CHAPTER 9520
DEPARTMENT OF HUMAN SERVICES
PROGRAMS FOR MENTALLY ILL

COMMUNITY MENTAL HEALTH SERVICES

9520.0010 STATUTORY AUTHORITY AND PURPOSE.

Parts 9520.0010 to 9520.0230 provide methods and procedures relating to the establishment and operation of area-wide, comprehensive, community-based mental health, mental retardation, and chemical dependency programs under state grant-in-aid as provided under Minnesota Statutes, sections 245.61 to 245.69. Minnesota Statutes, sections 245.61 to 245.69 are entitled The Community Mental Health Services Act. For purposes of these parts, "community mental health services" includes services to persons who have mental or emotional disorders or other psychiatric disabilities, mental retardation, and chemical dependency, including drug abuse and alcoholism.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0020 BOARD DUTIES.

The community mental health board has the responsibility for ensuring the planning, development, implementation, coordination, and evaluation of the community comprehensive mental health program for the mentally ill/behaviorally disabled, mentally retarded, and chemically dependent populations in the geographic area it serves. It also has the responsibility for

ensuring delivery of services designated by statute.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0030 DEFINITIONS.

Parts 9520.0040 and 9520.0050 also set forth definitions of community mental health centers and community mental health clinics.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0040 COMMUNITY MENTAL HEALTH CENTER.

A community mental health center means an agency which includes all of the following:

A. Established under the provision of Minnesota Statutes, sections 245.61 to 245.69.

B. Provides as a minimum the following services for individuals having mental or emotional disorders, mental retardation, alcoholism, drug abuse, and other psychiatric conditions. The extent of each service to be provided by the center shall be indicated in the program plan, which is to reflect the problems, needs, and resources of the community served:

(1) collaborative and cooperative services with public health and other groups for programs of prevention of mental illness, mental retardation, alcoholism, drug abuse, and other psychiatric disorders;

(2) informational and educational services to schools, courts, health and welfare agencies, both public and private;

(3) informational and educational services to the general public, lay, and professional groups;

(4) consultative services to schools, courts, and health and welfare agencies, both public and private;

(5) outpatient diagnostic and treatment services; and

(6) rehabilitative services, particularly for those who have received prior treatment in an inpatient facility.

C. Provides or contracts for detoxification, evaluation, and referral for chemical dependency services (Minnesota Statutes, section 254A.08).

D. Provides specific coordination for mentally ill/behaviorally disabled, mentally retarded, and chemical dependency programs. (Minnesota Statutes, sections 254A.07 and 245.61).

E. Has a competent multidisciplinary mental health/mental retardation/chemical dependency professional team whose members meet the professional standards in their respective fields.

F. The professional mental health team is qualified by specific mental health training and experience and shall include as a minimum the services of each of the following:

(1) a licensed physician, who has completed an approved residency program in psychiatry; and

(2) a doctoral clinical, counseling, or health care psychologist, who is licensed under Minnesota Statutes, sections 148.87 to 148.99; and one or both of the following:

(3) a clinical social worker with a master's degree in social work from an accredited college or university; and/or

(4) a clinical psychiatric nurse with a master's degree from an accredited college or university and is registered under Minnesota Statutes, section 148.171. The master's degree shall be in psychiatric nursing or a related psychiatric nursing program such as public health nursing with mental health major, maternal and child health with mental health major, etc.

G. The multidisciplinary staff shall be sufficient in number to implement and operate the described program of the center. In addition to the

above, this team should include other professionals, paraprofessionals, and disciplines, particularly in the preventive and rehabilitative components of the program, subject to review and approval of job descriptions and qualifications by the commissioner. If any of the minimum required professional staff are not immediately available, the commissioner may approve and make grants for the operation of the center, provided that the board and director can show evidence acceptable to the commissioner that they are making sincere, reasonable, and ongoing efforts to acquire such staff and show evidence of how the specialized functions of the required professionals are being met. The services being rendered by employed personnel shall be consistent with their professional discipline.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0050 COMMUNITY MENTAL HEALTH CLINIC.

Subpart 1. **Definitions.** A community mental health clinic is an agency which devotes, as its major service, at least two-thirds of its resources for outpatient mental health diagnosis, treatment, and consultation by a multidisciplinary professional mental health team. The multidisciplinary professional mental health team is qualified by special mental health training and experience and shall include as a minimum the services of each of the following:

A. a licensed physician, who has completed an approved residency program in psychiatry; and

B. a doctoral clinical, or counseling or health care psychologist who is licensed under Minnesota Statutes, sections 148.87 to 148.99; and one or both of the following:

C. a clinical social worker with a master's degree in social work from an accredited college or university; and/or

D. a clinical psychiatric nurse with a master's degree from an accredited college or university and is registered under Minnesota Statutes, section 148.171. The master's degree shall be in psychiatric nursing or a related psychiatric nursing program such as public health with a mental health major, maternal and child health with a mental health major.

Subp. 2. **Other members of multidisciplinary team.** The multidisciplinary team shall be sufficient in number to implement and operate the described program of the clinic. In addition to the above, this team should include other professionals, paraprofessionals and disciplines, particularly in the preventive and rehabilitative components of the program, subject to review and approval of job descriptions and qualifications by the commissioner.

Subp. 3. **Efforts to acquire staff.** If any of the minimum required professional staff are not immediately available, the commissioner may approve and make grants for the operation of the clinic, provided that the board and director can show evidence acceptable to the commissioner that they are making sincere, reasonable, and ongoing efforts to acquire such staff and evidence of how the specialized functions of the required professional positions are being met. The services being rendered by employed personnel shall be consistent with their professional discipline.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0060 ANNUAL PLAN AND BUDGET.

On or before the date designated by the commissioner, each year the chairman of the community mental health board or director of the community mental health program, provided for in Minnesota Statutes, section 245.62, shall submit an annual plan identifying program priorities in accordance with state grant-in-aid guidelines, and a budget on prescribed report forms for the next state fiscal year, together with the recommendations of the community mental health board, to the commissioner of human services for approval as provided

under Minnesota Statutes, section 245.63.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

9520.0070 FISCAL AFFILIATES.

Other providers of community mental health services may affiliate with the community mental health center and may be approved and eligible for state grant-in-aid funds. The state funding for other community mental health services shall be contingent upon appropriate inclusion in the center's community mental health plan for the continuum of community mental health services and conformity with the state's appropriate disability plan for mental health, mental retardation, or chemical dependency. Fiscal affiliates (funded contracting agencies) providing specialized services under contract must meet all rules and standards that apply to the services they are providing.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0080 OTHER REQUIRED REPORTS.

The program director of the community mental health program shall provide the commissioner of human services with such reports of program activities as the commissioner may require.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

9520.0090 FUNDING.

All state community mental health funding shall go directly to the community mental health board or to a human service board established pursuant to Laws of Minnesota 1975, chapter 402, which itself provides or contracts with another agency to provide the community mental health program. Such programs must meet the standards and rules for community mental health programs as enunciated in parts 9520.0010 to 9520.0230 in accordance with Laws of Minnesota 1975, chapter 402.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0100 OPERATION OF OTHER PROGRAMS.

When the governing authority of the community mental health program operates other programs, services, or activities, only the community mental health center program shall be subject to these parts.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0110 APPLICATIONS AND AGREEMENTS BY LOCAL COUNTIES.

New applications for state assistance or applications for renewal of support must be accompanied by an agreement executed by designated signatories on behalf of the participating counties that specifies the involved counties, the amount and source of local funds in each case, and the period of support. The local funds to be used to match state grant-in-aid must be assured in writing on Department of Human Services forms by the local funding authority(ies).

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

9520.0120 USE OF MATCHING FUNDS.

Funds utilized by the director as authorized by the community mental health board to match a state grant-in-aid must be available to that director for expenditures for the same general purpose as the state grant-in-aid funds.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0130 QUARTERLY REPORTS.

The director of the community mental health program shall, within 20 days after the end of the quarter, submit quarterly prescribed reports to the commissioner of human services (controller's office), containing all receipts, expenditures, and cash balance, subject to an annual audit by the commissioner or his/her designee.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

9520.0140 PAYMENTS.

Payments on approved grants will be made subsequent to the department's receipt of the program's quarterly reporting forms, unless the commissioner of human services has determined that funds allocated to a program are not needed for that program. Payments shall be in an amount of at least equal to the quarterly allocation minus any unexpended balance from the previous quarter providing this payment does not exceed the program grant award. In the event the program does not report within the prescribed time, the department will withhold the process of the program's payment until the next quarterly cycle.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

9520.0150 FEES.

No fees shall be charged until the director with approval of the community mental health board has established fee schedules for the services rendered and they have been submitted to the commissioner of human services at least two months prior to the effective date thereof and have been approved by him/her. All fees shall conform to the approved schedules, which are accessible to the public.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

9520.0160 SUPPLEMENTAL AWARDS.

The commissioner of human services may make supplemental awards to the community mental health boards.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

9520.0170 WITHDRAWAL OF FUNDS.

The commissioner of human services may withdraw funds from any program that is not administered in accordance with its approved plan and budget. Written notice of such intended action will be provided to the director and community mental health board. Opportunity for hearing before the commissioner or his/her designee shall be provided.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

9520.0180 BUDGET TRANSFERS.

Community mental health boards may make budget transfers within specified limits during any fiscal year without prior approval of the department. The specified limit which can be transferred in any fiscal year between program activity budgets shall be up to ten percent or up to $5,000 whichever is less. Transfers within an activity can be made into or out of line items with a specified limit of up to ten percent or up to $5,000 whichever is less. No line item can be increased or decreased by more than $5,000 or ten percent in a fiscal

year without prior approval of the commissioner. Transfers above the specified limits can be made with prior approval from the commissioner. All transfers within and into program budget activities and/or line items must have prior approval by the community mental health board and this approval must be reflected in the minutes of its meeting, it must be reported to the commissioner with the reasons therefor, including a statement of how the transfer will affect program objectives.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0190 BUDGET ADJUSTMENTS.

Budget adjustments made necessary by funding limitations shall be made by the commissioner and provided in writing to the director and board of the community mental health center.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0200 CENTER DIRECTOR.

