

## CHAPTER 245I

### MENTAL HEALTH UNIFORM SERVICE STANDARDS ACT

245I.01	PURPOSE AND CITATION.	245I.08	DOCUMENTATION STANDARDS.
245I.011	APPLICABILITY.	245I.09	CLIENT FILES.
245I.02	DEFINITIONS.	245I.10	ASSESSMENT AND TREATMENT PLANNING.
245I.03	REQUIRED POLICIES AND PROCEDURES.	245I.11	HEALTH SERVICES AND MEDICATIONS.
245I.04	PROVIDER QUALIFICATIONS AND SCOPE OF PRACTICE.	245I.12	CLIENT RIGHTS AND PROTECTIONS.
245I.05	TRAINING REQUIRED.	245I.13	CRITICAL INCIDENTS.
245I.06	TREATMENT SUPERVISION.	245I.20	MENTAL HEALTH CLINIC.
245I.07	PERSONNEL FILES.	245I.23	INTENSIVE RESIDENTIAL TREATMENT SERVICES AND RESIDENTIAL CRISIS STABILIZATION.

#### 245I.01 PURPOSE AND CITATION.

Subdivision 1. **Citation.** This chapter may be cited as the "Mental Health Uniform Service Standards Act."

Subd. 2. **Purpose.** In accordance with sections 245.461 and 245.487, the purpose of this chapter is to create a system of mental health care that is unified, accountable, and comprehensive, and to promote the recovery and resiliency of Minnesotans who have mental illnesses. The state's public policy is to support Minnesotans' access to quality outpatient and residential mental health services. Further, the state's public policy is to protect the health and safety, rights, and well-being of Minnesotans receiving mental health services.

**History:** 2021 c 30 art 15 s 1

#### 245I.011 APPLICABILITY.

Subdivision 1. **License requirements.** A license holder under this chapter must comply with the requirements in chapters 245A, 245C, and 260E; section 626.557; and Minnesota Rules, chapter 9544.

Subd. 2. **Variances.** (a) The commissioner may grant a variance to an applicant, license holder, or certification holder as long as the variance does not affect the staff qualifications or the health or safety of any person in a licensed or certified program and the applicant, license holder, or certification holder meets the following conditions:

(1) an applicant, license holder, or certification holder must request the variance on a form approved by the commissioner and in a manner prescribed by the commissioner;

(2) the request for a variance must include the:

(i) reasons that the applicant, license holder, or certification holder cannot comply with a requirement as stated in the law; and

(ii) alternative equivalent measures that the applicant, license holder, or certification holder will follow to comply with the intent of the law; and

(3) the request for a variance must state the period of time when the variance is requested.

(b) The commissioner may grant a permanent variance when the conditions under which the applicant, license holder, or certification holder requested the variance do not affect the health or safety of any person

whom the licensed or certified program serves, and when the conditions of the variance do not compromise the qualifications of staff who provide services to clients. A permanent variance expires when the conditions that warranted the variance change in any way. Any applicant, license holder, or certification holder must inform the commissioner of any changes to the conditions that warranted the permanent variance. If an applicant, license holder, or certification holder fails to advise the commissioner of changes to the conditions that warranted the variance, the commissioner must revoke the permanent variance and may impose other sanctions under sections 245A.06 and 245A.07.

(c) The commissioner's decision to grant or deny a variance request is final and not subject to appeal under the provisions of chapter 14.

**Subd. 3. Certification required.** (a) An individual, organization, or government entity that is exempt from licensure under section 245A.03, subdivision 2, paragraph (a), clause (12), and chooses to be identified as a certified mental health clinic must:

- (1) be a mental health clinic that is certified under section 245I.20;
- (2) comply with all of the responsibilities assigned to a license holder by this chapter except subdivision 1; and
- (3) comply with all of the responsibilities assigned to a certification holder by chapter 245A.

(b) An individual, organization, or government entity described by this subdivision must obtain a criminal background study for each staff person or volunteer who provides direct contact services to clients.

(c) If a clinic is certified according to this chapter and is part of a certified community behavioral health clinic under section 245.735, the license holder must comply with the requirements in section 245.735, subdivisions 4b to 4e, as part of the licensing requirements under this chapter.

**Subd. 4. License required.** An individual, organization, or government entity providing intensive residential treatment services or residential crisis stabilization to adults must be licensed under section 245I.23. An entity with an adult foster care license providing residential crisis stabilization is exempt from licensure under section 245I.23.

**Subd. 5. Programs certified under chapter 256B.** (a) An individual, organization, or government entity certified under the following sections must comply with all of the responsibilities assigned to a license holder under this chapter except subdivision 1:

- (1) an assertive community treatment provider under section 256B.0622, subdivision 3a;
- (2) an adult rehabilitative mental health services provider under section 256B.0623;
- (3) a mobile crisis team under section 256B.0624;
- (4) a children's therapeutic services and supports provider under section 256B.0943;
- (5) a children's intensive behavioral health services provider under section 256B.0946; and
- (6) an intensive nonresidential rehabilitative mental health services provider under section 256B.0947.

(b) An individual, organization, or government entity certified under the sections listed in paragraph (a), clauses (1) to (6), must obtain a criminal background study for each staff person and volunteer providing direct contact services to a client.

**History:** 2021 c 30 art 15 s 2; 2022 c 99 art 1 s 48; 2023 c 70 art 8 s 56; 2024 c 80 art 2 s 74

## 245I.02 DEFINITIONS.

Subdivision 1. **Scope.** For purposes of this chapter, the terms in this section have the meanings given.

Subd. 2. **Approval.** "Approval" means the documented review of, opportunity to request changes to, and agreement with a treatment document. An individual may demonstrate approval with a written signature, secure electronic signature, or documented oral approval.

Subd. 3. **Behavioral sciences or related fields.** "Behavioral sciences or related fields" means an education from an accredited college or university in social work, psychology, sociology, community counseling, family social science, child development, child psychology, community mental health, addiction counseling, counseling and guidance, special education, nursing, and other similar fields approved by the commissioner.

Subd. 4. **Business day.** "Business day" means a weekday on which government offices are open for business. Business day does not include state or federal holidays, Saturdays, or Sundays.

Subd. 5. **Case manager.** "Case manager" means a client's case manager according to section 256B.0621; 256B.0625, subdivision 20; 256B.092, subdivision 1a; 256B.0924; 256B.093, subdivision 3a; 256B.094; or 256B.49.

Subd. 6. **Certified rehabilitation specialist.** "Certified rehabilitation specialist" means a staff person who meets the qualifications of section 245I.04, subdivision 8.

Subd. 7. **Child.** "Child" means a client under the age of 18.

Subd. 8. **Client.** "Client" means a person who is seeking or receiving services regulated by this chapter. For the purpose of a client's consent to services, client includes a parent, guardian, or other individual legally authorized to consent on behalf of a client to services.

Subd. 9. **Clinical trainee.** "Clinical trainee" means a staff person who is qualified according to section 245I.04, subdivision 6.

Subd. 10. **Commissioner.** "Commissioner" means the commissioner of human services or the commissioner's designee.

Subd. 11. **Co-occurring substance use disorder treatment.** "Co-occurring substance use disorder treatment" means the treatment of a person who has a co-occurring mental illness and substance use disorder. Co-occurring substance use disorder treatment is characterized by stage-wise comprehensive treatment, treatment goal setting, and flexibility for clients at each stage of treatment. Co-occurring substance use disorder treatment includes assessing and tracking each client's stage of change readiness and treatment using a treatment approach based on a client's stage of change, such as motivational interviewing when working with a client at an earlier stage of change readiness and a cognitive behavioral approach and relapse prevention to work with a client at a later stage of change; and facilitating a client's access to community supports.

