating the individual treatment plan process
10.30 for those clients. The primary team member for a client is the responsible team member
10.31 knowledgeable about the client's life and circumstances and writes the individual treatment
10.32 plan. The primary team member provides individual supportive therapy or counseling, and
10.33 provides primary support and education to the client's family and support system.

11.1 (d) Members of the ACT team must have strong clinical skills, professional qualifications,
11.2 experience, and competency to provide a full breadth of rehabilitation services. Each staff
11.3 member shall be proficient in their respective discipline and be able to work collaboratively
11.4 as a member of a multidisciplinary team to deliver the majority of the treatment,
11.5 rehabilitation, and support services clients require to fully benefit from receiving assertive
11.6 community treatment.

11.7 (e) Each ACT team member must fulfill training requirements established by the
11.8 commissioner.

11.9 Sec. 11. Minnesota Statutes 2024, section 256B.0671, subdivision 3, is amended to read:

11.10 Subd. 3. **Adult day treatment services.** (a) Medical assistance covers adult day treatment
11.11 (ADT) services that are provided under contract with the county board. Adult day treatment
11.12 payment is subject to the conditions in paragraphs (b) to (e). The provider must make
11.13 reasonable and good faith efforts to report individual client outcomes to the commissioner
11.14 using instruments, protocols, and forms approved by the commissioner.

11.15 (b) Adult day treatment is an intensive psychotherapeutic treatment to reduce or relieve
11.16 the effects of mental illness on a client to enable the client to benefit from a lower level of
11.17 care and to live and function more independently in the community. Adult day treatment
11.18 services must be provided to a client to stabilize the client's mental health and to improve
11.19 the client's independent living and socialization skills. Adult day treatment must consist of
11.20 at least one hour of group psychotherapy and must include group time focused on
11.21 rehabilitative interventions or other therapeutic services that a multidisciplinary team provides
11.22 to each client. Adult day treatment services are not a part of inpatient or residential treatment
11.23 services. The following providers may apply to become adult day treatment providers:

11.24 (1) a hospital with Centers for Medicare and Medicaid Services approved hospital
11.25 accreditation and licensed under sections 144.50 to 144.55;

11.26 (2) a community mental health center under section 256B.0625, subdivision 5; or

11.27 (3) an entity that is under contract with the county board to operate a program that meets
11.28 the requirements of section 245.4712, subdivision 2, and Minnesota Rules, parts 9505.0170
11.29 to 9505.0475.

11.30 (c) An adult day treatment services provider must:

11.31 (1) ensure that the commissioner has approved of the organization as an adult day
11.32 treatment provider organization;

12.1 (2) ensure that a multidisciplinary team provides ADT services to a group of clients. A
12.2 mental health professional must supervise each multidisciplinary staff person who provides
12.3 ADT services;

12.4 (3) make ADT services available to the client at least two days a week for at least three
12.5 consecutive hours per day. ADT services may be longer than three hours per day, but medical
12.6 assistance may not reimburse a provider for more than 15 hours per week;

12.7 (4) provide ADT services to each client that includes group psychotherapy by a mental
12.8 health professional or clinical trainee and daily rehabilitative interventions by a mental
12.9 health professional, clinical trainee, or mental health practitioner; and

12.10 (5) include ADT services in the client's individual treatment plan, when appropriate.

12.11 The adult day treatment provider must:

12.12 (i) complete a functional assessment of each client under section 245I.10, subdivision
12.13 9;

12.14 (ii) notwithstanding section 245I.10, subdivision 8, review the client's progress and
12.15 update the individual treatment plan at least every 90 days until the client is discharged
12.16 from the program; and

12.17 (iii) include a discharge plan for the client in the client's individual treatment plan.

12.18 (d) An adult day treatment services provider may make skilled occupational therapy
12.19 services, provided by an occupational therapist or occupational therapy assistant who is
12.20 qualified according to section 245I.04, subdivision 20, available to each client.

12.21 ~~(d)~~ (e) To be eligible for adult day treatment, a client must:

12.22 (1) be 18 years of age or older;

12.23 (2) not reside in a nursing facility, hospital, institute of mental disease, or state-operated
12.24 treatment center unless the client has an active discharge plan that indicates a move to an
12.25 independent living setting within 180 days;

12.26 (3) have the capacity to engage in rehabilitative programming, skills activities, and
12.27 psychotherapy in the structured, therapeutic setting of an adult day treatment program and
12.28 demonstrate measurable improvements in functioning resulting from participation in the
12.29 adult day treatment program;

12.30 (4) have a level of care assessment under section 245I.02, subdivision 19, recommending
12.31 that the client participate in services with the level of intensity and duration of an adult day
12.32 treatment program; and

13.1 (5) have the recommendation of a mental health professional for adult day treatment
 13.2 services. The mental health professional must find that adult day treatment services are
 13.3 medically necessary for the client.