Every community mental health board receiving state funds for a community mental health program shall have a center director, who is the full-time qualified professional staff member who serves as the executive officer. To be considered qualified, the individual must have professional training to at least the level of graduate degree in his/her clinical and/or administrative discipline, which is relevant to MH-MR-CD and a minimum of two years experience in community mental health programs. The center director is responsible for the planning/design, development, coordination, and evaluation of a comprehensive, area-wide program and for the overall administration of services operated by the board.

The center director shall be appointed by the community mental health board and shall be approved by the commissioner of human services.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

9520.0210 DEADLINE FOR APPROVAL OR DENIAL OF REQUEST FOR APPROVAL STATUS.

The commissioner shall approve or deny, in whole or in part, an application for state financial assistance within 90 days of receipt of the grant-in-aid application or by the beginning of the state fiscal year, whichever is the later.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0230 ADVISORY COMMITTEE.

Subpart 1. **Purpose.** To assist the community mental health board in meeting its responsibilities as described in Minnesota Statutes, section 245.68 and to provide opportunity for broad community representation necessary for effective comprehensive mental health, mental retardation, and chemical dependency program planning, each community mental health board shall appoint a separate advisory committee in at least the three disability areas of mental health, mental retardation, and chemical dependency.

Subp. 2. **Membership.** The advisory committees shall consist of residents of the geographic area served who are interested and knowledgeable in the area governed by such committee.

Subp. 3. **Nominations for membership.** Nominations for appointments as members of the advisory committees are to be made to the community mental health board from agencies, organizations, groups, and individuals within the area served by the community mental health center. Appointments to the advisory committees are made by the community mental health board.

Subp. 4. **Board member on committee.** One community mental health board member shall serve on each advisory committee.

Subp. 5. **Nonprovider members.** Each advisory committee shall have at least one-half of its membership composed of individuals who are not providers of services to the three disability groups.

Subp. 6. **Representative membership.** Membership of each advisory committee shall generally reflect the population distribution of the service delivery area of the community mental health center.

Subp. 7. **Chairperson appointed.** The community mental health board shall appoint a chairperson for each advisory committee. The chairperson shall not be a community mental health board member nor a staff member. The power to appoint the chairperson may be delegated by the community mental health board to the individual advisory committee.

Subp. 8. **Committee responsibility to board.** Each advisory committee shall be directly responsible to the community mental health board. Direct communication shall be effected and maintained through contact between the chairperson of the particular advisory committee, or his/her designee, and the chairperson of the community mental health board, or his/her designee.

Subp. 9. **Staff.** Staff shall be assigned by the director to serve the staffing needs of each advisory committee.

Subp. 10. **Study groups and task forces.** Each advisory committee may appoint study groups and task forces upon consultation with the community mental health board. It is strongly recommended that specific attention be given to the aging and children and youth populations.

Subp. 11. **Quarterly meetings required.** Each advisory committee shall meet at least quarterly.

Subp. 12. **Annual report required.** Each advisory committee must make a formal written and oral report on its work to the community mental health board at least annually.

Subp. 13. **Minutes.** Each advisory committee shall submit copies of minutes of their meetings to the community mental health board and to the Department of Human Services (respective disability group program divisions).

Subp. 14. **Duties of advisory committee.** The advisory committees shall be charged by the community mental health board with assisting in the identification of the community's needs for mentally ill/behaviorally disabled, mental retardation, and chemical dependency programs. The advisory committee also assists the community mental health board in determining priorities for the community programs. Based on the priorities, each advisory committee shall recommend to the community mental health board ways in which the limited available community resources (manpower, facilities, and finances) can be put to maximum and optimal use.

Subp. 15. **Recommendations.** The advisory committee recommendations made to the community mental health board shall be included as a separate section in the grant-in-aid request submitted to the Department of Human Services by the community mental health board.

Subp. 16. **Assessment of programs.** The advisory committees shall assist the community mental health board in assessing the programs carried on by the community mental health board, and make recommendations regarding the reordering of priorities and modifying of programs where necessary.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

COUNTY WELFARE BOARD ASSISTANCE TO PATIENTS RELEASED FROM STATE HOSPITALS FOR THE MENTALLY ILL

9520.0300 PURPOSE.

Parts 9520.0300 to 9520.0320 provide methods and procedures relating to county welfare board assistance to patients, committed or voluntary, for whom release from a state hospital for the mentally ill has been recommended.

Statutory Authority: *MS s 253A.21 subd 6*

NOTE: Minnesota Statutes, section 253A.21 was repealed by Laws of Minnesota 1982, chapter 581, section 25.

9520.0310 PATIENTS WITH RELATIVES.

If the patient has relatives, the hospital shall find out their ability and willingness to carry out a satisfactory release plan. The hospital may request, and the county welfare board shall give, assistance in making this determination. If the relatives are willing and able to carry out the release plan, the patient may be released to them; and the hospital shall notify the appropriate counties one week in advance of release, if practicable, or, in any event, within one week after release.

Statutory Authority: *MS s 253A.21 subd 6*

NOTE: Minnesota Statutes, section 253A.21 was repealed by Laws of Minnesota 1982, chapter 581, section 25.

9520.0320 PATIENTS WITHOUT RELATIVES.

If the patient has no relatives or if the patient's relatives are unable or unwilling to provide for all the needs of the patient:

A. The hospital shall, as early as necessary to make sound release plans, write to the appropriate counties describing the patient's circumstances and needs, and requesting the counties' services in meeting these needs when the patient is released.

B. The patient or his guardian of estate may apply for public assistance either before or after release from the institution.

C. The county welfare board of the county in which the hospital is located shall, on request, take the application for public assistance and obtain a social history and, upon consent of the medical director, such supporting data as are available from the hospital records and the patient.

D. When a patient is or will be in need of financial assistance upon release but is not eligible for, or requires assistance in addition to, Old Age Assistance, Aid to Families with Dependent Children, Aid to the Blind, Aid to the Disabled, or Medical Assistance, the county welfare board of the county of the patient's settlement for poor relief shall:

(1) in a county that operates under the county system of relief, ascertain the amount of need and provide general relief upon the release of the patient;

(2) in a county that operates under the township system of relief, ascertain the amount of need and pay necessary relief if the responsible political subdivision fails to do so upon the release of the patient.

E. When a patient is released from a state hospital and is in need of financial assistance but is not eligible for, or requires assistance in addition to, Old Age Assistance, Aid to Families with Dependent Children, Aid to the Blind, Aid to the Disabled, or Medical Assistance and there is a dispute about poor relief settlement or the patient has no poor relief settlement within this state, the county welfare board of the county of commitment or admission (voluntary) shall provide, on a temporary basis, the relief required by this rule, pending determination of settlement or acquisition of settlement by the patient within this state.

F. The county welfare board shall supervise the released patient and assist him in finding employment and suitable shelter and aid in his readjustment to the community. To carry out this function the county welfare board and the hospital shall collaborate in making release plans for the patient well in advance of his actual release.

G. The county welfare board shall maintain such records and make such reports about services and assistance to mentally ill persons as may be required by the commissioner of human services.

Statutory Authority: *MS s 253A.21 subd 6*

History: *L 1984 c 654 art 5 s 58*

NOTE: Minnesota Statutes, section 253A.21 was repealed by Laws of Minnesota 1982, chapter 581, section 25.

LICENSING OF RESIDENTIAL FACILITIES FOR ADULT MENTALLY ILL PERSONS

9520.0500 SCOPE.

Parts 9520.0500 to 9520.0690 apply to all providers offering residential care and program services to five or more adult mentally ill persons at one time for more than 30 days in any 12-month period and is based, in part, on Minnesota Statutes, section 245.782, subdivisions 6 and 9. These parts apply to mental health residential programs which are Category I programs as defined in part 9520.0510, subpart 4 and semi-independent or supportive group living programs which are Category II programs as defined in part 9520.0510, subpart 5. These parts apply to mental health residential programs for the adult mentally ill within state hospitals, and adult foster homes with five or more adult residents who are mentally ill. These entities must be licensed as either Category I or Category II.

Parts 9520.0500 to 9520.0690 do not apply to programs located within a licensed hospital, except state institutions under the control of the commissioner; nor does it apply to programs located within a licensed nursing home.

Statutory Authority: *MS s 245.781; 245.812*

9520.0510 DEFINITIONS.

Subpart 1. **Scope.** As used in parts 9520.0500 to 9520.0690, the following terms have the meanings given them.

Subp. 2. **Applicant.** "Applicant" means an individual, organization, association, partnership, corporation, or unit of a state institution which submits an application for licensure under parts 9520.0500 to 9520.0690.

Subp. 3. **Case management services.** "Case management services" means the arranging and coordinating of direct services for a resident with the involvement of the resident. These direct services include, but are not limited to: assuring a diagnosis, assessing the resident's strengths and weaknesses in order to determine the resident's needs, developing an individual treatment plan, and evaluating the plan's effectiveness.

Subp. 4. **Category I program.** "Category I program" means a mental health residential program which provides program services in which there is an emphasis on services being offered on a regular basis within the facility with the use of community resources being encouraged and practiced.

Subp. 5. **Category II program.** "Category II program" means a mental health residential program which provides either a transitional semi-independent living arrangement or a supervised group supportive living arrangement for mentally ill persons. This type of program offers a combination of in-house and community resource services with emphasis on securing community resources for most daily programming and employment.

Subp. 6. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or a duly authorized representative.

Subp. 7. **Community representative.** "Community representative" means an individual who represents citizens' interests and who is neither an employee or board member, nor has any other official affiliation with the mental health residential program.

Subp. 8. **Crisis services.** "Crisis services" means a set of activities designed to respond to medical, situational, and psychiatric emergencies.

Subp. 9. **Department.** "Department" means the Department of Human Services.

Subp. 10. **Full-time.** "Full-time" means work time equalling at least 37-1/2 hours per week.

Subp. 11. **Independent living skills training.** "Independent living skills training" means services which both emphasize development of an individual's skills required to perform increasingly independent daily living functions and which are appropriate to the needs of the individual.