Subd. 12. **Crisis plan.** "Crisis plan" means a plan to prevent and de-escalate a client's future crisis situation, with the goal of preventing future crises for the client and the client's family and other natural supports. Crisis plan includes a crisis plan developed according to section 245.4871, subdivision 9a.

Subd. 13. **Critical incident.** "Critical incident" means an occurrence involving a client that requires a license holder to respond in a manner that is not part of the license holder's ordinary daily routine. Critical incident includes a client's suicide, attempted suicide, or homicide; a client's death; an injury to a client or other person that is life-threatening or requires medical treatment; a fire that requires a fire department's response; alleged maltreatment of a client; an assault of a client; an assault by a client; or other situation that requires a response by law enforcement, the fire department, an ambulance, or another emergency response provider.

Subd. 14. **Diagnostic assessment.** "Diagnostic assessment" means the evaluation and report of a client's potential diagnoses that a mental health professional or clinical trainee completes under section 245I.10, subdivisions 4 to 6.

Subd. 15. **Direct contact.** "Direct contact" has the meaning given in section 245C.02, subdivision 11.

Subd. 16. **Family and other natural supports.** "Family and other natural supports" means the people whom a client identifies as having a high degree of importance to the client. Family and other natural supports also means people that the client identifies as being important to the client's mental health treatment, regardless of whether the person is related to the client or lives in the same household as the client.

Subd. 17. **Functional assessment.** "Functional assessment" means the assessment of a client's current level of functioning relative to functioning that is appropriate for someone the client's age.

Subd. 18. **Individual abuse prevention plan.** "Individual abuse prevention plan" means a plan according to section 245A.65, subdivision 2, paragraph (b), and section 626.557, subdivision 14.

Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care decision support tool appropriate to the client's age.

Subd. 20. **License.** "License" has the meaning given in section 245A.02, subdivision 8.

Subd. 21. **License holder.** "License holder" has the meaning given in section 245A.02, subdivision 9.

Subd. 22. **Licensed prescriber.** "Licensed prescriber" means an individual who is authorized to prescribe legend drugs under section 151.37.

Subd. 23. **Mental health behavioral aide.** "Mental health behavioral aide" means a staff person who is qualified under section 245I.04, subdivision 16.

Subd. 24. **Mental health certified family peer specialist.** "Mental health certified family peer specialist" means a staff person who is qualified under section 245I.04, subdivision 12.

Subd. 25. **Mental health certified peer specialist.** "Mental health certified peer specialist" means a staff person who is qualified under section 245I.04, subdivision 10.

Subd. 26. **Behavioral health practitioner.** "Behavioral health practitioner" means a staff person who is qualified under section 245I.04, subdivision 4.

Subd. 27. **Mental health professional.** "Mental health professional" means a staff person who is qualified under section 245I.04, subdivision 2.

Subd. 28. **Mental health rehabilitation worker.** "Mental health rehabilitation worker" means a staff person who is qualified under section 245I.04, subdivision 14.

Subd. 29. **Mental illness.** "Mental illness" means any of the conditions included in the most recent editions of the DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood published by Zero to Three or the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

Subd. 30. **Organization.** "Organization" has the meaning given in section 245A.02, subdivision 10c.

Subd. 31. **Personnel file.** "Personnel file" means a set of records under section 245I.07, paragraph (a). Personnel files excludes information related to a person's employment that is not included in section 245I.07.

Subd. 32. **Registered nurse.** "Registered nurse" means a staff person who is qualified under section 148.171, subdivision 20.

Subd. 33. **Rehabilitative mental health services.** "Rehabilitative mental health services" means mental health services provided to an adult client that enable the client to develop and achieve psychiatric stability, social competencies, personal and emotional adjustment, independent living skills, family roles, and community skills when symptoms of mental illness has impaired any of the client's abilities in these areas.

Subd. 34. **Residential program.** "Residential program" has the meaning given in section 245A.02, subdivision 14.

Subd. 35. **Signature.** "Signature" means a written signature or an electronic signature defined in section 325L.02, paragraph (h).

Subd. 36. **Staff person.** "Staff person" means an individual who works under a license holder's direction or under a contract with a license holder. Staff person includes an intern, consultant, contractor, individual who works part-time, and an individual who does not provide direct contact services to clients but does have physical access to clients. Staff person includes a volunteer who provides treatment services to a client or a volunteer whom the license holder regards as a staff person for the purpose of meeting staffing or service delivery requirements. A staff person must be 18 years of age or older.

Subd. 37. **Strengths.** "Strengths" means a person's inner characteristics, virtues, external relationships, activities, and connections to resources that contribute to a client's resilience and core competencies. A person can build on strengths to support recovery.

Subd. 38. **Trauma.** "Trauma" means an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. Trauma includes group traumatic experiences. Group traumatic experiences are emotional or psychological harm that a group experiences. Group traumatic experiences can be transmitted across generations within a community and are often associated with racial and ethnic population groups who suffer major intergenerational losses.

Subd. 39. **Treatment plan.** "Treatment plan" means services that a license holder formulates to respond to a client's needs and goals. A treatment plan includes individual treatment plans under section 245I.10, subdivisions 7 and 8; initial treatment plans under section 245I.23, subdivision 7; and crisis treatment plans under sections 245I.23, subdivision 8, and 256B.0624, subdivision 11.

Subd. 40. **Treatment supervision.** "Treatment supervision" means a mental health professional's or certified rehabilitation specialist's oversight, direction, and evaluation of a staff person providing services to a client according to section 245I.06.

Subd. 41. **Volunteer.** "Volunteer" means an individual who, under the direction of the license holder, provides services to or facilitates an activity for a client without compensation.

**History:** 2021 c 30 art 15 s 3; 2022 c 98 art 4 s 18,19; 2023 c 25 s 128; 2024 c 127 art 61 s 5,6; 1Sp2025 c 9 art 4 s 56

### 245I.03 REQUIRED POLICIES AND PROCEDURES.

Subdivision 1. **Generally.** A license holder must establish, enforce, and maintain policies and procedures to comply with the requirements of this chapter and chapters 245A, 245C, and 260E; sections 626.557 and 626.5572; and Minnesota Rules, chapter 9544. The license holder must make all policies and procedures available in writing to each staff person. The license holder must complete and document a review of policies and procedures every two years and update policies and procedures as necessary. Each policy and procedure must identify the date that it was initiated and the dates of all revisions. The license holder must clearly communicate any policy and procedural change to each staff person and provide necessary training to each staff person to implement any policy and procedural change.

Subd. 2. **Health and safety.** A license holder must have policies and procedures to ensure the health and safety of each staff person and client during the provision of services, including policies and procedures for services based in community settings.

Subd. 3. **Client rights.** A license holder must have policies and procedures to ensure that each staff person complies with the client rights and protections requirements in section 245I.12.

Subd. 4. **Behavioral emergencies.** (a) A license holder must have procedures that each staff person follows when responding to a client who exhibits behavior that threatens the immediate safety of the client or others. A license holder's behavioral emergency procedures must incorporate person-centered planning and trauma-informed care.