13.4 ~~(e)~~ (f) Medical assistance does not cover the following services as adult day treatment
 13.5 services:

13.6 (1) services that are primarily recreational or that are provided in a setting that is not
 13.7 under medical supervision, including sports activities, exercise groups, craft hours, leisure
 13.8 time, social hours, meal or snack time, trips to community activities, and tours;

13.9 (2) social or educational services that do not have or cannot reasonably be expected to
 13.10 have a therapeutic outcome related to the client's mental illness;

13.11 (3) consultations with other providers or service agency staff persons about the care or
 13.12 progress of a client;

13.13 (4) prevention or education programs that are provided to the community;

13.14 (5) day treatment for clients with a primary diagnosis of a substance use disorder;

13.15 (6) day treatment provided in the client's home;

13.16 (7) psychotherapy for more than two hours per day; and

13.17 (8) participation in meal preparation and eating that is not part of a clinical treatment
 13.18 plan to address the client's eating disorder.

13.19 Sec. 12. Minnesota Statutes 2024, section 256B.0941, subdivision 2, is amended to read:

13.20 Subd. 2. **Services.** (a) Psychiatric residential treatment facility service providers must
 13.21 offer and have the capacity to provide the following services:

13.22 (1) development of the individual plan of care, review of the individual plan of care
 13.23 every 30 days, and discharge planning by required members of the treatment team according
 13.24 to Code of Federal Regulations, title 42, sections 441.155 to 441.156;

13.25 (2) any services provided by a psychiatrist or physician for development of an individual
 13.26 plan of care, conducting a review of the individual plan of care every 30 days, and discharge
 13.27 planning by required members of the treatment team according to Code of Federal
 13.28 Regulations, title 42, sections 441.155 to 441.156;

13.29 (3) active treatment seven days per week that may include individual, family, or group
 13.30 therapy as determined by the individual care plan;

13.31 (4) individual therapy, provided a minimum of twice per week;

14.1 (5) family engagement activities, provided a minimum of once per week;

14.2 (6) consultation with other professionals, including case managers, primary care
 14.3 professionals, community-based mental health providers, school staff, occupational therapists
 14.4 or occupational therapy assistants who are qualified according to section 245I.04, subdivision
 14.5 20, if the provider offers occupational therapy services under paragraph (b), or other support
 14.6 planners;

14.7 (7) coordination of educational services between local and resident school districts and
 14.8 the facility;

14.9 (8) 24-hour nursing; and

14.10 (9) direct care and supervision, supportive services for daily living and safety, and
 14.11 positive behavior management.

14.12 (b) Psychiatric residential treatment facility service providers may offer and have the
 14.13 capacity to provide occupational therapy services under section 245I.02, subdivision 29b.

14.14 Sec. 13. Minnesota Statutes 2024, section 256B.0943, subdivision 1, is amended to read:

14.15 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
 14.16 the meanings given them.

14.17 (b) "Children's therapeutic services and supports" means the flexible package of mental
 14.18 health services for children who require varying therapeutic and rehabilitative levels of
 14.19 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,
 14.20 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision
 14.21 20. The services are time-limited interventions that are delivered using various treatment
 14.22 modalities and combinations of services designed to reach treatment outcomes identified
 14.23 in the individual treatment plan.

14.24 (c) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
 14.25 subdivision 6.

14.26 (d) "Crisis planning" has the meaning given in section 245.4871, subdivision 9a.

14.27 (e) "Culturally competent provider" means a provider who understands and can utilize
 14.28 to a client's benefit the client's culture when providing services to the client. A provider
 14.29 may be culturally competent because the provider is of the same cultural or ethnic group
 14.30 as the client or the provider has developed the knowledge and skills through training and
 14.31 experience to provide services to culturally diverse clients.

15.1 (f) "Day treatment program" for children means a site-based structured mental health
15.2 program consisting of psychotherapy for three or more individuals and individual or group
15.3 skills training provided by a team, under the treatment supervision of a mental health
15.4 professional.