Subp. 12. **Individual program plan.** "Individual program plan" or "individual treatment plan" means a written plan of intervention and treatment developed on the basis of assessment results and revised, if necessary, at certain intervals. The plan specifies goals and objectives and a means for their accomplishment, and also identifies responsible staff persons.

Subp. 13. **License.** "License" has the meaning given it in Minnesota Statutes, section 245.782, subdivision 11.

Subp. 14. **Living unit.** "Living unit" means a set of rooms which are physically self-contained, which have the defining walls extending from floor to ceiling, and which include bedrooms, living rooms or lounge areas, bathrooms, and connecting areas.

Subp. 15. **Mental health counselor.** "Mental health counselor" means an individual who, under the supervision of a mental health therapist or program director, provides treatment for mentally ill residents in a mental health residential program and who meets the requirements of part 9520.0660, subpart 8. The specific title of the individual employed in this position is at the discretion of the program as long as the title selection fairly reflects the responsibilities defined in parts 9520.0500 to 9520.0690 for a mental health counselor.

Subp. 16. **Mental health residential program or program.** "Mental health residential program" or "program" means a planned combination of living conditions, services, and resources for the treatment and rehabilitation of five or more mentally ill adults on a 24-hour per day basis.

Subp. 17. **Mental health therapist.** "Mental health therapist" means an individual skilled in providing mental health therapy in a mental health residential program and who meets the requirements of part 9520.0660, subpart 7. The specific title of the individual employed in this position is at the discretion of the program as long as the title selection fairly reflects the responsibilities defined in parts 9520.0500 to 9520.0690 for a mental health therapist.

Subp. 18. **Mental health therapy.** "Mental health therapy" means various treatment modalities which may reasonably be expected to improve the resident's condition.

Subp. 19. **Mental health worker.** "Mental health worker" means an individual who, under the supervision of a mental health counselor, mental health therapist, or program director, provides care, support, or assistance to mentally ill residents in a mental health residential program and who meets the requirements of part 9520.0660, subpart 9. Possible job titles for this staff position are resident manager, human services technician, independent living skills worker, and licensed practical nurse. The specific title of the individual employed in this position is at the discretion of the program as long as the title selection fairly reflects the responsibilities defined in parts 9520.0500 to 9520.0690 for a mental health worker.

Subp. 20. **Mentally ill person.** "Mentally ill person" means a person who has been diagnosed by a physician, a licensed psychologist, or a licensed consulting psychologist as having a condition which results in an inability to interpret the environment realistically and in impaired functioning in primary aspects of daily living such as personal relations, living arrangements, work, and

recreation; or which is listed in the International Classification of Diseases (ICD-9-CM), code range 290, 293-302.9 or 306-314.9, or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III), Axes I, II, or III.

Subp. 21. **Motivation and remotivation services.** "Motivation and remotivation services" means a set of activities which encourages the development of positive attitudes and self-concept, and which encourages the resident to develop goals and to use available community resources.

Subp. 22. **Program director.** "Program director" means a person who is responsible for the development and implementation of the mental health residential program and who meets the requirements of part 9520.0660, subpart 6.

Subp. 23. **Provisional license.** "Provisional license" has the meaning given it in Minnesota Statutes, section 245.782, subdivision 12.

Subp. 24. **Recreation and leisure time services.** "Recreation and leisure time services" means a set of activities designed both to meet a resident's personal and therapeutic needs of self-expression, social interaction, and entertainment, and to develop skills and interests that lead to enjoyable and satisfying use of leisure time. An objective of these services is the integration of residents into the recreational mainstream of the community.

Subp. 25. **Restraint.** "Restraint" means any physical device that limits the free and normal movement of body and limbs.

Subp. 26. **Seclusion.** "Seclusion" means involuntary removal into a separate room which prevents social contact with other persons.

Subp. 27. **Socialization services.** "Socialization services" means a set of activities in which residents learn interpersonal relationship and communication skills.

Subp. 28. **Social services.** "Social services" may include psychosocial evaluation; counseling based on social work problem-solving methods; activities designed to assist residents in dealing with tasks of daily living; utilization of community resources; psychotherapy for individuals, families, and groups; and education, planning, and advocacy for the social needs of residents.

Subp. 29. **Support group services.** "Support group services" means a group process designed to allow residents to participate with other individuals in sharing feelings, experiences, and constructive feedback.

Subp. 30. **Vocational services.** "Vocational services" means a set of activities emphasizing development of skills required to perform work functions in a competitive, semicompetitive, or volunteer work setting.

Statutory Authority: *MS s 245.781; 245.812*

History: *L 1984 c 654 art 5 s 58*

9520.0520 LICENSING PROCESS.

Subpart 1. **License required.** No mental health residential program shall operate in Minnesota unless it has a current and valid license or provisional license as required by Minnesota Statutes, sections 245.781 to 245.812.

Subp. 2. **Information furnished.** Upon written request, each individual, organization, or agency shall be furnished with a copy of parts 9520.0500 to 9520.0690 and other pertinent materials such as an application form and instructions for obtaining a license.

Subp. 3. **Application.** Persons interested in obtaining licensure under parts 9520.0500 to 9520.0690 shall submit to the commissioner an application on forms supplied by the department. The applicant shall either document compliance with all applicable building codes, fire and safety codes, health rules, zoning ordinances, and other applicable rules or submit documentation that appropriate variances have been granted.

Subp. 4. **Decision.** The commissioner shall make a decision on licensure after completion of the following steps: a review of the application, a visit to the program site, and interviews with staff and a sample of residents.

Subp. 5. **Fee.** Each applicant shall pay to the commissioner a nonrefundable fee not to exceed $150 for the costs of processing the license application. Information regarding the specific amount and the timing of the payment shall be made available to the applicant.

Subp. 6. **Renewals.** Application for renewal of a license shall be made on forms furnished by the department at least 30 days prior to the date of expiration of the license.

Statutory Authority: *MS s 245.781; 245.812*

9520.0530 LICENSE CHANGES; REPORT.

Any changes in the following areas shall be reported in writing to the department at least 20 days prior to the change:

A. a change in licensed capacity;
B. the location of the program;
C. a change in program director;
D. a change in ownership; or
E. major changes in programming.

Major changes in programming include such areas as a change in the target population or shifting from the internal provision of services to the external provision of services through a purchase of service contract. Changes in programming which do not have to be reported include such changes as the addition of staff, reassignment of staff, and establishing new groups.

Statutory Authority: *MS s 245.781; 245.812*

9520.0540 PROGRAM POLICY AND PROCEDURES MANUAL.

Each mental health residential program shall develop a written policy and procedures manual. The manual shall contain all materials required by parts 9520.0550 to 9520.0630. The manual shall be available for inspection by the department.

Statutory Authority: *MS s 245.781; 245.812*

9520.0550 STATEMENT OF PURPOSE AND POLICIES.

The manual shall contain a complete statement describing the mental health residential program's philosophy and goals. This statement shall include, but not be limited to, a description of:

A. the geographical area to be served;
B. the design and methodology of program services; and
C. the scope of services offered.

Statutory Authority: *MS s 245.781; 245.812*

9520.0560 PROGRAM ORGANIZATION AND ADMINISTRATION.

Subpart 1. **Advisory committee.** Each program shall have an advisory committee which provides for community representation and public participation in its operation. The advisory committee shall have a core group which comprises a quorum. The core group shall include at least one program resident, the facility's administrator, and a community representative. The advisory committee shall document the procedure whereby residents are assured access to the advisory committee. The committee shall meet at least quarterly. Minutes of the meetings shall be recorded and kept on file at the facility. Each program shall provide to the department a list of names and titles of the members of the advisory committee who are members at the time of submitting an application or renewal of a license under parts 9520.0500 to 9520.0690.

Subp. 2. **Governing body.** All programs shall have a governing body which is accountable for, and has authority over, the policies and activities of the program. In the case of a program owned by a proprietor or partnership, the proprietor or partners shall be regarded as the governing body for the purpose of this part. Each program shall provide to the department a list of names and titles of the members of its governing body.

Subp. 3. **Designated authority.** A program operating within Minnesota with headquarters outside of the state shall have a duly authorized representative with decision-making responsibility designated within this state.

Statutory Authority: *MS s 245.781; 245.812*

9520.0570 REQUIRED DOCUMENTATION AND REPORTS.

Subpart 1. **Insurance coverage.** Each program shall have written documentation of insurance coverage in an amount sufficient to protect the interests of residents and staff. Each program must document the specific types and amounts of coverage and the carrier or carriers.

Subp. 2. **Bonding.** Each program shall have written documentation that all employees are bonded or otherwise appropriately insured if they have access to or responsibility for handling money.

Subp. 3. **Financial information.** Each program shall make available to the commissioner an annual fee schedule. A new program shall document in writing a plan of funding sufficient to meet total projected program costs for a period of at least one year in addition to start-up costs.

Subp. 4. **Maintenance.** Each program shall document that the maintenance and upkeep of the facility is being done by staff hired by the program or through a written working agreement with an outside person or firm.

Subp. 5. **Nondiscrimination policy.** Each program shall have a written policy which requires that no resident be discriminated against in admission, termination, or the provision of program services on the basis of race, creed, color, national origin, religion, physical handicap, sexual preference, public assistance status, or marital status.

Subp. 6. **Vulnerable adults.** Each applicant shall document compliance with provisions of Minnesota Statutes, section 626.557.

Subp. 7. **Accident reports.** Each program shall have a written policy regarding accidents and missing persons. Each program shall maintain in central files at the facility reports regarding accidents or missing persons if the reports pertain to facility residents.

Subp. 8. **Annual comprehensive report.** Each program shall give a comprehensive annual report to its governing body, its advisory committee and to the host county. The report shall also be available to the commissioner. The report shall include documentation in at least the following areas:

A. a current organizational chart listing the number of full-time equivalent positions in each job class;

B. training, staff development, and continuing education activities of staff;

C. administrative policy and procedure changes;

D. program evaluation as required in part 9520.0580; and

E. a financial report.

Statutory Authority: *MS s 245.781; 245.812*

9520.0580 PROGRAM EVALUATION.

Subpart 1. **Process required.** Each program shall institute an evaluation process to be conducted on an ongoing basis. The evaluation process shall be outcome-based and consistent with the emphasis of parts 9520.0500 to 9520.0690 on individual treatment planning. In a format developed by the commissioner, the data and documentation required by subparts 2 to 4 shall be submitted to the commissioner on an annual, aggregate basis for statewide summaries and for planning the use of state resources.