(b) A license holder's behavioral emergency procedures must include:

- (1) a plan designed to prevent the client from inflicting self-harm and harming others;
- (2) contact information for emergency resources that a staff person must use when the license holder's behavioral emergency procedures are unsuccessful in controlling a client's behavior;
- (3) the types of behavioral emergency procedures that a staff person may use;
- (4) the specific circumstances under which the program may use behavioral emergency procedures; and
- (5) the staff persons whom the license holder authorizes to implement behavioral emergency procedures.

(c) The license holder's behavioral emergency procedures must not include secluding or restraining a client except as allowed under section 245.8261.

(d) Staff persons must not use behavioral emergency procedures to enforce program rules or for the convenience of staff persons. Behavioral emergency procedures must not be part of any client's treatment plan. A staff person may not use behavioral emergency procedures except in response to a client's current behavior that threatens the immediate safety of the client or others.

Subd. 5. **Health services and medications.** If a license holder is licensed as a residential program, stores or administers client medications, or observes clients self-administer medications, the license holder must ensure that a staff person who is a registered nurse or licensed prescriber reviews and approves of the license holder's policies and procedures to comply with the health services and medications requirements in section 245I.11, the training requirements in section 245I.05, subdivision 5, and the documentation requirements in section 245I.08, subdivision 5.

Subd. 6. **Reporting maltreatment.** A license holder must have policies and procedures for reporting a staff person's suspected maltreatment, abuse, or neglect of a client according to chapter 260E and section 626.557.

Subd. 7. **Critical incidents.** If a license holder is licensed as a residential program, the license holder must have policies and procedures for reporting and maintaining records of critical incidents according to section 245I.13.

Subd. 8. **Personnel.** A license holder must have personnel policies and procedures that:

(1) include a chart or description of the organizational structure of the program that indicates positions and lines of authority;

(2) ensure that it will not adversely affect a staff person's retention, promotion, job assignment, or pay when a staff person communicates in good faith with the Department of Human Services, the Office of Ombudsman for Mental Health and Developmental Disabilities, the Department of Health, a health-related licensing board, a law enforcement agency, or a local agency investigating a complaint regarding a client's rights, health, or safety;

(3) prohibit a staff person from having sexual contact with a client in violation of chapter 604, section 609.344 or 609.345;

(4) prohibit a staff person from neglecting, abusing, or maltreating a client as described in chapter 260E and sections 626.557 and 626.5572;

(5) include the drug and alcohol policy described in section 245A.04, subdivision 1, paragraph (c);

(6) describe the process for disciplinary action, suspension, or dismissal of a staff person for violating a policy provision described in clauses (3) to (5);

(7) describe the license holder's response to a staff person who violates other program policies or who has a behavioral problem that interferes with providing treatment services to clients; and

(8) describe each staff person's position that includes the staff person's responsibilities, authority to execute the responsibilities, and qualifications for the position.

Subd. 9. **Volunteers.** If a license holder uses volunteers, the license holder must have policies and procedures for using volunteers, including when the license holder must submit a background study for a volunteer, and the specific tasks that a volunteer may perform.

Subd. 10. **Data privacy.** (a) A license holder must have policies and procedures that comply with all applicable state and federal law. A license holder's use of electronic record keeping or electronic signatures does not alter a license holder's obligations to comply with applicable state and federal law.

(b) A license holder must have policies and procedures for a staff person to promptly document a client's revocation of consent to disclose the client's health record. The license holder must verify that the license holder has permission to disclose a client's health record before releasing any client data.

**History:** 2021 c 30 art 15 s 4; 2022 c 98 art 4 s 20,21

#### **245I.04 PROVIDER QUALIFICATIONS AND SCOPE OF PRACTICE.**

Subdivision 1. **Tribal providers.** For purposes of this section, a Tribal entity may credential an individual according to section 256B.02, subdivision 7, paragraphs (b) and (c).

Subd. 2. **Mental health professional qualifications.** The following individuals may provide services to a client as a mental health professional:

(1) a registered nurse who is licensed under sections 148.171 to 148.285 and is certified as a: (i) clinical nurse specialist in child or adolescent, family, or adult psychiatric and mental health nursing by a national certification organization; or (ii) nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization;

(2) a licensed independent clinical social worker as defined in section 148E.050, subdivision 5;

(3) a psychologist licensed by the Board of Psychology under sections 148.88 to 148.98;

(4) a physician licensed under chapter 147 if the physician is: (i) certified by the American Board of Psychiatry and Neurology; (ii) certified by the American Osteopathic Board of Neurology and Psychiatry; or (iii) eligible for board certification in psychiatry;

(5) a marriage and family therapist licensed under sections 148B.29 to 148B.392; or

(6) a licensed professional clinical counselor licensed under section 148B.5301.

Subd. 3. **Mental health professional scope of practice.** A mental health professional must maintain a valid license with the mental health professional's governing health-related licensing board and must only provide services to a client within the scope of practice determined by the applicable health-related licensing board.

Subd. 4. **Behavioral health practitioner qualifications.** (a) An individual who is qualified in at least one of the ways described in paragraph (b) to (d) may serve as a behavioral health practitioner.

(b) An individual is qualified as a behavioral health practitioner through relevant coursework if the individual completes at least 30 semester hours or 45 quarter hours in behavioral sciences or related fields and:

(1) has at least 2,000 hours of experience providing services to individuals with:

(i) a mental illness or a substance use disorder; or

(ii) a traumatic brain injury or a developmental disability, and completes the additional training described in section 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

(2) is fluent in the non-English language of the ethnic group to which at least 50 percent of the individual's clients belong, and completes the additional training described in section 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

(3) is working in a day treatment program under section 256B.0671, subdivision 3, or 256B.0943;



(4) has completed a practicum or internship that (i) required direct interaction with adult clients or child clients, and (ii) was focused on behavioral sciences or related fields; or

(5) is in the process of completing a practicum or internship as part of a formal undergraduate or graduate training program in social work, psychology, or counseling.

(c) An individual is qualified as a behavioral health practitioner through work experience if the individual:

(1) has at least 4,000 hours of experience in the delivery of services to individuals with:

(i) a mental illness or a substance use disorder; or

(ii) a traumatic brain injury or a developmental disability, and completes the additional training described in section 245I.05, subdivision 3, paragraph (c), before providing direct contact services to clients; or

(2) receives treatment supervision at least once per week until meeting the requirement in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing services to individuals with:

(i) a mental illness or a substance use disorder; or

(ii) a traumatic brain injury or a developmental disability, and completes the additional training described in section 245I.05, subdivision 3, paragraph (c), before providing direct contact services to clients.

(d) An individual is qualified as a behavioral health practitioner if the individual has a master's or other graduate degree in behavioral sciences or related fields.

**Subd. 5. Behavioral health practitioner scope of practice.** (a) A behavioral health practitioner under the treatment supervision of a mental health professional or certified rehabilitation specialist may provide an adult client with client education, rehabilitative mental health services, functional assessments, level of care assessments, and treatment plans. A behavioral health practitioner under the treatment supervision of a mental health professional may provide skill-building services to a child client and complete treatment plans for a child client.

(b) A behavioral health practitioner must not provide treatment supervision to other staff persons. A behavioral health practitioner may provide direction to mental health rehabilitation workers and mental health behavioral aides.

(c) A behavioral health practitioner who provides services to clients according to section 256B.0624 may perform crisis assessments and interventions for a client.