15.5 (g) "Direct service time" means the time that a mental health professional, clinical trainee,
15.6 mental health practitioner, or mental health behavioral aide spends face-to-face with a client
15.7 and the client's family or providing covered services through telehealth as defined under
15.8 section 256B.0625, subdivision 3b. Direct service time includes time in which the provider
15.9 obtains a client's history, develops a client's treatment plan, records individual treatment
15.10 outcomes, or provides service components of children's therapeutic services and supports.
15.11 Direct service time does not include time doing work before and after providing direct
15.12 services, including scheduling or maintaining clinical records.

15.13 (h) "Direction of mental health behavioral aide" means the activities of a mental health
15.14 professional, clinical trainee, or mental health practitioner in guiding the mental health
15.15 behavioral aide in providing services to a client. The direction of a mental health behavioral
15.16 aide must be based on the client's individual treatment plan and meet the requirements in
15.17 subdivision 6, paragraph (b), clause (7).

15.18 (i) "Emotional disturbance" has the meaning given in section 245.4871, subdivision 15.

15.19 (j) "Individual treatment plan" means the plan described in section 245I.10, subdivisions
15.20 7 and 8.

15.21 (k) "Mental health behavioral aide services" means medically necessary one-on-one
15.22 activities performed by a mental health behavioral aide qualified according to section
15.23 245I.04, subdivision 16, to assist a child retain or generalize psychosocial skills as previously
15.24 trained by a mental health professional, clinical trainee, or mental health practitioner and
15.25 as described in the child's individual treatment plan and individual behavior plan. Activities
15.26 involve working directly with the child or child's family as provided in subdivision 9,
15.27 paragraph (b), clause (4).

15.28 (l) "Mental health certified family peer specialist" means a staff person who is qualified
15.29 according to section 245I.04, subdivision 12.

15.30 (m) "Mental health practitioner" means a staff person who is qualified according to
15.31 section 245I.04, subdivision 4.

15.32 (n) "Mental health professional" means a staff person who is qualified according to
15.33 section 245I.04, subdivision 2.

16.1 (o) "Mental health service plan development" includes:

16.2 (1) development and revision of a child's individual treatment plan; and

16.3 (2) administering and reporting standardized outcome measurements approved by the
16.4 commissioner, as periodically needed to evaluate the effectiveness of treatment.

16.5 (p) "Mental illness," for persons at least age 18 but under age 21, has the meaning given
16.6 in section 245.462, subdivision 20, paragraph (a).

16.7 (q) "Occupational therapist or occupational therapy assistant" means a staff person who
16.8 is qualified according to section 245I.04, subdivision 20.

16.9 (r) "Occupational therapy services" has the meaning given in section 245I.02, subdivision
16.10 29b.

16.11 ~~(s)~~ (s) "Psychotherapy" means the treatment described in section 256B.0671, subdivision
16.12 11.

16.13 ~~(t)~~ (t) "Rehabilitative services" or "psychiatric rehabilitation services" means interventions
16.14 to: (1) restore a child or adolescent to an age-appropriate developmental trajectory that had
16.15 been disrupted by a psychiatric illness; or (2) enable the child to self-monitor, compensate
16.16 for, cope with, counteract, or replace psychosocial skills deficits or maladaptive skills
16.17 acquired over the course of a psychiatric illness. Psychiatric rehabilitation services for
16.18 children combine coordinated psychotherapy to address internal psychological, emotional,
16.19 and intellectual processing deficits, and skills training to restore personal and social
16.20 functioning. Psychiatric rehabilitation services establish a progressive series of goals with
16.21 each achievement building upon a prior achievement.

16.22 ~~(u)~~ (u) "Skills training" means individual, family, or group training, delivered by or under
16.23 the supervision of a mental health professional, designed to facilitate the acquisition of
16.24 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate
16.25 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child
16.26 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or
16.27 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject
16.28 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

16.29 ~~(v)~~ (v) "Standard diagnostic assessment" means the assessment described in section
16.30 245I.10, subdivision 6.

16.31 ~~(w)~~ (w) "Treatment supervision" means the supervision described in section 245I.06.

17.1 Sec. 14. Minnesota Statutes 2024, section 256B.0943, subdivision 2, is amended to read:

17.2 Subd. 2. **Covered service components of children's therapeutic services and**
 17.3 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary
 17.4 children's therapeutic services and supports when the services are provided by an eligible
 17.5 provider entity certified under and meeting the standards in this section. The provider entity
 17.6 must make reasonable and good faith efforts to report individual client outcomes to the
 17.7 commissioner, using instruments and protocols approved by the commissioner.