Subp. 2. **General data.** Each program shall systematically collect data that includes, but need not be limited to: resident demographic data, program service data, and data on concurrent services. Each program shall submit the data to the host county for combination with follow-up data collected by county case workers.

Subp. 3. **Individual data.** Each program shall also, for the purpose of examining the program's impact, assess the progress of each resident relative to the resident's individual treatment plan. Progress shall be assessed by rating each resident within 30 days of admission and thereafter at the time of quarterly review on uniform level of functioning scales determined by the commissioner.

Subp. 4. **County technical assistance.** Each program shall collaborate with available county technical assistance staff to examine the evaluation results, to assess the overall progress of residents in the program, and to document how the results are used in administrative and program development.

Subp. 5. **Data restrictions.** Each program shall collect the statistical data described in this part for the purpose of program evaluation. The categories of data shall be compatible with the evaluation requirement of the Community Social Services Act, Minnesota Statutes, chapter 256E, and shall not require duplicate data collection. Dissemination shall be in accordance with provisions of the Minnesota Government Data Practices Act, Minnesota Statutes, sections 13.01 to 13.86, and all applicable federal rules or laws.

Statutory Authority: *MS s 245.781; 245.812*

9520.0590 PERSONNEL POLICIES AND PROCEDURES.

Subpart 1. **General requirements.** Each program shall have a written personnel policy and shall make a copy of it available to each employee upon employment and to the department for review. Personnel policies shall be carried out in accordance with affirmative action policies and equal employment opportunity regulations.

Subp. 2. **Job description.** The personnel policy shall contain job descriptions for each position specifying responsibilities, degree of authority to execute job responsibilities, standards of job performance, and qualifications.

Subp. 3. **Job evaluation.** The personnel policy shall provide for job performance evaluations conducted on a regular and ongoing basis with a written annual review. As part of the annual performance review, each staff member shall have a growth and development plan. Each program shall develop a policy and establish procedures for resident input into staff evaluations.

Subp. 4. **Conditions of employment.** The personnel policy shall describe the employees' conditions of employment, including their benefits, hours of work, methods of promotion, and the general conditions which constitute grounds for dismissal and suspension.

Subp. 5. **Organizational chart.** The personnel policy shall also include a chart or definition of organizational structure indicating lines of authority.

Subp. 6. **Grievance procedure.** The personnel policy shall describe a grievance procedure for use by staff. This procedure shall allow the aggrieved party to bring the grievance to the highest level of authority in the operation of the facility. A list of other community resources, such as the Health Facilities Complaint Office in the Department of Health, the Licensing Division in the

Department of Human Services, and the Department of Human Rights, shall be made available to staff by the facility.

Subp. 7. **Personnel data.** Program employee personnel data shall be accessible to the department.

Subp. 8. **Staff orientation.** The personnel policy shall include a program of orientation for all new staff and the orientation shall be based on a written plan. At a minimum, the plan of orientation shall provide for training related to the specific job functions for which the employee was hired, facility policies and procedures, and the needs of mentally ill persons.

Subp. 9. **Staff training.** The program shall have a staff development plan, including continuing education opportunities. The plan shall be reviewed annually. The plan shall be relevant to the facility's program and resident population. There shall be at least 15 hours of continuing education annually for each staff person working directly with mentally ill persons. The training shall include, but need not be limited to, the following areas:

A. first-aid training;

B. crisis intervention training for psychiatric emergencies;

C. problems and needs of mentally ill persons and their families;

D. community resources locally available to mentally ill adults;

E. psychotropic medications and their side effects;

F. resident rights;

G. cultural awareness training;

H. rules governing the operation of residential facilities for adult mentally ill persons;

I. staff stress or burnout; and

J. other topics, such as case management, individualized goal planning, chemical use and abuse, health and nutrition, and services for multiple disability residents.

Subp. 10. **Training for nondirect care staff.** Personnel of the program not referenced in parts 9520.0500 to 9520.0690 shall receive continuing education as appropriate to their role and function within the program.

Statutory Authority: *MS s 245.781; 245.812*

History: *L 1984 c 654 art 5 s 58*

9520.0600 PERSONNEL FILES.

Subpart 1. **Central training file.** The orientation and continuing education required by part 9520.0590 shall be documented by each program in a central training file. The file shall be available to the department for review. Documentation shall include, but need not be limited to: the date, the subject, the name of the person who conducted the training, the names of staff attending, and the number of hours attended.

Subp. 2. **Individual files.** Each program shall maintain a separate personnel file for each employee. The files shall be available to the department for review. Employees shall be able to review their own personnel files, subject to the provisions of the Minnesota Government Data Practices Act, Minnesota Statutes, sections 13.01 to 13.86. At a minimum, each file shall contain the following:

A. an application for employment or a resume;

B. verification of employee's credentials;

C. an annual job performance evaluation;

D. an annual growth and development plan;

E. documentation of orientation; and

F. a record of training and education activities during employment.

Statutory Authority: *MS s 245.781; 245.812*

9520.0610 ADMISSION, DISCHARGE, AND TRANSFER POLICIES.

Subpart 1. **Admission criteria.** Each program shall develop admission criteria delineating the types and characteristics of persons who can and cannot be served by the program. Intake policies and procedures shall be developed including the role of community resources.

Subp. 2. **Discharge and transfer policies.** Each program shall develop detailed discharge and transfer policies and procedures. The policies and procedures shall include:

A. a planned discharge or transfer conference with the resident, staff representatives, and others requested by the resident if possible;

B. identification of community resources which directly relate to the continuing needs of the resident; and

C. a description of the process by which a discharged or transferred resident would or would not have access to the staff and other residents in order to facilitate readjustment in the community.

Statutory Authority: *MS s 245.781; 245.812*

9520.0620 PROGRAM SERVICES.

The following services shall be offered either by the program or through a working agreement with other community resources:

A. case management services;

B. crisis services;

C. independent living skills training;

D. mental health therapy;

E. motivation and remotivation services;

F. recreation and leisure time services;

G. socialization services;

H. support group services;

I. social services;

J. vocational services; and

K. other services if their need is indicated by the resident assessment.

Statutory Authority: *MS s 245.781; 245.812*

9520.0630 POLICIES AND PROCEDURES GUARANTEEING RESIDENT RIGHTS.

Subpart 1. **Explanation of rights.** A written statement of residents' rights and responsibilities shall be developed encompassing subparts 2 to 11. Program staff shall explain to each resident the resident's rights and responsibilities. A written statement of residents' rights and responsibilities shall be given to each resident, and to his or her responsible party if the resident has a legal guardian, on admission. A list of residents' rights and responsibilities shall be posted in a place accessible to the residents and shall be available to the department for review.

Subp. 2. **Grievance procedure.** Upon admission each resident shall be informed of grievance procedures available to the resident, and a copy of the procedures shall be posted in a place accessible to the resident. The grievance procedures shall include the following:

A. an offer of assistance by the program staff in development and process of the grievance; and

B. a list of internal resources for use by the resident, such as the resident council or a grievance committee, and a list of community resources available to the resident, such as the health facilities complaint office in the Department of Health, the Licensing Division in the Department of Human Services, and the Department of Human Rights.

Subp. 3. **Resident council.** Each program shall have a resident council through which residents have an opportunity to express their feelings and thoughts about the program and to affect policies and procedures of the program. Minutes of council meetings shall be recorded and made available to the program director.

Subp. 4. **Personal funds policy.** Staff will not supervise the use of residents' personal funds or property, unless policies governing the supervision have been written and unless the resident has signed a consent form prior to the exercise of supervision indicating an awareness of and consent to procedures governing the use of the resident's personal funds. In order to encourage independent living skills, any restriction of a resident's personal funds must be documented in the individual treatment plan. Resident fund accounts shall be maintained separately from program fund accounts.

Subp. 5. **Resident compensation.** A resident who performs labor other than labor of a housekeeping nature shall be compensated appropriately and in compliance with applicable state and federal labor laws, including minimum wage and minimum wage reduction provisions. Labor of a housekeeping nature shall be limited to household chores which a person living in his or her own residence in the community would normally perform.

Subp. 6. **Physician appointments.** A resident shall be allowed to see his or her physician at any reasonable time.

Subp. 7. **Photographs of residents.** A resident shall not have his or her photograph taken for any purpose beyond identification unless he or she consents.

Subp. 8. **Telephone use.** Residents shall have access within the facility to a telephone for incoming, local outgoing, and emergency calls. They shall have access within the facility to a pay phone or its equivalent for outgoing long distance calls. Any restriction on resident access to telephones shall be documented in the individual treatment plan.

Subp. 9. **Mail.** Residents shall be allowed to receive and send uncensored mail. Any restrictions shall be documented in the individual treatment plan.

Subp. 10. **Restraints.** The facility shall have a written policy that defines the uses of restraint, seclusion, and crisis medications as a treatment mode; the staff members who may authorize its use; and a mechanism for monitoring and controlling its use. Physical restraint and seclusion shall be used only when absolutely necessary to protect the resident from injury to himself or to others. Restraint, seclusion, and medications shall not be used as punishment, for the convenience of staff, or as a substitute for a program.

Subp. 11. **Visitors.** Residents shall be allowed to receive visitors at reasonable times. They shall be allowed to receive visits at any time from their personal physician, religious advisor, and attorney. The right to receive visitors other than those specified above may be subject to reasonable written visiting rules and hours established by the head of the facility for all residents. The head of the facility may impose limitations on visits to an individual resident only if he or she finds the limitations are necessary for the welfare of the resident and if the limitation and reasons are fully documented in the resident's individual treatment plan.