**Subd. 6. Clinical trainee qualifications.** (a) A clinical trainee is a staff person who: (1) is enrolled in an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional and who is participating in a practicum or internship with the license holder through the individual's graduate program; (2) has completed an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional and who is in compliance with the requirements of the applicable health-related licensing board, including requirements for supervised practice; or (3) has completed an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional, has completed a practicum or internship and has not yet taken or received the results from the required test or is waiting for the final licensure decision.

(b) A clinical trainee is responsible for notifying and applying to a health-related licensing board to ensure that the trainee meets the requirements of the health-related licensing board. As permitted by a

health-related licensing board, treatment supervision under this chapter may be integrated into a plan to meet the supervisory requirements of the health-related licensing board but does not supersede those requirements.

**Subd. 7. Clinical trainee scope of practice.** (a) A clinical trainee under the treatment supervision of a mental health professional may provide a client with psychotherapy, client education, rehabilitative mental health services, diagnostic assessments, functional assessments, level of care assessments, and treatment plans.

(b) A clinical trainee must not provide treatment supervision to other staff persons. A clinical trainee may provide direction to mental health behavioral aides and mental health rehabilitation workers.

(c) A psychological clinical trainee under the treatment supervision of a psychologist may perform psychological testing of clients.

(d) A clinical trainee must not provide services to clients that violate any practice act of a health-related licensing board, including failure to obtain licensure if licensure is required.

**Subd. 8. Certified rehabilitation specialist qualifications.** A certified rehabilitation specialist must have:

- (1) a master's degree from an accredited college or university in behavioral sciences or related fields;
- (2) at least 4,000 hours of post-master's supervised experience providing mental health services to clients; and
- (3) a valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner.

**Subd. 9. Certified rehabilitation specialist scope of practice.** (a) A certified rehabilitation specialist may provide an adult client with client education, rehabilitative mental health services, functional assessments, level of care assessments, and treatment plans.

(b) A certified rehabilitation specialist may provide treatment supervision to a mental health certified peer specialist, behavioral health practitioner, and mental health rehabilitation worker.

**Subd. 10. Mental health certified peer specialist qualifications.** A mental health certified peer specialist must:

- (1) have been diagnosed with a mental illness;
- (2) be a current or former mental health services client; and
- (3) have a valid certification as a mental health certified peer specialist under section 256B.0615.

**Subd. 11. Mental health certified peer specialist scope of practice.** A mental health certified peer specialist under the treatment supervision of a mental health professional or certified rehabilitation specialist must:

- (1) provide individualized peer support to each client;
- (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports; and
- (3) support a client's maintenance of skills that the client has learned from other services.

Subd. 12. **Mental health certified family peer specialist qualifications.** A mental health certified family peer specialist must:

- (1) have raised or be currently raising a child with a mental illness;
- (2) have experience navigating the children's mental health system; and
- (3) have a valid certification as a mental health certified family peer specialist under section 256B.0616.

Subd. 13. **Mental health certified family peer specialist scope of practice.** A mental health certified family peer specialist under the treatment supervision of a mental health professional must provide services to increase the child's ability to function in the child's home, school, and community. The mental health certified family peer specialist must:

- (1) provide family peer support to build on a client's family's strengths and help the family achieve desired outcomes;
- (2) provide nonadversarial advocacy to a child client and the child's family that encourages partnership and promotes the child's positive change and growth;
- (3) support families in advocating for culturally appropriate services for a child in each treatment setting;
- (4) promote resiliency, self-advocacy, and development of natural supports;
- (5) support maintenance of skills learned from other services;
- (6) establish and lead parent support groups;
- (7) assist parents in developing coping and problem-solving skills; and
- (8) educate parents about mental illnesses and community resources, including resources that connect parents with similar experiences to one another.

Subd. 14. **Mental health rehabilitation worker qualifications.** (a) A mental health rehabilitation worker must:

- (1) have a high school diploma or equivalent;
- (2) have the training required under section 245I.05, subdivision 3, paragraph (c); and
- (3) meet one of the following qualification requirements:
  - (i) be fluent in the non-English language or competent in the culture of the ethnic group to which at least 20 percent of the mental health rehabilitation worker's clients belong;
  - (ii) have an associate of arts degree;
  - (iii) have two years of full-time postsecondary education or a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields;
  - (iv) be a registered nurse;
  - (v) have, within the previous ten years, three years of personal life experience with mental illness;
  - (vi) have, within the previous ten years, three years of life experience as a primary caregiver to an adult with a mental illness, traumatic brain injury, substance use disorder, or developmental disability; or

(vii) have, within the previous ten years, 2,000 hours of work experience providing health and human services to individuals.

(b) A mental health rehabilitation worker who is exclusively scheduled as an overnight staff person is exempt from the additional qualification requirements in paragraph (a), clause (3).

Subd. 15. **Mental health rehabilitation worker scope of practice.** A mental health rehabilitation worker under the treatment supervision of a mental health professional or certified rehabilitation specialist may provide rehabilitative mental health services to an adult client according to the client's treatment plan.

Subd. 16. **Mental health behavioral aide qualifications.** (a) A level 1 mental health behavioral aide must have the training required under section 245I.05, subdivision 3, paragraph (c), and: (1) a high school diploma or equivalent; or (2) two years of experience as a primary caregiver to a child with mental illness within the previous ten years.

(b) A level 2 mental health behavioral aide must have the training required under section 245I.05, subdivision 3, paragraph (c), and an associate or bachelor's degree.

Subd. 17. **Mental health behavioral aide scope of practice.** While under the treatment supervision of a mental health professional, a mental health behavioral aide may practice psychosocial skills with a child client according to the child's treatment plan and individual behavior plan that a mental health professional, clinical trainee, or behavioral health practitioner has previously taught to the child.

Subd. 18. **Recovery peer qualifications.** (a) A recovery peer must:

(1) have a minimum of one year in recovery from substance use disorder; and

(2) hold a current credential from the Minnesota Certification Board, the Upper Midwest Indian Council on Addictive Disorders, or the National Association for Alcoholism and Drug Abuse Counselors that demonstrates skills and training in the domains of ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support.

(b) A recovery peer who receives a credential from a Tribal Nation when providing peer recovery support services in a tribally licensed program satisfies the requirement in paragraph (a), clause (2).

(c) A recovery peer hired on or after July 1, 2024, must not be classified or treated as an independent contractor. Beginning January 1, 2025, a recovery peer must not be classified or treated as an independent contractor.

Subd. 19. **Recovery peer scope of practice.** (a) A recovery peer, under the supervision of a licensed alcohol and drug counselor or mental health professional who meets the qualifications under subdivision 2, must:

(1) provide individualized peer support and individual recovery planning to each client;

(2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports; and

(3) support a client's maintenance of skills that the client has learned from other services.

(b) A licensed alcohol and drug counselor or mental health professional providing supervision to a recovery peer must meet with the recovery peer face-to-face, either remotely or in person, at least once per month in order to provide adequate supervision to the recovery peer. Supervision must include reviewing

individual recovery plans, as defined in section 254B.01, subdivision 4e, and reviewing documentation of peer recovery support services provided for clients and may include client updates, discussion of ethical considerations, and any other questions or issues relevant to peer recovery support services.