17.8 (b) The service components of children's therapeutic services and supports are:

17.9 (1) patient and/or family psychotherapy, family psychotherapy, psychotherapy for crisis,
 17.10 and group psychotherapy;

17.11 (2) individual, family, or group skills training provided by a mental health professional,
 17.12 clinical trainee, or mental health practitioner;

17.13 (3) crisis planning;

17.14 (4) mental health behavioral aide services;

17.15 (5) direction of a mental health behavioral aide;

17.16 (6) mental health service plan development; ~~and~~

17.17 (7) children's day treatment; and

17.18 (8) medically necessary occupational therapy services, provided by an occupational
 17.19 therapist or occupational therapy assistant.

17.20 Sec. 15. Minnesota Statutes 2024, section 256B.0943, subdivision 7, is amended to read:

17.21 Subd. 7. **Qualifications of individual and team providers.** (a) An individual or team
 17.22 provider working within the scope of the provider's practice or qualifications may provide
 17.23 service components of children's therapeutic services and supports that are identified as
 17.24 medically necessary in a client's individual treatment plan.

17.25 (b) An individual provider must be qualified as a:

17.26 (1) a mental health professional;

17.27 (2) a clinical trainee;

17.28 (3) a mental health practitioner;

17.29 (4) a mental health certified family peer specialist; ~~or~~

17.30 (5) a mental health behavioral aide; or

18.1 (6) an occupational therapist or occupational therapy assistant, for medically necessary
18.2 occupational therapy services.

18.3 (c) A day treatment team must include one mental health professional or clinical trainee.

18.4 Sec. 16. Minnesota Statutes 2024, section 256B.0943, subdivision 9, is amended to read:

18.5 Subd. 9. **Service delivery criteria.** (a) In delivering services under this section, a certified
18.6 provider entity must ensure that:

18.7 (1) the provider's caseload size should reasonably enable the provider to play an active
18.8 role in service planning, monitoring, and delivering services to meet the client's and client's
18.9 family's needs, as specified in each client's individual treatment plan;

18.10 (2) site-based programs, including day treatment programs, provide staffing and facilities
18.11 to ensure the client's health, safety, and protection of rights, and that the programs are able
18.12 to implement each client's individual treatment plan; and

18.13 (3) a day treatment program is provided to a group of clients by a team under the treatment
18.14 supervision of a mental health professional. The day treatment program must be provided
18.15 in and by: (i) an outpatient hospital accredited by the Joint Commission on Accreditation
18.16 of Health Organizations and licensed under sections 144.50 to 144.55; (ii) a community
18.17 mental health center under section 245.62; or (iii) an entity that is certified under subdivision
18.18 4 to operate a program that meets the requirements of section 245.4884, subdivision 2, and
18.19 Minnesota Rules, parts 9505.0170 to 9505.0475. The day treatment program must stabilize
18.20 the client's mental health status while developing and improving the client's independent
18.21 living and socialization skills. The goal of the day treatment program must be to reduce or
18.22 relieve the effects of mental illness and provide training to enable the client to live in the
18.23 community. The remainder of the structured treatment program may include patient and/or
18.24 family or group psychotherapy, and individual or group skills training, if included in the
18.25 client's individual treatment plan. Day treatment programs are not part of inpatient or
18.26 residential treatment services. When a day treatment group that meets the minimum group
18.27 size requirement temporarily falls below the minimum group size because of a member's
18.28 temporary absence, medical assistance covers a group session conducted for the group
18.29 members in attendance. A day treatment program may provide fewer than the minimally
18.30 required hours for a particular child during a billing period in which the child is transitioning
18.31 into, or out of, the program.