Statutory Authority: *MS s 245.781; 245.812*

History: *L 1984 c 654 art 5 s 58*

9520.0640 RESIDENT RECORDS.

Subpart 1. **Individual program plan development.** The mental health residential program staff shall, within ten days after admission, write short-term goals with each resident in order to address the resident's immediate needs. The program staff shall, within 30 days of admission, write an individual program plan which contains the components specified in subpart 2. Medical, social, psychological, and psychiatric histories of the resident shall be used in the development of the plan. The plan shall be developed by an interdisciplinary team including the resident, the program staff, a representative of the referring agency and other appropriate resources, such as family, concerned others, and health care providers requested by the resident. Each resident shall be actively involved in developing his or her plan, unless contraindicated. The persons involved in the development of the individual program plan shall be noted on the plan. The extent of the resident's participation in developing the program plan shall also be noted on the plan. The plan and documentation related to it shall be kept in the facility where the mental health program is located.

Subp. 2. **Plan contents.** An individual program plan shall contain at least the following components:

A. an assessment, including a strength and need list, of the resident in at least the following areas of life: social, medical, legal, family, leisure and recreation, spiritual or religious, psychological, financial, vocational, and educational;

B. the specific problems to be resolved;

C. a list of goals in order of priority;

D. specific, measurable, and time-limited objectives which relate directly to the goals;

E. specific methods, strategies, and resources, including medications, to be used by the staff in assisting the resident to accomplish the goals and objectives;

F. the names of community resource personnel, program staff, or other persons designated to assist the resident in implementing the various components of the plan; and

G. notes indicating progress in achieving the goals and objectives.

Subp. 3. **Progress report.** A quarterly review of the resident's response to the individual treatment plan and his or her involvement in the facility's overall program shall be written. Copies of this report shall be given to the resident and shall be sent to the representative of the referring agency and other persons deemed appropriate by the program director and resident. The resident's level of participation in the development and the review of the report shall be documented. The report shall be kept at the facility.

Subp. 4. **Discharge or transfer summary.** A discharge or transfer summary shall be written for each person transferred or discharged. The summary shall include at least the following information:

A. a brief review of the resident's problems, strengths, and needs while a resident of the program;

B. the response of the resident to his or her individual treatment plan and to the facility's overall program;

C. an aftercare plan which identifies the persons, including at least the resident, a program staff member, and a representative of the referring agency, who participated in the development of the aftercare plan; goals and objectives for the first three months after discharge or transfer; and individuals or agencies who will be working with the resident after discharge or transfer; and

D. a forwarding address and telephone number for follow-up contacts.

Subp. 5. **Accidents and missing persons.** A copy of any report regarding accidents and missing persons must be documented in the individual's resident record if the resident is involved in the report.

Subp. 6. **Release of information.** Private data regarding a resident shall not be used or released by the facility to any person or agency, except pursuant to the Minnesota Government Data Practices Act. The facility shall use written consent forms for any release of resident information or data.

Statutory Authority: *MS s 245.781; 245.812*

9520.0650 LIVING UNIT REQUIREMENTS.

Subpart 1. **Furnishings.** Each living unit shall include furnishings appropriate to the psychological, emotional, and developmental needs of each resident.

Subp. 2. **Ratios.** For each program, there shall be one living room or lounge area per living unit for up to 25 residents.

Subp. 3. **Program space.** There shall be space available for program services as indicated in the individual treatment plans such as an area for learning recreation and leisure time skills, and an area for learning independent living skills, such as laundering and cooking.

Subp. 4. **Gender of residents.** The unit or complex of units shall house both male and female residents insofar as this conforms to prevailing cultural norms, unless contraindicated by the facility's overall program plan. The unit shall provide for appropriate separation of male and female residents.

Subp. 5. **Privacy.** The living unit shall allow for individual privacy and group socialization. Each resident shall have the opportunity for privacy during assessment, interviews, counseling sessions, and visitations.

Subp. 6. **Storage space.** Each facility shall provide to each resident storage space for clothing and other personal property, including a secure place for valuables. Each facility may exclude particular kinds of personal property from the facility for reasons of space limitations or safety. Any exclusions shall be documented and included in the policies and procedures manual of the facility.

Statutory Authority: *MS s 245.781; 245.812*

9520.0660 ADDITIONAL REQUIREMENTS FOR CATEGORY I PROGRAMS.

Subpart 1. **In general.** In addition to the requirements of parts 9520.0500 to 9520.0650, Category I programs shall meet the requirements of subparts 2 to 10.

Subp. 2. **Capacity.** Applicants with facilities existing as of July 1, 1980, with a capacity exceeding 25 beds, shall have a three-year grace period from the effective date of parts 9520.0500 to 9520.0690 to reduce capacity to 40 beds or fewer, or to divide the facility into living units which do not exceed 25 beds. Applicants with facilities existing as of July 1, 1980, with a capacity exceeding 25 beds per living unit, shall not increase the total capacity of the facility. New facilities shall not exceed a maximum capacity of 25 beds.

Subp. 3. **Department of Health licensing standards.** The facility shall be licensed as a supervised living facility, a boarding care home, or a hospital.

Subp. 4. **Intake information.** Each facility shall maintain in the facility documentation that:

A. a prospective resident has been diagnosed as being mentally ill and requires treatment;

B. the diagnoses are based on medical, social, psychological, and psychiatric information; and

C. medical, social, psychological, and psychiatric histories were obtained for each resident.

Subp. 5. **Administrator.** An individual shall be designated as administrator of the mental health residential program. The administrator shall be responsible for continuous overall operation, including maintenance and upkeep of the facility. In the administrator's absence, a staff member who is familiar with operations of the organization shall be designated to assume the responsibilities of the administrator. An individual who is functioning as administrator but not as program director shall meet qualifications determined by the governing body which are consistent with the training and education needed to meet the stated goals of the program.

Subp. 6. **Program director.** An individual shall be designated as the program director. The positions of program director and administrator may be filled by the same person. This individual shall meet at least the following qualifications:

A. a master's degree in the behavioral sciences or related field with at least two years of work experience providing services to mentally ill persons, or a bachelor's degree in the behavioral sciences or related field with a minimum of four years of work experience providing services to mentally ill persons; and

B. one year of experience or training in administration or supervision.

Subp. 7. **Mental health therapist.** If mental health therapy is provided within the mental health residential program, a mental health therapist shall be hired. Persons employed as mental health therapists prior to the effective date of parts 9520.0500 to 9520.0690 shall not be required to meet the qualifications of items A and B. Persons employed as mental health therapists after the effective date of parts 9520.0500 to 9520.0690 shall be required to meet the qualifications of items A and B. The mental health therapist shall be qualified in at least the following ways:

A. a bachelor's degree; and

B. a master's degree in the behavioral sciences or related field or two years of advanced level, certificate training in mental health therapy.

Subp. 8. **Mental health counselors.** If program services other than mental health therapy are provided within the mental health residential program, they shall be provided by mental health counselors or mental health workers, or both. Persons employed as mental health counselors prior to the effective date of parts 9520.0500 to 9520.0690 shall not be required to meet any specific education requirements. Persons employed as mental health counselors after the effective date of parts 9520.0500 to 9520.0690 shall have at least an Associate of Arts degree in one of the behavioral sciences or a related field or a registered nurse degree.

Subp. 9. **Mental health workers.** Persons employed as mental health workers after the effective date of parts 9520.0500 to 9520.0690 shall meet the qualifications as determined by the governing body to be consistent with those needed to meet the stated goals of the program.

Subp. 10. **Staffing ratios.** The program shall have sufficient staff to provide the required program services and implement the individual program plans. Staffing patterns shall be developed to ensure 24-hour coverage within the mental health residential program and to reflect the need for more staff per number of residents during hours of concentrated programming. The hours of the day devoted to concentrated programming shall be identified. The following minimum staff-to-resident ratios shall be maintained. The requirements of item B represent full-time equivalencies and may be prorated based on licensed resident capacity.

A. The number of work hours performed by the program director shall be prorated based on resident capacity with a ratio of 40 hours per week to 40 residents. With this ratio, applicants shall be allowed to use one program director to direct more than one program and shall be allowed to use one full-time program director for programs with less than a 40-bed resident capacity.

With this ratio, applicants shall not be required to have more than one full-time program director for programs with more than a 40-bed resident capacity. However, applicants or programs with more than a 40-bed capacity shall describe whatever additional assistance they intend to provide for the program director function.

B. The number of work hours performed by the mental health therapist and mental health counselor and mental health worker may be combined in different ways, depending on program needs, to achieve a ratio of one full-time equivalent position for each five residents (1:5 FTE, averaged weekly). When the work hours are combined, the facility shall have written documentation that supervision is provided.

Statutory Authority: *MS s 245.781; 245.812*

9520.0670 ADDITIONAL REQUIREMENTS FOR CATEGORY II PROGRAMS.

Subpart 1. **In general.** In addition to the requirements of parts 9520.0500 to 9520.0650, Category II programs shall meet the requirements of subparts 2 to 9.

Subp. 2. **Capacity.** Facilities existing as of July 1, 1980, with a capacity exceeding 25 beds shall have a three-year period from the effective date of parts 9520.0500 to 9520.0690 to divide the facility into living units which do not exceed 25 beds. Facilities existing as of July 1, 1980, with a capacity exceeding 25 beds per living unit shall not increase the total capacity of the facility. New facilities shall not exceed a maximum capacity of 25 beds.

Subp. 3. **Department of Health licensing standards.** The facility shall have a board and lodging license from the Minnesota Department of Health or its equivalent from a local health department or a health care license.

Subp. 4. **Intake information.** Each facility shall maintain in the facility documentation that:

A. a mental health assessment or reassessment has been completed to determine appropriateness of admission; and

B. medical, social, psychological, and psychiatric histories were obtained for each resident.

Subp. 5. **Medical information.** Each program with a board and lodging license shall require that a physical exam be done 30 days prior to admission or within three days following admission. Each resident shall have an annual physical and dental examination. Records shall be kept of annual medical and dental examinations, including records on all prescription medications the resident is taking. Records shall also be maintained regarding the general medical condition of the resident, including any disabilities and limitations.

Subp. 6. **Administrator.** An individual shall be designated as administrator of the mental health residential program. The administrator shall be responsible for continuous overall operation, including maintenance and upkeep of the facility. In the administrator's absence, a staff member who is familiar with operations of the organization shall be designated to assume the responsibilities of the administrator. An individual who is functioning as administrator but not as program director shall meet qualifications determined by the governing body which are consistent with the training and education needed to meet the stated goals of the program.