**History:** 2021 c 30 art 15 s 5; 2022 c 98 art 4 s 22; 2023 c 25 s 129; 2023 c 50 art 3 s 3,4; 2023 c 70 art 9 s 7,8; 2024 c 108 art 4 s 15; 2024 c 125 art 3 s 4; 2024 c 127 art 48 s 4; art 61 s 7; 1Sp2025 c 9 art 4 s 56

#### **245I.05 TRAINING REQUIRED.**

Subdivision 1. **Training plan.** A license holder must develop a training plan to ensure that staff persons receive ongoing training according to this section. The training plan must include:

(1) a formal process to evaluate the training needs of each staff person. An annual performance evaluation of a staff person satisfies this requirement;

(2) a description of how the license holder conducts ongoing training of each staff person, including whether ongoing training is based on a staff person's hire date or a specified annual cycle determined by the program;

(3) a description of how the license holder verifies and documents each staff person's previous training experience. A license holder may consider a staff person to have met a training requirement in subdivision 3, paragraph (d) or (e), if the staff person has received equivalent postsecondary education in the previous four years or training experience in the previous two years; and

(4) a description of how the license holder determines when a staff person needs additional training, including when the license holder will provide additional training.

Subd. 2. **Documentation of training.** (a) The license holder must provide training to each staff person according to the training plan and must document that the license holder provided the training to each staff person. The license holder must document the following information for each staff person's training:

(1) the topics of the training;

(2) the name of the trainee;

(3) the name and credentials of the trainer;

(4) the license holder's method of evaluating the trainee's competency upon completion of training;

(5) the date of the training; and

(6) the length of training in hours and minutes.

(b) Documentation of a staff person's continuing education credit accepted by the governing health-related licensing board is sufficient to document training for purposes of this subdivision.

Subd. 3. **Initial training.** (a) A staff person must receive training about:

(1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and

(2) the maltreatment of minor reporting requirements and definitions in chapter 260E within 72 hours of first providing direct contact services to a client.

(b) Before providing direct contact services to a client, a staff person must receive training about:

- (1) client rights and protections under section 245I.12;
  - (2) the Minnesota Health Records Act, including client confidentiality, family engagement under section 144.294, and client privacy;
  - (3) emergency procedures that the staff person must follow when responding to a fire, inclement weather, a report of a missing person, and a behavioral or medical emergency;
  - (4) specific activities and job functions for which the staff person is responsible, including the license holder's program policies and procedures applicable to the staff person's position;
  - (5) professional boundaries that the staff person must maintain; and
  - (6) specific needs of each client to whom the staff person will be providing direct contact services, including each client's developmental status, cognitive functioning, and physical and mental abilities.
- (c) Before providing direct contact services to a client, a mental health rehabilitation worker, mental health behavioral aide, or behavioral health practitioner required to receive the training according to section 245I.04, subdivision 4, must receive 30 hours of training about:
- (1) mental illnesses;
  - (2) client recovery and resiliency;
  - (3) mental health de-escalation techniques;
  - (4) co-occurring mental illness and substance use disorders; and
  - (5) psychotropic medications and medication side effects, including tardive dyskinesia.
- (d) Within 90 days of first providing direct contact services to an adult client, behavioral health practitioner, mental health certified peer specialist, or mental health rehabilitation worker must receive training about:
- (1) trauma-informed care and secondary trauma;
  - (2) person-centered individual treatment plans, including seeking partnerships with family and other natural supports;
  - (3) co-occurring substance use disorders; and
  - (4) culturally responsive treatment practices.
- (e) Within 90 days of first providing direct contact services to a child client, behavioral health practitioner, mental health certified family peer specialist, mental health certified peer specialist, or mental health behavioral aide must receive training about the topics in clauses (1) to (5). This training must address the developmental characteristics of each child served by the license holder and address the needs of each child in the context of the child's family, support system, and culture. Training topics must include:
- (1) trauma-informed care and secondary trauma, including adverse childhood experiences (ACEs);
  - (2) family-centered treatment plan development, including seeking partnership with a child client's family and other natural supports;
  - (3) mental illness and co-occurring substance use disorders in family systems;

(4) culturally responsive treatment practices; and

(5) child development, including cognitive functioning, and physical and mental abilities.

(f) For a mental health behavioral aide, the training under paragraph (e) must include parent team training using a curriculum approved by the commissioner.

**Subd. 4. Ongoing training.** (a) A license holder must ensure that staff persons who provide direct contact services to clients receive annual training about the topics in subdivision 3, paragraphs (a) and (b), clauses (1) to (3).

(b) A license holder must ensure that each staff person who is qualified under section 245I.04 who is not a mental health professional receives 30 hours of training every two years. The training topics must be based on the program's needs and the staff person's areas of competency.

**Subd. 5. Additional training for medication administration.** (a) Prior to administering medications to a client under delegated authority or observing a client self-administer medications, a staff person who is not a licensed prescriber, registered nurse, or licensed practical nurse qualified under section 148.171, subdivision 8, must receive training about psychotropic medications, side effects including tardive dyskinesia, and medication management.

(b) Prior to administering medications to a client under delegated authority, a staff person must successfully complete a:

(1) medication administration training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution with completion of the course documented in writing and placed in the staff person's personnel file; or

(2) formalized training program taught by a registered nurse or licensed prescriber that is offered by the license holder. A staff person's successful completion of the formalized training program must include direct observation of the staff person to determine the staff person's areas of competency.

**History:** 2021 c 30 art 15 s 6; 2022 c 98 art 4 s 23; 2023 c 70 art 9 s 9; 2025 c 38 art 4 s 23,24; 1Sp2025 c 9 art 4 s 56

## **245I.06 TREATMENT SUPERVISION.**

**Subdivision 1. Generally.** (a) A license holder must ensure that a mental health professional or certified rehabilitation specialist provides treatment supervision to each staff person who provides services to a client and who is not a mental health professional or certified rehabilitation specialist. When providing treatment supervision, a treatment supervisor must follow a staff person's written treatment supervision plan.

(b) Treatment supervision must focus on each client's treatment needs and the ability of the staff person under treatment supervision to provide services to each client, including the following topics related to the staff person's current caseload:

(1) a review and evaluation of the interventions that the staff person delivers to each client;

(2) instruction on alternative strategies if a client is not achieving treatment goals;

(3) a review and evaluation of each client's assessments, treatment plans, and progress notes for accuracy and appropriateness;

(4) instruction on the cultural norms or values of the clients and communities that the license holder serves and the impact that a client's culture has on providing treatment;

(5) evaluation of and feedback regarding a direct service staff person's areas of competency; and

(6) coaching, teaching, and practicing skills with a staff person.

(c) A treatment supervisor must provide treatment supervision to a staff person using methods that allow for immediate feedback, including in-person, telephone, and interactive video supervision.

(d) A treatment supervisor's responsibility for a staff person receiving treatment supervision is limited to the services provided by the associated license holder. If a staff person receiving treatment supervision is employed by multiple license holders, each license holder is responsible for providing treatment supervision related to the treatment of the license holder's clients.

**Subd. 2. Treatment supervision planning.** (a) A treatment supervisor and the staff person supervised by the treatment supervisor must develop a written treatment supervision plan. The license holder must ensure that a new staff person's treatment supervision plan is completed and implemented by a treatment supervisor and the new staff person within 30 days of the new staff person's first day of employment. The license holder must review and update each staff person's treatment supervision plan annually.

(b) Each staff person's treatment supervision plan must include:

(1) the name and qualifications of the staff person receiving treatment supervision;

(2) the names and licensures of the treatment supervisors who are supervising the staff person;

(3) how frequently the treatment supervisors must provide treatment supervision to the staff person; and

(4) the staff person's authorized scope of practice, including a description of the client population that the staff person serves, and a description of the treatment methods and modalities that the staff person may use to provide services to clients.