19.1 (b) To be eligible for medical assistance payment, a provider entity must deliver the
19.2 service components of children's therapeutic services and supports in compliance with the
19.3 following requirements:

19.4 (1) psychotherapy to address the child's underlying mental health disorder must be
19.5 documented as part of the child's ongoing treatment. A provider must deliver or arrange for
19.6 medically necessary psychotherapy unless the child's parent or caregiver chooses not to
19.7 receive it or the provider determines that psychotherapy is no longer medically necessary.
19.8 When a provider determines that psychotherapy is no longer medically necessary, the
19.9 provider must update required documentation, including but not limited to the individual
19.10 treatment plan, the child's medical record, or other authorizations, to include the
19.11 determination. When a provider determines that a child needs psychotherapy but
19.12 psychotherapy cannot be delivered due to a shortage of licensed mental health professionals
19.13 in the child's community, the provider must document the lack of access in the child's
19.14 medical record;

19.15 (2) individual, family, or group skills training is subject to the following requirements:

19.16 (i) a mental health professional, clinical trainee, occupational therapist or occupational
19.17 therapy assistant, or mental health practitioner shall provide skills training;

19.18 (ii) skills training delivered to a child or the child's family must be targeted to the specific
19.19 deficits or maladaptations of the child's mental health disorder and must be prescribed in
19.20 the child's individual treatment plan;

19.21 (iii) group skills training may be provided to multiple recipients who, because of the
19.22 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from
19.23 interaction in a group setting, which must be staffed as follows:

19.24 (A) one mental health professional, clinical trainee, occupational therapist or occupational
19.25 therapy assistant, or mental health practitioner must work with a group of three to eight
19.26 clients; or

19.27 (B) any combination of two mental health professionals, clinical trainees, or mental
19.28 health practitioners must work with a group of nine to 12 clients;

19.29 (iv) a mental health professional, clinical trainee, occupational therapist or occupational
19.30 therapy assistant, or mental health practitioner must have taught the psychosocial skill before
19.31 a mental health behavioral aide may practice that skill with the client; and

19.32 (v) for group skills training, when a skills group that meets the minimum group size
19.33 requirement temporarily falls below the minimum group size because of a group member's

20.1 temporary absence, the provider may conduct the session for the group members in
20.2 attendance;

20.3 (3) crisis planning to a child and family must include development of a written plan that
20.4 anticipates the particular factors specific to the child that may precipitate a psychiatric crisis
20.5 for the child in the near future. The written plan must document actions that the family
20.6 should be prepared to take to resolve or stabilize a crisis, such as advance arrangements for
20.7 direct intervention and support services to the child and the child's family. Crisis planning
20.8 must include preparing resources designed to address abrupt or substantial changes in the
20.9 functioning of the child or the child's family when sudden change in behavior or a loss of
20.10 usual coping mechanisms is observed, or the child begins to present a danger to self or
20.11 others;

20.12 (4) mental health behavioral aide services must be medically necessary treatment services,
20.13 identified in the child's individual treatment plan.

20.14 To be eligible for medical assistance payment, mental health behavioral aide services must
20.15 be delivered to a child who has been diagnosed with an emotional disturbance or a mental
20.16 illness, as provided in subdivision 1, paragraph (a). The mental health behavioral aide must
20.17 document the delivery of services in written progress notes. Progress notes must reflect
20.18 implementation of the treatment strategies, as performed by the mental health behavioral
20.19 aide and the child's responses to the treatment strategies; ~~and~~

20.20 (5) mental health service plan development must be performed in consultation with the
20.21 child's family and, when appropriate, with other key participants in the child's life by the
20.22 child's treating mental health professional or clinical trainee or by a mental health practitioner
20.23 and approved by the treating mental health professional. Treatment plan drafting consists
20.24 of development, review, and revision by face-to-face or electronic communication. The
20.25 provider must document events, including the time spent with the family and other key
20.26 participants in the child's life to approve the individual treatment plan. Medical assistance
20.27 covers service plan development before completion of the child's individual treatment plan.
20.28 Service plan development is covered only if a treatment plan is completed for the child. If
20.29 upon review it is determined that a treatment plan was not completed for the child, the
20.30 commissioner shall recover the payment for the service plan development; and

20.31 (6) occupational therapy services must be medically necessary treatment services,
20.32 identified in the child's individual treatment plan.

21.1 Sec. 17. Minnesota Statutes 2024, section 256B.0947, subdivision 2, is amended to read:

21.2 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
21.3 given them.

21.4 (a) "Intensive nonresidential rehabilitative mental health services" means child
21.5 rehabilitative mental health services as defined in section 256B.0943, except that these
21.6 services are provided by a multidisciplinary staff using a total team approach consistent
21.7 with assertive community treatment, as adapted for youth, and are directed to recipients
21.8 who are eight years of age or older and under 21 years of age who require intensive services
21.9 to prevent admission to an inpatient psychiatric hospital or placement in a residential
21.10 treatment facility or who require intensive services to step down from inpatient or residential
21.11 care to community-based care.