Subp. 7. **Program director.** An individual shall be designated as the program director. The positions of program director and administrator may be filled by the same person. This individual shall meet at least the following qualifications:

A. a master's degree in the behavioral sciences or related field and at least one year of work experience providing services to mentally ill persons, or a bachelor's degree in behavioral sciences or related field with a minimum of two years' work experience providing services to mentally ill persons; and

B. one year of experience or training in administration or supervision.

Subp. 8. **Mental health therapists, counselors, and workers.** If program services are offered within the facility, they shall be provided by mental health therapists, mental health counselors, or mental health workers. The minimum qualifications for these positions shall be consistent with those of Category I specified in part 9520.0660, subparts 7 to 9.

Subp. 9. **Staffing ratios.** The facility shall have sufficient staff to provide the required program services and implement the individual program plans. Staffing patterns shall be developed to ensure 24-hour coverage within the mental health residential program and to reflect the need for more staff per number of residents during hours of concentrated programming. The hours of the day devoted to concentrated programming shall be identified. The following minimum staff-to-resident ratios shall be maintained. The requirement of item B represents a full-time equivalency and may be prorated based on licensed resident capacity.

A. The number of work hours performed by the program director shall be prorated based on resident capacity with the ratio of 40 hours per week to 40 residents. With this ratio, applicants shall be allowed to use one program director to direct more than one program and shall be allowed to use one full-time program director for programs with less than a 40-bed resident capacity. With this ratio, applicants shall not be required to have more than one full-time program director for programs with more than a 40-bed resident capacity. However, applicants or programs with more than a 40-bed capacity shall describe whatever additional assistance they intend to provide for the program director function.

B. The number of work hours performed by the mental health therapist, mental health counselor, and mental health worker may be combined to achieve a ratio of one full-time equivalent staff position for each ten residents (1:10 FTE, averaged weekly). When the work hours are combined, the facility shall have written documentation that supervision is provided.

Statutory Authority: *MS s 245.781; 245.812*

9520.0680 VARIANCES.

A residential program may request in writing a variance of a specific provision of parts 9520.0500 to 9520.0690. The request for a variance must cite the specification of the rule in question; reasons for requesting the variance; the period of time, not to exceed one year, the licensee wishes to have the provision varied; and the equivalent measures planned for assuring that programmatic needs of residents are met. Variances granted by the commissioner shall specify in writing the time limitation and required equivalent measures to be taken to assure that programmatic needs are met. The commissioner shall specify in writing the reasons for the denial of a variance. No variance shall be granted that would threaten the health, safety, or rights of residents.

Statutory Authority: *MS s 245.781; 245.812*

9520.0690 APPEALS.

Revocation, suspension, or denial of a license may be appealed pursuant to Minnesota Statutes, chapter 14.

Statutory Authority: *MS s 245.781; 245.812*

MENTAL HEALTH CENTER AND MENTAL HEALTH CLINIC STANDARDS

9520.0750 PURPOSE.

Parts 9520.0750 to 9520.0870 establish standards for approval of mental health centers and mental health clinics for purposes of insurance and subscriber contract reimbursement under Minnesota Statutes, section 62A.152.

Statutory Authority: *MS s 245.69 subd 2*

9520.0760 DEFINITIONS.

Subpart 1. **Scope.** As used in parts 9520.0760 to 9520.0870, the following terms have the meanings given them.

Subp. 2. **Application.** "Application" means the formal statement by a center to the commissioner, on the forms created for this purpose, requesting recognition as meeting the requirements of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 3. **Approval.** "Approval" means the determination by the commissioner that the applicant center has met the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870, and is therefore eligible to claim reimbursement for outpatient clinical services under the terms of Minnesota Statutes, section 62A.152. Approval of a center under these parts does not mean approval of a multidisciplinary staff person of such center to claim reimbursement from medical assistance or other third party payors when practicing privately. Approval of a center under these parts does not mean approval of such center to claim reimbursement from medical assistance.

Subp. 4. **Case review.** "Case review" means a consultation process thoroughly examining a client's condition and treatment. It includes review of the client's reason for seeking treatment, diagnosis and assessment, and the individual treatment plan; review of the appropriateness, duration, and outcome of treatment provided; and treatment recommendations.

Subp. 5. **Center.** "Center" means a public or private health and human services facility which provides clinical services in the treatment of mental illness. It is an abbreviated term used in place of "mental health center" or "mental health clinic" throughout parts 9520.0750 to 9520.0870.

Subp. 6. **Client.** "Client" means a person accepted by the center to receive clinical services in the diagnosis and treatment of mental illness.

Subp. 7. **Clinical services.** "Clinical services" means services provided to a client to diagnose, describe, predict, and explain that client's status relative to a disabling condition or problem, and where necessary, to treat the client to reduce impairment due to that condition. Clinical services also include individual treatment planning, case review, record keeping required for treatment, peer review, and supervision.

Subp. 8. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Human Services or a designated representative.

Subp. 9. **Competent.** "Competent" means having sufficient knowledge of and proficiency in a specific mental illness assessment or treatment service, technique, method, or procedure, documented by experience, education, training, and certification, to be able to provide it to a client with little or no supervision.

Subp. 10. **Consultation.** "Consultation" means the process of deliberating or conferring between multidisciplinary staff regarding a client and the client's treatment.

Subp. 11. **Deferral.** "Deferral" means the determination by the commissioner that the applicant center does not meet the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 and is not approved, but is granted a period of time to comply with these standards and receive a second review without reapplication.

Subp. 12. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 13. **Disapproval or withdrawal of approval.** "Disapproval" or "withdrawal of approval" means a determination by the commissioner that the applicant center does not meet the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 14. **Discipline.** "Discipline" means a branch of professional knowledge or skill acquired through a specific course of study and training and usually documented by a specific educational degree or certification of proficiency. Examples of the mental health disciplines include but are not limited to psychiatry, psychology, clinical social work, and psychiatric nursing.

Subp. 15. **Documentation.** "Documentation" means the automatically or manually produced and maintained evidence that can be read by person or machine, and that will attest to the compliance with requirements of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 16. **Individual treatment plan.** "Individual treatment plan" means a written plan of intervention and treatment developed on the basis of assessment results for a specific client, and updated as necessary. The plan specifies the goals and objectives in measurable terms, states the treatment strategy, and identifies responsibilities of multidisciplinary staff.

Subp. 17. **Mental health practitioner.** "Mental health practitioner" means a staff person providing clinical services in the treatment of mental illness who is qualified in at least one of the following ways:

A. by having a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and 2,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness;

B. by having 6,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness;

C. by being a graduate student in one of the behavioral sciences or related fields formally assigned to the center for clinical training by an accredited college or university; or

D. by having a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university.

Documentation of compliance with part 9520.0800, subpart 4, item B is required for designation of work as supervised experience in the delivery of clinical services. Documentation of the accreditation of a college or university shall be a listing in Accredited Institutions of Post-Secondary Education Programs, Candidates for the year the degree was issued. The master's degree in behavioral sciences or related fields shall include a minimum of 28 semester hours of graduate course credit in mental health theory and supervised clinical training, as documented by an official transcript.

Subp. 18. **Mental health professional.** "Mental health professional" means a staff person providing clinical services in the treatment of mental illness who is qualified in at least one of the following ways:

A. in psychiatric nursing: a registered nurse with either a master's degree in one of the behavioral sciences or related fields from an accredited college or university, or its equivalent, who is licensed under Minnesota Statutes, sections 148.171 to 148.285, with at least 4,000 hours of post master's supervised experience in the delivery of clinical services in the treatment of mental illness;

B. in clinical social work: a person with either a master's degree in social work from an accredited college or university, or its equivalent, with at least 4,000 hours of post master's supervised experience in the delivery of clinical services in the treatment of mental illness;

C. in psychology: a psychologist licensed under Minnesota Statutes, sections 148.88 to 148.98, who has stated to the Board of Psychology competencies in the diagnosis and treatment of mental illness;

D. in psychiatry: a physician licensed under Minnesota Statutes, chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry; and

E. in allied fields: a person with either a master's degree from an accredited college or university in one of the behavioral sciences or related fields, or its equivalent, with at least 4,000 hours of post master's supervised experience in the delivery of clinical services in the treatment of mental illness.

Documentation of compliance with part 9520.0800, subpart 4, item B is required for designation of work as supervised experience in the delivery of clinical services. Documentation of the accreditation of a college or university shall be a listing in Accredited Institutions of Post-secondary Education, Programs, Candidates for the year the degree was issued. The master's degree in social work, behavioral sciences or related fields or its equivalent shall include a minimum of 28 semester hours of graduate course credit in mental health theory and supervised clinical training as documented by an official transcript.

Subp. 19. **Mental illness.** "Mental illness" means a condition which results in an inability to interpret the environment realistically and in impaired functioning in primary aspects of daily living such as personal relations, living arrangements, work, and recreation, and which is listed in the clinical manual of the International Classification of Diseases (ICD-9-CM), Ninth Revision (1980), code range 290.0-302.99 or 306.0-316, or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III), Third Edition (1980), Axes I, II or III. These publications are available from the state law library.

Subp. 20. **Multidisciplinary staff.** "Multidisciplinary staff" means the mental health professionals and mental health practitioners employed by or under contract to the center to provide outpatient clinical services in the treatment of mental illness.

Subp. 21. **Serious violations of policies and procedures.** "Serious violations of policies and procedures" means a violation which threatens the health, safety, or rights of clients or center staff; the repeated nonadherence to center policies and procedures; and the nonadherence to center policies and procedures which result in noncompliance with Minnesota Statutes, section 245.69, subdivision 2 and parts 9520.0760 to 9520.0870.

Subp. 22. **Treatment strategy.** "Treatment strategy" means the particular form of service delivery or intervention which specifically addresses the client's characteristics and mental illness, and describes the process for achievement of individual treatment plan goals.