**Subd. 3. Treatment supervision and direct observation of mental health rehabilitation workers and mental health behavioral aides.** (a) A mental health behavioral aide or a mental health rehabilitation worker must receive direct observation from a mental health professional, clinical trainee, certified rehabilitation specialist, or behavioral health practitioner while the mental health behavioral aide or mental health rehabilitation worker provides treatment services to clients, no less than twice per month for the first six months of employment and once per month thereafter. The staff person performing the direct observation must approve of the progress note twice per month for the first six months of employment and as needed and identified in a supervision plan thereafter. Approval may be given through an attestation that is stored in the employee file.

(b) For a mental health rehabilitation worker qualified under section 245I.04, subdivision 14, paragraph (a), clause (2), item (i), treatment supervision in the first 2,000 hours of work must at a minimum consist of:

(1) monthly individual supervision; and

(2) direct observation twice per month.

**History:** 2021 c 30 art 15 s 7; 2025 c 38 art 4 s 25; 1Sp2025 c 9 art 4 s 56



**245I.07 PERSONNEL FILES.**

(a) For each staff person, a license holder must maintain a personnel file that includes:

(1) verification of the staff person's qualifications required for the position including training, education, practicum or internship agreement, licensure, and any other required qualifications;

(2) documentation related to the staff person's background study;

(3) the hiring date of the staff person;

(4) a description of the staff person's job responsibilities with the license holder;

(5) the date that the staff person's specific duties and responsibilities became effective, including the date that the staff person began having direct contact with clients;

(6) documentation of the staff person's training as required by section 245I.05, subdivision 2;

(7) a verification copy of license renewals that the staff person completed during the staff person's employment;

(8) annual job performance evaluations; and

(9) if applicable, the staff person's alleged and substantiated violations of the license holder's policies under section 245I.03, subdivision 8, clauses (3) to (7), and the license holder's response.

(b) The license holder must ensure that all personnel files are readily accessible for the commissioner's review. The license holder is not required to keep personnel files in a single location.

**History:** 2021 c 30 art 15 s 8

**245I.08 DOCUMENTATION STANDARDS.**

Subdivision 1. **Generally.** A license holder must ensure that all documentation required by this chapter complies with this section.

Subd. 2. **Documentation standards.** A license holder must ensure that all documentation required by this chapter:

(1) is legible;

(2) identifies the applicable client name on each page of the client file and staff person name on each page of the personnel file; and

(3) is signed and dated by the staff persons who provided services to the client or completed the documentation, including the staff persons' credentials.

Subd. 3. **Documenting approval.** A license holder must ensure that all diagnostic assessments, functional assessments, level of care assessments, and treatment plans completed by a clinical trainee or behavioral health practitioner contain documentation of approval by a treatment supervisor within ten business days of initial completion by the staff person under treatment supervision.

Subd. 4. **Progress notes.** A license holder must use a progress note to document each occurrence of a mental health service that a staff person provides to a client. A progress note must include the following:

(1) the type of service;

(2) the date of service;

(3) the start and stop time of the service unless the license holder is licensed as a residential program;

(4) the location of the service;

(5) the scope of the service, including: (i) the targeted goal and objective; (ii) the intervention that the staff person provided to the client and the methods that the staff person used; (iii) the client's response to the intervention; and (iv) the staff person's plan to take future actions, including changes in treatment that the staff person will implement if the intervention was ineffective;

(6) the signature and credentials of the staff person who provided the service to the client;

(7) the mental health provider travel documentation required by section 256B.0625, if applicable; and

(8) significant observations by the staff person, if applicable, including: (i) the client's current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with or referrals to other professionals, family, or significant others; and (iv) changes in the client's mental or physical symptoms.

**Subd. 5. Medication administration record.** If a license holder administers or observes a client self-administer medications, the license holder must maintain a medication administration record for each client that contains the following, as applicable:

(1) the client's date of birth;

(2) the client's allergies;

(3) all medication orders for the client, including client-specific orders for over-the-counter medications and approved condition-specific protocols;

(4) the name of each ordered medication, date of each medication's expiration, each medication's dosage frequency, method of administration, and time;

(5) the licensed prescriber's name and telephone number;

(6) the date of initiation;

(7) the signature, printed name, and credentials of the staff person who administered the medication or observed the client self-administer the medication; and

(8) the reason that the license holder did not administer the client's prescribed medication or observe the client self-administer the client's prescribed medication.

**History:** 2021 c 30 art 15 s 9; 2022 c 98 art 4 s 24; 2023 c 70 art 9 s 10-12; 1Sp2025 c 9 art 4 s 56

## **245I.09 CLIENT FILES.**

**Subdivision 1. Generally.** (a) A license holder must maintain a file for each client that contains the client's current and accurate records. The license holder must store each client file on the premises where the license holder provides or coordinates services for the client. The license holder must ensure that all client files are readily accessible for the commissioner's review. The license holder is not required to keep client files in a single location.

(b) The license holder must protect client records against loss, tampering, or unauthorized disclosure of confidential client data according to the Minnesota Government Data Practices Act, chapter 13; the privacy

provisions of the Minnesota health care programs provider agreement; the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191; and the Minnesota Health Records Act, sections 144.291 to 144.298.

Subd. 2. **Record retention.** A license holder must retain client records of a discharged client for a minimum of five years from the date of the client's discharge. A license holder who closes a program must retain a client's records for a minimum of five years from the date that the license holder stopped providing services to the client and must notify the commissioner of the location of the client records and the name of the individual responsible for storing and maintaining the client records.

Subd. 3. **Contents.** A license holder must retain a clear and complete record of the information that the license holder receives regarding a client, and of the services that the license holder provides to the client. If applicable, each client's file must include the following information:

- (1) the client's screenings, assessments, and testing;
- (2) the client's treatment plans and reviews of the client's treatment plan;
- (3) the client's individual abuse prevention plans;
- (4) the client's health care directive under section 145C.01, subdivision 5a, and the client's emergency contacts;
- (5) the client's crisis plans;
- (6) the client's consents for releases of information and documentation of the client's releases of information;
- (7) the client's significant medical and health-related information;
- (8) a record of each communication that a staff person has with the client's other mental health providers and persons interested in the client, including the client's case manager, family members, primary caregiver, legal representatives, court representatives, representatives from the correctional system, or school administration;
- (9) written information by the client that the client requests to include in the client's file; and
- (10) the date of the client's discharge from the license holder's program, the reason that the license holder discontinued services for the client, and the client's discharge summaries.

**History:** 2021 c 30 art 15 s 10; 2022 c 98 art 4 s 25

## **245I.10 ASSESSMENT AND TREATMENT PLANNING.**

Subdivision 1. **Definitions.** (a) "Diagnostic formulation" means a written analysis and explanation of a client's clinical assessment to develop a hypothesis about the cause and nature of a client's presenting problems and to identify the most suitable approach for treating the client.

(b) "Responsivity factors" means the factors other than the diagnostic formulation that may modify a client's treatment needs. This includes a client's learning style, abilities, cognitive functioning, cultural background, and personal circumstances. When documenting a client's responsivity factors a mental health professional or clinical trainee must include an analysis of how a client's strengths are reflected in the license holder's plan to deliver services to the client.

Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or crisis assessment to determine a client's eligibility for mental health services, except as provided in this section.