21.12 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
21.13 at least one form of mental illness and at least one substance use disorder. Substance use
21.14 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

21.15 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
21.16 subdivision 6.

21.17 (d) "Medication education services" means services provided individually or in groups,
21.18 which focus on:

21.19 (1) educating the client and client's family or significant nonfamilial supporters about
21.20 mental illness and symptoms;

21.21 (2) the role and effects of medications in treating symptoms of mental illness; and

21.22 (3) the side effects of medications.

21.23 Medication education is coordinated with medication management services and does not
21.24 duplicate it. Medication education services are provided by physicians, pharmacists, or
21.25 registered nurses with certification in psychiatric and mental health care.

21.26 (e) "Mental health professional" means a staff person who is qualified according to
21.27 section 245I.04, subdivision 2.

21.28 (f) "Provider agency" means a for-profit or nonprofit organization established to
21.29 administer an assertive community treatment for youth team.

21.30 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
21.31 and statistical manual of mental disorders, current edition.

21.32 (h) "Transition services" means:

22.1 (1) activities, materials, consultation, and coordination that ensures continuity of the
 22.2 client's care in advance of and in preparation for the client's move from one stage of care
 22.3 or life to another by maintaining contact with the client and assisting the client to establish
 22.4 provider relationships;

22.5 (2) providing the client with knowledge and skills needed posttransition;

22.6 (3) establishing communication between sending and receiving entities;

22.7 (4) supporting a client's request for service authorization and enrollment; and

22.8 (5) establishing and enforcing procedures and schedules.

22.9 (i) "Treatment team" means all staff who provide services to recipients under this section.

22.10 (j) "Family peer specialist" means a staff person who is qualified under section
 22.11 256B.0616.

22.12 (k) "Occupational therapist or occupational therapy assistant" means a staff person who
 22.13 is qualified according to section 245I.04, subdivision 20.

22.14 (l) "Occupational therapy services" has the meaning given in section 245I.02, subdivision
 22.15 29b.

22.16 Sec. 18. Minnesota Statutes 2024, section 256B.0947, subdivision 3a, is amended to read:

22.17 Subd. 3a. **Required service components.** (a) Intensive nonresidential rehabilitative
 22.18 mental health services, supports, and ancillary activities that are covered by a single daily
 22.19 rate per client must include the following, as needed by the individual client:

22.20 (1) individual, family, and group psychotherapy;

22.21 (2) individual, family, and group skills training, as defined in section 256B.0943,
 22.22 subdivision 1, paragraph (u);

22.23 (3) crisis planning as defined in section 245.4871, subdivision 9a;

22.24 (4) medication management provided by a physician, an advanced practice registered
 22.25 nurse with certification in psychiatric and mental health care, or a physician assistant;

22.26 (5) mental health case management as provided in section 256B.0625, subdivision 20;

22.27 (6) medication education services as defined in this section;

22.28 (7) care coordination by a client-specific lead worker assigned by and responsible to the
 22.29 treatment team;

23.1 (8) psychoeducation of and consultation and coordination with the client's biological,
 23.2 adoptive, or foster family and, in the case of a youth living independently, the client's
 23.3 immediate nonfamilial support network;

23.4 (9) clinical consultation to a client's employer or school or to other service agencies or
 23.5 to the courts to assist in managing the mental illness or co-occurring disorder and to develop
 23.6 client support systems;

23.7 (10) coordination with, or performance of, crisis intervention and stabilization services
 23.8 as defined in section 256B.0624;

23.9 (11) transition services;

23.10 (12) co-occurring substance use disorder treatment as defined in section 245I.02,
 23.11 subdivision 11; and

23.12 (13) housing access support that assists clients to find, obtain, retain, and move to safe
 23.13 and adequate housing. Housing access support does not provide monetary assistance for
 23.14 rent, damage deposits, or application fees.

23.15 (b) Intensive nonresidential rehabilitative mental health services, supports, and ancillary
 23.16 activities covered by the single daily rate per client may also include medically necessary
 23.17 occupational therapy services.

23.18 ~~(b)~~ (c) The provider shall ensure and document the following by means of performing
 23.19 the required function or by contracting with a qualified person or entity: client access to
 23.20 crisis intervention services, as defined in section 256B.0624, and available 24 hours per
 23.21 day and seven days per week.