Statutory Authority: *MS s 245.69 subd 2*

History: *L 1984 c 654 art 5 s 58*

9520.0770 ORGANIZATIONAL STRUCTURE OF CENTER.

Subpart 1. **Basic unit.** The center or the facility of which it is a unit shall be legally constituted as a partnership, corporation, or government agency. The center shall be either the entire facility or a clearly identified unit within the facility which is administratively and clinically separate from the rest of the facility. All business shall be conducted in the name of the center or facility, except medical assistance billing by individually-enrolled providers when the center is not enrolled.

Subp. 2. **Purpose, services.** The center shall document that the prevention, diagnosis, and treatment of mental illness are the main purposes of the center. If the center is a unit within a facility, the rest of the facility shall not provide

clinical services in the outpatient treatment of mental illness. The facility may provide services other than clinical services in the treatment of mental illness, including medical services, chemical dependency services, social services, training, and education. The provision of these additional services is not reviewed in granting approval to the center under parts 9520.0760 to 9520.0870.

Subp. 3. **Governing body.** The center shall have a governing body. The governing body shall provide written documentation of its source of authority. The governing body shall be legally responsible for the implementation of the standards set forth in Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 through the establishment of written policy and procedures.

Subp. 4. **Chart or statement of organization.** The center shall have an organizational chart or statement which specifies the relationships among the governing body, any administrative and support staff, mental health professional staff, and mental health practitioner staff; their respective areas of responsibility; the lines of authority involved; the formal liaison between administrative and clinical staff; and the relationship of the center to the rest of the facility and any additional services provided.

Statutory Authority: *MS s 245.69 subd 2*

9520.0780 SECONDARY LOCATIONS.

Subpart 1. **Main and satellite offices.** The center shall notify the commissioner of all center locations. If there is more than one center location, the center shall designate one as the main office and all secondary locations as satellite offices. The main office as a unit and the center as a whole shall be in compliance with part 9520.0810. The main office shall function as the center records and documentation storage area and house most administrative functions for the center. Each satellite office shall:

A. be included as a part of the legally constituted entity;

B. adhere to the same clinical and administrative policies and procedures as the main office;

C. operate under the authority of the center's governing body;

D. store all center records and the client records of terminated clients at the main office;

E. ensure that a mental health professional is at the satellite office and competent to supervise and intervene in the clinical services provided there, whenever the satellite office is open;

F. ensure that its multidisciplinary staff have access to and interact with main center staff for consultation, supervision, and peer review; and

G. ensure that clients have access to all clinical services provided in the treatment of mental illness and the multidisciplinary staff of the center.

Subp. 2. **Noncompliance.** If the commissioner determines that a secondary location is not in compliance with subpart 1, it is not a satellite office. Outpatient clinical services in the treatment of mental illness delivered by the center or facility of which it is a unit shall cease at that location, or the application shall be disapproved.

Statutory Authority: *MS s 245.69 subd 2*

9520.0790 MINIMUM TREATMENT STANDARDS.

Subpart 1. **Multidisciplinary approach.** The center shall document that services are provided in a multidisciplinary manner. That documentation shall include evidence that staff interact in providing clinical services, that the services provided to a client involve all needed disciplines represented on the center staff, and that staff participate in case review and consultation procedures as described in subpart 6.

Subp. 2. **Intake and case assignment.** The center shall establish an intake or admission procedure which outlines the intake process, including the determination of the appropriateness of accepting a person as a client by reviewing the client's condition and need for treatment, the clinical services offered by the center, and other available resources. The center shall document that case assignment for assessment, diagnosis, and treatment is made to a multidisciplinary staff person who is competent in the service, in the recommended treatment strategy and in treating the individual client characteristics. Responsibility for each case shall remain with a mental health professional.

Subp. 3. **Assessment and diagnostic process.** The center shall establish an assessment and diagnostic process that determines the client's condition and need for clinical services. The assessment of each client shall include clinical consideration of the client's general physical, medical, developmental, family, social, psychiatric, and psychological history and current condition. The diagnostic statement shall include the diagnosis based on the codes in the International Classification of Diseases or the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and refer to the pertinent assessment data. The diagnosis shall be by or under the supervision of and signed by a psychiatrist or licensed consulting psychologist, or by and signed by a licensed psychologist.

Subp. 4. **Treatment planning.** The individual treatment plan, based upon a diagnostic assessment of mental illness, shall be jointly developed by the client and the mental health professional. This planning procedure shall ensure that the client has been informed in the following areas: assessment of the client condition; treatment alternatives; possible outcomes and side effects of treatment; treatment recommendations; approximate length, cost, and hoped-for outcome of treatment; the client's rights and responsibilities in implementation of the individual treatment plan; staff rights and responsibilities in the treatment process; the Government Data Practices Act; and procedures for reporting grievances and alleged violation of client rights. If the client is considering chemotherapy, hospitalization, or other medical treatment, the appropriate medical staff person shall inform the client of the treatment alternatives, the effects of the medical procedures, and possible side effects. Clinical services shall be appropriate to the condition, age, sex, socioeconomic, and ethnic background of the client, and provided in the least restrictive manner. Clinical services shall be provided according to the individual treatment plan and existing professional codes of ethics.

Subp. 5. **Client record.** The center shall maintain a client record for each client. The record must document the assessment process, the development and updating of the treatment plan, the treatment provided and observed client behaviors and response to treatment, and serve as data for the review and evaluation of the treatment provided to a client. The record shall include:

A. a statement of the client's reason for seeking treatment;

B. a record of the assessment process and assessment data;

C. the initial diagnosis based upon the assessment data;

D. the individual treatment plan;

E. a record of all medication prescribed or administered by multidisciplinary staff;

F. documentation of services received by the client, including consultation and progress notes;

G. when necessary, the client's authorization to release private information, and client information obtained from outside sources;

H. at the closing of the case, a statement of the reason for termination, current client condition, and the treatment outcome; and

I. correspondence and other necessary information.

Subp. 6. **Consultation; case review.** The center shall establish standards for case review and encourage the ongoing consultation among multidisciplinary staff. The multidisciplinary staff shall attend staff meetings at least twice monthly for a minimum of four hours per month, or a minimum of two hours per month if the multidisciplinary staff person provides clinical services in the treatment of mental illness less than 15 hours per week. The purpose of these meetings shall be case review and consultation. Written minutes of the meeting shall be maintained at the center for at least three years after the meeting.

Subp. 7. **Referrals.** If the necessary treatment or the treatment desired by the client is not available at the center, the center shall facilitate appropriate referrals. The multidisciplinary staff person shall discuss with the client the reason for the referral, potential treatment resources, and what the process will involve. The staff person shall assist in the process to ensure continuity of the planned treatment.

Subp. 8. **Emergency service.** The center shall ensure that clinical services to treat mental illness are available to clients on an emergency basis.

Subp. 9. **Access to hospital.** The center shall document that it has access to hospital admission for psychiatric inpatient care, and shall provide that access when needed by a client. This requirement for access does not require direct hospital admission privileges on the part of qualified multidisciplinary staff.

Statutory Authority: *MS s 245.69 subd 2*

9520.0800 MINIMUM QUALITY ASSURANCE STANDARDS.

Subpart 1. **Policies and procedures.** The center shall develop written policies and procedures and shall document the implementation of these policies and procedures for each treatment standard and each quality assurance standard in subparts 2 to 7. The policies shall be approved by the governing body. The procedures shall indicate what actions or accomplishments are to be performed, who is responsible for each action, and any documentation or required forms. Multidisciplinary staff shall have access to a copy of the policies and procedures at all times.

Subp. 2. **Peer review.** The center shall have a multidisciplinary peer review system to assess the manner in which multidisciplinary staff provide clinical services in the treatment of mental illness. Peer review shall include the examination of clinical services to determine if the treatment provided was effective, necessary, and sufficient and of client records to determine if the recorded information is necessary and sufficient. The system shall ensure review of a randomly selected sample of five percent or six cases, whichever is less, of the annual caseload of each mental health professional by other mental health professional staff. Peer review findings shall be discussed with staff involved in the case and followed up by any necessary corrective action. Peer review records shall be maintained at the center.

Subp. 3. **Internal utilization review.** The center shall have a system of internal utilization review to examine the quality and efficiency of resource usage and clinical service delivery. The center shall develop and carry out a review procedure consistent with its size and organization which includes collection or review of information, analysis or interpretation of information, and application of findings to center operations. The review procedure shall minimally include, within any three year period of time, review of the appropriateness of intake, the provision of certain patterns of services, and the duration of treatment. Criteria may be established for treatment length and the provision of services for certain client conditions. Utilization review records shall be maintained, with an annual report to the governing body for applicability of findings to center operations.

Subp. 4. **Staff supervision.** Staff supervision:

A. The center shall have a clinical evaluation and supervision procedure which identifies each multidisciplinary staff person's areas of competence and documents that each multidisciplinary staff person receives the guidance and support needed to provide clinical services for the treatment of mental illness in the areas they are permitted to practice.

B. A mental health professional shall be responsible for the supervision of the mental health practitioner, including approval of the individual treatment plan and bimonthly case review of every client receiving clinical services from the practitioner. This supervision shall include a minimum of one hour of face-to-face, client-specific supervisory contact for each 40 hours of clinical services in the treatment of mental illness provided by the practitioner.

Subp. 5. **Continuing education.** The center shall require that each multidisciplinary staff person attend a minimum of 36 clock hours every two years of academic or practical course work and training. This education shall augment job-related knowledge, understanding, and skills to update or enhance staff competencies in the delivery of clinical services to treat mental illness.

Subp. 6. **Violations of standards.** The center shall have procedures for the reporting and investigating of alleged unethical, illegal, or grossly negligent acts, and of the serious violation of written policies and procedures. The center shall document that the reported behaviors have been reviewed and that responsible disciplinary or corrective action has been taken if the behavior was substantiated. The procedures shall address both client and staff reporting of complaints or grievances regarding center procedures, staff, and services. Clients and staff shall be informed they may file the complaint with the department if it was not resolved to mutual satisfaction. The center shall have procedures for the reporting of suspected abuse or neglect of clients, in accordance with Minnesota Statutes, sections 611A.32, subdivision 5; 626.556; and 626.557.