(b) Prior to completing a client's initial diagnostic assessment, a license holder may provide a client with the following services:

- (1) an explanation of findings;
- (2) neuropsychological testing, neuropsychological assessment, and psychological testing;
- (3) any combination of psychotherapy sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed three sessions;
- (4) crisis assessment services according to section 256B.0624; and
- (5) ten days of intensive residential treatment services according to the assessment and treatment planning standards in section 245I.23, subdivision 7.

(c) Based on the client's needs that a crisis assessment identifies under section 256B.0624, a license holder may provide a client with the following services:

- (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624; and
- (2) any combination of psychotherapy sessions, group psychotherapy sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions within a 12-month period without prior authorization.

(d) Based on the client's needs in the client's brief diagnostic assessment, a license holder may provide a client with any combination of psychotherapy sessions, group psychotherapy sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions within a 12-month period without prior authorization for any new client or for an existing client who the license holder projects will need fewer than ten sessions during the next 12 months.

(e) Based on the client's needs that a hospital's medical history and presentation examination identifies, a license holder may provide a client with:

- (1) any combination of psychotherapy sessions, group psychotherapy sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions within a 12-month period without prior authorization for any new client or for an existing client who the license holder projects will need fewer than ten sessions during the next 12 months; and
- (2) up to five days of day treatment services or partial hospitalization.

(f) A license holder must complete a new standard diagnostic assessment of a client or an update to an assessment as permitted under paragraph (g):

- (1) when the client requires services of a greater number or intensity than the services that paragraphs (b) to (e) describe;
- (2) if the client needs additional mental health services and the client does not meet the criteria for a brief assessment;
- (3) when the client's mental health condition has changed markedly since the client's most recent diagnostic assessment;

(4) when the client's current mental health condition does not meet the criteria of the client's current diagnosis; or

(5) upon the client's request.

(g) For a client who is already engaged in services and has a prior assessment, the license holder must complete a written update containing all significant new or changed information about the client, removal of outdated or inaccurate information, and an update regarding what information has not significantly changed, including a discussion with the client about changes in the client's life situation, functioning, presenting problems, and progress with achieving treatment goals since the client's last diagnostic assessment was completed.

Subd. 3. MS 2022 [Expired, 2021 c 30 art 15 s 11]

Subd. 4. **Diagnostic assessment.** A client's diagnostic assessment must: (1) identify at least one mental health diagnosis for which the client meets the diagnostic criteria and recommend mental health services to develop the client's mental health services and treatment plan; or (2) include a finding that the client does not meet the criteria for a mental health disorder.

Subd. 5. **Brief diagnostic assessment; required elements.** (a) Only a mental health professional or clinical trainee may complete a brief diagnostic assessment of a client.

(b) When conducting a brief diagnostic assessment of a client, the assessor must complete a face-to-face interview with the client and a written evaluation of the client. The assessor must gather and document initial components of the client's standard diagnostic assessment, including the client's:

- (1) age;
- (2) description of symptoms, including the reason for the client's referral;
- (3) history of mental health treatment;
- (4) cultural influences on the client; and
- (5) mental status examination.

(c) Based on the initial components of the assessment, the assessor must develop a provisional diagnostic formulation about the client. The assessor may use the client's provisional diagnostic formulation to address the client's immediate needs and presenting problems.

(d) A mental health professional or clinical trainee may use treatment sessions with the client authorized by a brief diagnostic assessment to gather additional information about the client to complete the client's standard diagnostic assessment if the number of sessions will exceed the coverage limits in subdivision 2.

Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health professional or a clinical trainee may complete a standard diagnostic assessment of a client. A standard diagnostic assessment of a client must include a face-to-face interview with a client and a written evaluation of the client. The assessor must complete a client's standard diagnostic assessment within the client's cultural context. An alcohol and drug counselor may gather and document the information in paragraphs (b) and (c) when completing a comprehensive assessment according to section 245G.05.

(b) When completing a standard diagnostic assessment of a client, the assessor must gather and document information about the client's current life situation, including the following information:

- (1) the client's age;
  - (2) the client's current living situation, including the client's housing status and household members;
  - (3) the status of the client's basic needs;
  - (4) the client's education level and employment status;
  - (5) the client's current medications;
  - (6) any immediate risks to the client's health and safety, including withdrawal symptoms, medical conditions, and behavioral and emotional symptoms;
  - (7) the client's perceptions of the client's condition;
  - (8) the client's description of the client's symptoms, including the reason for the client's referral;
  - (9) the client's history of mental health and substance use disorder treatment;
  - (10) cultural influences on the client; and
  - (11) substance use history, if applicable, including:
    - (i) amounts and types of substances, frequency and duration, route of administration, periods of abstinence, and circumstances of relapse; and
    - (ii) the impact to functioning when under the influence of substances, including legal interventions.
- (c) If the assessor cannot obtain the information that this paragraph requires without retraumatizing the client or harming the client's willingness to engage in treatment, the assessor must identify which topics will require further assessment during the course of the client's treatment. The assessor must gather and document information related to the following topics:
- (1) the client's relationship with the client's family and other significant personal relationships, including the client's evaluation of the quality of each relationship;
  - (2) the client's strengths and resources, including the extent and quality of the client's social networks;
  - (3) important developmental incidents in the client's life;
  - (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;
  - (5) the client's history of or exposure to alcohol and drug usage and treatment; and
  - (6) the client's health history and the client's family health history, including the client's physical, chemical, and mental health history.
- (d) When completing a standard diagnostic assessment of a client, an assessor must use a recognized diagnostic framework.
- (1) When completing a standard diagnostic assessment of a client who is five years of age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood published by Zero to Three.

(2) When completing a standard diagnostic assessment of a client who is six years of age or older, the assessor must use the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

(3) When completing a standard diagnostic assessment of a client who is 18 years of age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association to screen and assess the client for a substance use disorder.

(e) When completing a standard diagnostic assessment of a client, the assessor must include and document the following components of the assessment:

(1) the client's mental status examination;

(2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources; vulnerabilities; safety needs, including client information that supports the assessor's findings after applying a recognized diagnostic framework from paragraph (d); and any differential diagnosis of the client; and

(3) an explanation of: (i) how the assessor diagnosed the client using the information from the client's interview, assessment, psychological testing, and collateral information about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths; and (v) the client's responsivity factors.

(f) When completing a standard diagnostic assessment of a client, the assessor must consult the client and the client's family about which services that the client and the family prefer to treat the client. The assessor must make referrals for the client as to services required by law.

(g) Information from other providers and prior assessments may be used to complete the diagnostic assessment if the source of the information is documented in the diagnostic assessment.

**Subd. 7. Individual treatment plan.** A license holder must follow each client's written individual treatment plan when providing services to the client with the following exceptions:

(1) services that do not require that a license holder completes a standard diagnostic assessment of a client before providing services to the client;

(2) when developing a treatment or service plan; and

(3) when a client re-engages in services under subdivision 8, paragraph (b).