23.22 Sec. 19. Minnesota Statutes 2024, section 256B.0947, subdivision 5, is amended to read:

23.23 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
 23.24 must meet the standards in this section and chapter 245I as required in section 245I.011,
 23.25 subdivision 5.

23.26 (b) The treatment team must have specialized training in providing services to the specific
 23.27 age group of youth that the team serves. An individual treatment team must serve youth
 23.28 who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14
 23.29 years of age or older and under 21 years of age.

23.30 (c) The treatment team for intensive nonresidential rehabilitative mental health services
 23.31 comprises both permanently employed core team members and client-specific team members
 23.32 as follows:

24.1 (1) Based on professional qualifications and client needs, clinically qualified core team
24.2 members are assigned on a rotating basis as the client's lead worker to coordinate a client's
24.3 care. The core team must comprise at least four full-time equivalent direct care staff and
24.4 must minimally include:

24.5 (i) a mental health professional who serves as team leader to provide administrative
24.6 direction and treatment supervision to the team;

24.7 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
24.8 health care or a board-certified child and adolescent psychiatrist, either of which must be
24.9 credentialed to prescribe medications;

24.10 (iii) a mental health certified peer specialist who is qualified according to section 245I.04,
24.11 subdivision 10, and is also a former children's mental health consumer; and

24.12 (iv) a co-occurring disorder specialist who meets the requirements under section
24.13 256B.0622, subdivision 7a, paragraph (a), clause (4), who will provide or facilitate the
24.14 provision of co-occurring disorder treatment to clients.

24.15 (2) The core team may also include any of the following:

24.16 (i) additional mental health professionals;

24.17 (ii) a vocational specialist;

24.18 (iii) an educational specialist with knowledge and experience working with youth
24.19 regarding special education requirements and goals, special education plans, and coordination
24.20 of educational activities with health care activities;

24.21 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

24.22 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

24.23 (vi) a mental health practitioner qualified according to section 245I.04, subdivision 4;

24.24 (vii) a case management service provider, as defined in section 245.4871, subdivision
24.25 4;

24.26 (viii) a housing access specialist; ~~and~~

24.27 (ix) a family peer specialist as defined in subdivision 2, paragraph (j); and

24.28 (x) an occupational therapist or occupational therapy assistant.

24.29 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
24.30 members not employed by the team who consult on a specific client and who must accept
24.31 overall clinical direction from the treatment team for the duration of the client's placement

- 25.1 with the treatment team and must be paid by the provider agency at the rate for a typical
25.2 session by that provider with that client or at a rate negotiated with the client-specific
25.3 member. Client-specific treatment team members may include:
- 25.4 (i) the mental health professional treating the client prior to placement with the treatment
25.5 team;
 - 25.6 (ii) the client's current substance use counselor, if applicable;
 - 25.7 (iii) a lead member of the client's individualized education program team or school-based
25.8 mental health provider, if applicable;
 - 25.9 (iv) a representative from the client's health care home or primary care clinic, as needed
25.10 to ensure integration of medical and behavioral health care;
 - 25.11 (v) the client's probation officer or other juvenile justice representative, if applicable;
25.12 and
 - 25.13 (vi) the client's current vocational or employment counselor, if applicable.
- 25.14 (d) The treatment supervisor shall be an active member of the treatment team and shall
25.15 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
25.16 with the treatment supervisor at least weekly to discuss recipients' progress and make rapid
25.17 adjustments to meet recipients' needs. The team meeting must include client-specific case
25.18 reviews and general treatment discussions among team members. Client-specific case
25.19 reviews and planning must be documented in the individual client's treatment record.
- 25.20 (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
25.21 team position.
- 25.22 (f) The treatment team shall serve no more than 80 clients at any one time. Should local
25.23 demand exceed the team's capacity, an additional team must be established rather than
25.24 exceed this limit.
- 25.25 (g) Nonclinical staff shall have prompt access in person or by telephone to a mental
25.26 health practitioner, clinical trainee, or mental health professional. The provider shall have
25.27 the capacity to promptly and appropriately respond to emergent needs and make any
25.28 necessary staffing adjustments to ensure the health and safety of clients.
- 25.29 (h) The intensive nonresidential rehabilitative mental health services provider shall
25.30 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
25.31 as conducted by the commissioner, including the collection and reporting of data and the
25.32 reporting of performance measures as specified by contract with the commissioner.

26.1 (i) A regional treatment team may serve multiple counties.