Subp. 7. **Data classification.** Client information compiled by the center, including client records and minutes of case review and consultation meetings, shall be protected as private data under the Minnesota Government Data Practices Act.

Statutory Authority: *MS s 245.69 subd 2*

9520.0810 MINIMUM STAFFING STANDARDS.

Subpart 1. **Required staff.** Required staff:

A. The multidisciplinary staff of a center shall consist of at least four mental health professionals. At least two of the mental health professionals shall each be employed or under contract for a minimum of 35 hours a week by the center. Those two professionals shall be of different disciplines and shall be either a clinical social worker, psychiatric nurse, psychologist, or a psychiatrist.

B. The mental health professional staff shall include a psychiatrist and a licensed consulting psychologist.

C. The mental health professional staff shall include either a clinical social worker or a psychiatric nurse.

D. The mental health professional employed or under contract to the center to meet a requirement of item B or C shall be at the main office of the center and providing clinical services in the treatment of mental illness at least eight hours every two weeks. The center shall employ or contract with the professionals required in item B so that these professionals together comprise ten percent of the full-time equivalent multidisciplinary staff time spent in clinical services to ensure and document their ongoing presence and availability in the provision of clinical services. The center shall employ or contract with the professionals required in item C so that each professional comprises five percent

of the full-time equivalent multidisciplinary staff time spent in clinical services, or 35 hours, whichever is less, to ensure and document their ongoing presence and availability in the provision of clinical services.

Subp. 2. **Additional staff; staffing balance.** Additional mental health professional staff may be employed by or under contract to the center provided that no single mental health discipline or combination of allied fields shall comprise more than 60 percent of the full-time equivalent mental health professional staff. This provision does not apply to a center with fewer than six full-time equivalent mental health professional staff. Mental health practitioners may also be employed by or under contract to a center to provide clinical services for the treatment of mental illness in their documented area of competence. Mental health practitioners shall not comprise more than 25 percent of the full-time equivalent multidisciplinary staff. In determination of full-time equivalence, only time spent in clinical services for the treatment of mental illness shall be considered.

Subp. 3. **Multidisciplinary staff records.** The center shall maintain records sufficient to document that the center has determined and verified the clinical service qualifications of each multidisciplinary staff person, and sufficient to document each multidisciplinary staff person's terms of employment.

Subp. 4. **Credentialed occupations.** The center shall adhere to the qualifications and standards specified by rule for any human service occupation credentialed under Minnesota Statutes, section 214.13 and employed by or under contract to the center.

Statutory Authority: *MS s 245.69 subd 2*

9520.0820 APPLICATION PROCEDURES.

Subpart 1. **Form.** A facility seeking approval as a center for insurance reimbursement of its outpatient clinical services in treatment of mental illness must make formal application to the commissioner for such approval. The application form for this purpose may be obtained from the Mental Illness Program Division of the department. The application form shall require only information which is required by statute or rule, and shall require the applicant center to explain and provide documentation of compliance with the minimum standards in Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 2. **Fee.** Each application shall be accompanied by payment of the nonrefundable application fee. The fee shall be established and adjusted in accordance with Minnesota Statutes, section 16A.128 to cover the costs to the department in implementing Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 3. **Completed application.** The application is considered complete on the date the application fee and all information required in the application form are received by the department.

Subp. 4. **Coordinator.** The center shall designate in the application a mental health professional as the coordinator for issues surrounding compliance with parts 9520.0760 to 9520.0870.

Statutory Authority: *MS s 245.69 subd 2*

9520.0830 REVIEW OF APPLICANT CENTERS.

Subpart 1. **Site visit.** The formal review shall begin after the completed application has been received, and shall include an examination of the written application and a visit to the center. The applicant center shall be offered a choice of site visit dates, with at least one date falling within 60 days of the date on which the department receives the complete application. The site visit shall

include interviews with multidisciplinary staff and examination of a random sample of client records, consultation minutes, quality assurance reports, and multidisciplinary staff records.

Subp. 2. **Documentation.** If implementation of a procedure is too recent to be reliably documented, a written statement of the planned implementation shall be accepted as documentation on the initial application. The evidence of licensure or accreditation through another regulating body shall be accepted as documentation of a specific procedure when the required minimum standard of that body is the same or higher than a specific provision of parts 9520.0760 to 9520.0870.

Statutory Authority: *MS s 245.69 subd 2*

9520.0840 DECISION ON APPLICATION.

Subpart 1. **Written report.** Upon completion of the site visit, a report shall be written. The report shall include a statement of findings, a recommendation to approve, defer, or disapprove the application, and the reasons for the recommendation.

Subp. 2. **Written notice to center.** The applicant center shall be sent written notice of approval, deferral, or disapproval within 30 days of the completion of the site visit. If the decision is a deferral or a disapproval, the notice shall indicate the specific areas of noncompliance.

Subp. 3. **Noncompliance with statutes and rules.** An application shall be disapproved or deferred if it is the initial application of a center, when the applicant center is not in compliance with Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 4. **Deferral of application.** If an application is deferred, the length of deferral shall not exceed 180 days. If the areas of noncompliance stated in the deferral notice are not satisfactorily corrected by the end of the deferral period, the application shall be disapproved. The applicant center shall allow the commissioner to inspect the center at any time during the deferral period, whether or not the site visit has been announced in advance. A site visit shall occur only during normal working hours of the center and shall not disrupt the normal functioning of the center. At any time during the deferral period, the applicant center may submit documentation indicating correction of noncompliance. The application shall then be approved or disapproved. At any time during the deferral period, the applicant center may submit a written request to the commissioner to change the application status to disapproval. The request shall be complied with within 14 days of receiving this written request. The applicant center is not an approved center for purposes of Minnesota Statutes, section 62A.152 during a deferral period.

Subp. 5. **Effective date of decision.** The effective date of a decision is the date the commissioner signs a letter notifying the applicant center of that decision.

Statutory Authority: *MS s 245.69 subd 2*

9520.0850 APPEALS.

If an application is disapproved or approval is withdrawn, a contested case hearing and judicial review as provided in Minnesota Statutes, sections 14.48 to 14.70, may be requested by the center within 30 days of the commissioner's decision.

Statutory Authority: *MS s 245.69 subd 2*

9520.0860 POST-APPROVAL REQUIREMENTS.

Subpart 1. **Duration of approval.** Initial approval of an application is valid for 12 months from the effective date, subsequent approvals for 24 months, except when approval is withdrawn according to the criteria in subpart 4.

Subp. 2. **Reapplication.** The center shall contact the department for reapplication forms, and submit the completed application at least 90 days prior to the expected expiration date. If an approved center has met the conditions of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870, including reapplication when required, its status as an approved center shall remain in effect pending department processing of the reapplication.

Subp. 3. **Restrictions.** The approval is issued only for the center named in the application and is not transferable or assignable to another center. The approval is issued only for the center location named in the application and is not transferable or assignable to another location. If the commissioner is notified in writing at least 30 days in advance of a change in center location and can determine that compliance with all provisions of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 are maintained, the commissioner shall continue the approval of the center at the new location.

Subp. 4. **Noncompliance.** Changes in center organization, staffing, treatment, or quality assurance procedures that affect the ability of the center to comply with the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 shall be reported in writing by the center to the commissioner within 15 days of occurrence. Review of the change shall be conducted by the commissioner. A center with changes resulting in noncompliance in minimum standards shall receive written notice and may have up to 180 days to correct the areas of noncompliance before losing approval status. Interim procedures to resolve the noncompliance on a temporary basis shall be developed and submitted in writing to the commissioner for approval within 30 days of the commissioner's determination of the noncompliance. Nonreporting within 15 days of occurrence of a change that results in noncompliance, failure to develop an approved interim procedure within 30 days of the determination of the noncompliance, or nonresolution of the noncompliance within 180 days shall result in the immediate withdrawal of approval status.

Serious violation of policies or procedures, professional association or board sanctioning or loss of licensure for unethical practices, or the conviction of violating a state or federal statute shall be reported in writing by the center to the commissioner within ten days of the substantiation of such behavior. Review of this report and the action taken by the center shall be conducted by the commissioner. Approval shall be withdrawn immediately unless the commissioner determines that: the center acted with all proper haste and thoroughness in investigating the behavior, the center acted with all proper haste and thoroughness in taking appropriate disciplinary and corrective action, and that no member of the governing body was a party to the behavior. Failure to report such behavior within ten days of its substantiation shall result in immediate withdrawal of approval.

Subp. 5. **Compliance reports.** The center may be required to submit written information to the department during the approval period to document that the center has maintained compliance with the rule and center procedures. The center shall allow the commissioner to inspect the center at any time during the approval period, whether or not the site visit has been announced in advance. A site visit shall occur only during normal working hours of the center and shall not disrupt the normal functioning of the center.

Statutory Authority: *MS s 245.69 subd 2*

9520.0870 VARIANCES.

Subpart 1. **When allowed.** The standards and procedures established by parts 9520.0760 to 9520.0860 may be varied by the commissioner. Standards and procedures established by statute shall not be varied.

Subp. 2. **Request procedure.** A request for a variance must be submitted in writing to the commissioner, accompanying or following the submission of a completed application for approval under Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870. The request shall state:

A. the standard or procedure to be varied;

B. the specific reasons why the standard or procedure cannot be or should not be complied with; and

C. the equivalent standard or procedure the center will establish to achieve the intent of the standard or procedure to be varied.

Subp. 3. **Decision procedure.** Upon receiving the variance request, the commissioner shall consult with a panel of experts in the mental health disciplines regarding the request. Criteria for granting a variance shall be the commissioner's determination that subpart 2, items A to C are met. Hardship shall not be a sufficient reason to grant a variance. No variance shall be granted that would threaten the health, safety, or rights of clients. Variances granted by the commissioner shall specify in writing the alternative standards or procedures to be implemented and any specific conditions or limitations imposed on the variance by the commissioner. Variances denied by the commissioner shall specify in writing the reason for the denial.

Subp. 4. **Notification.** The commissioner shall send the center a written notice granting or not granting the variance within 90 days of receiving the written variance request. This notice shall not be construed as approval or disapproval of the center under Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Statutory Authority: *MS s 245.69 subd 2*