**Subd. 8. Individual treatment plan; required elements.** (a) After completing a client's diagnostic assessment or reviewing a client's diagnostic assessment received from a different provider and before providing services to the client beyond those permitted under subdivision 7, the license holder must complete the client's individual treatment plan. The license holder must:

(1) base the client's individual treatment plan on the client's diagnostic assessment and baseline measurements;

(2) for a child client, use a child-centered, family-driven, and culturally appropriate planning process that allows the child's parents and guardians to observe and participate in the child's individual and family treatment services, assessments, and treatment planning;

(3) for an adult client, use a person-centered, culturally appropriate planning process that allows the client's family and other natural supports to observe and participate in the client's treatment services, assessments, and treatment planning;

(4) identify the client's treatment goals, measureable treatment objectives, a schedule for accomplishing the client's treatment goals and objectives, a treatment strategy, and the individuals responsible for providing treatment services and supports to the client. The license holder must have a treatment strategy to engage the client in treatment if the client:

(i) has a history of not engaging in treatment; and

(ii) is ordered by a court to participate in treatment services or to take neuroleptic medications;

(5) identify the participants involved in the client's treatment planning. The client must be a participant in the client's treatment planning. If applicable, the license holder must document the reasons that the license holder did not involve the client's family or other natural supports in the client's treatment planning;

(6) review the client's individual treatment plan every 180 days and update the client's individual treatment plan with the client's treatment progress, new treatment objectives and goals or, if the client has not made treatment progress, changes in the license holder's approach to treatment; and

(7) ensure that the client approves of the client's individual treatment plan unless a court orders the client's treatment plan under chapter 253B.

(b) If the client disagrees with the client's treatment plan, the license holder must document in the client file the reasons why the client does not agree with the treatment plan. If the license holder cannot obtain the client's approval of the treatment plan, a mental health professional must make efforts to obtain approval from a person who is authorized to consent on the client's behalf within 30 days after the client's previous individual treatment plan expired. A license holder may not deny a client service during this time period solely because the license holder could not obtain the client's approval of the client's individual treatment plan. A license holder may continue to bill for the client's otherwise eligible services when the client re-engages in services.

**Subd. 9. Functional assessment; required elements.** (a) When a license holder is completing a functional assessment for an adult client, the license holder must:

(1) complete a functional assessment of the client after completing the client's diagnostic assessment;

(2) use a collaborative process that allows the client and the client's family and other natural supports, the client's referral sources, and the client's providers to provide information about how the client's symptoms of mental illness impact the client's functioning;

(3) if applicable, document the reasons that the license holder did not contact the client's family and other natural supports;

(4) assess and document how the client's symptoms of mental illness impact the client's functioning in the following areas:

(i) the client's mental health symptoms;

(ii) the client's mental health service needs;

(iii) the client's substance use;



- (iv) the client's vocational and educational functioning;
- (v) the client's social functioning, including the use of leisure time;
- (vi) the client's interpersonal functioning, including relationships with the client's family and other natural supports;
- (vii) the client's ability to provide self-care and live independently;
- (viii) the client's medical and dental health;
- (ix) the client's financial assistance needs; and
- (x) the client's housing and transportation needs;

(5) complete the client's functional assessment before the client's initial individual treatment plan unless a service specifies otherwise; and

(6) update the client's functional assessment with the client's current functioning whenever there is a significant change in the client's functioning or at least every 365 days, unless a service specifies otherwise.

(b) A license holder may use any available, validated measurement tool, including but not limited to the Daily Living Activities-20, when completing the required elements of a functional assessment under this subdivision.

**History:** 2021 c 30 art 15 s 11; 2022 c 98 art 4 s 26,27; 2023 c 50 art 2 s 21; 2023 c 70 art 9 s 13-18; 2024 c 127 art 61 s 8

## 245I.11 HEALTH SERVICES AND MEDICATIONS.

Subdivision 1. **Generally.** (a) If a license holder is licensed as a residential program, stores or administers client medications, or observes clients self-administer medications, the license holder must ensure that a staff person who is a registered nurse or licensed prescriber is responsible for overseeing storage and administration of client medications and observing as a client self-administers medications, including training according to section 245I.05, subdivision 6, and documenting the occurrence according to section 245I.08, subdivision 5.

(b) For purposes of this section, "observed self-administration" means the preparation and administration of a medication by a client to themselves under the direct supervision of a registered nurse or a staff member to whom a registered nurse delegates supervision duty. Observed self-administration does not include a client's use of a medication that they keep in their own possession while participating in a program.

Subd. 2. **Health services.** If a license holder is licensed as a residential program, the license holder must:

- (1) ensure that a client is screened for health issues within 72 hours of the client's admission;
- (2) monitor the physical health needs of each client on an ongoing basis;
- (3) offer referrals to clients and coordinate each client's care with psychiatric and medical services;
- (4) identify circumstances in which a staff person must notify a registered nurse or licensed prescriber of any of a client's health concerns and the process for providing notification of client health concerns; and
- (5) identify the circumstances in which the license holder must obtain medical care for a client and the process for obtaining medical care for a client.

Subd. 3. **Storing and accounting for medications.** (a) If a license holder stores client medications, the license holder must:

- (1) store client medications in original containers in a locked location;
- (2) store refrigerated client medications in special trays or containers that are separate from food;
- (3) store client medications marked "for external use only" in a compartment that is separate from other client medications;
- (4) store Schedule II drugs listed in section 152.02, subdivision 3, in a compartment that is locked separately from other medications;
- (5) ensure that only authorized staff persons have access to stored client medications;
- (6) follow a documentation procedure to account for all Schedule II to V drugs listed in section 152.02, subdivisions 3 to 6; and
- (7) record each incident when a staff person accepts a supply of client medications and destroy discontinued, outdated, or deteriorated client medications.

(b) If a license holder is licensed as a residential program, the license holder must allow clients who self-administer medications to keep a private medication supply. The license holder must ensure that the client stores all private medication in a locked container in the client's private living area, unless the private medication supply poses a health and safety risk to any clients. A client must not maintain a private medication supply of a prescription medication without a written medication order from a licensed prescriber and a prescription label that includes the client's name.

Subd. 4. **Medication orders.** (a) If a license holder stores, prescribes, or administers medications or observes a client self-administer medications, the license holder must:

- (1) ensure that a licensed prescriber writes all orders to accept, administer, or discontinue client medications;
- (2) accept nonwritten orders to administer client medications in emergency circumstances only;
- (3) establish a timeline and process for obtaining a written order with the licensed prescriber's signature when the license holder accepts a nonwritten order to administer client medications; and
- (4) maintain the client's right to privacy and dignity.

(b) If a license holder employs a licensed prescriber, the license holder must inform the client about potential medication effects and side effects and obtain and document the client's informed consent before the licensed prescriber prescribes a medication.

Subd. 5. **Medication administration in residential programs.** If a license holder is licensed as a residential program, the license holder must:

- (1) assess and document each client's ability to self-administer medication. In the assessment, the license holder must evaluate the client's ability to: (i) comply with prescribed medication regimens; and (ii) store the client's medications safely and in a manner that protects other individuals in the facility. Through the assessment process, the license holder must assist the client in developing the skills necessary to safely self-administer medication;

(2) monitor the effectiveness of medications, side effects of medications, and adverse reactions to medications, including symptoms and signs of tardive dyskinesia, for each client. The license holder must address and document any concerns about a client's medications;

(3) ensure that no staff person or client gives a legend drug supply for one client to another client;

(4) have policies and procedures for: (i) keeping a record of each client's medication orders; (ii) keeping a record of any incident of deferring a client's medications; (iii) documenting any incident when a client's medication is omitted; and (iv) documenting when a client refuses to take medications as prescribed; and

(5) document and track medication errors, document whether the license holder notified anyone about the medication error, determine if the license holder must take any follow-up actions, and identify the staff persons who are responsible for taking follow-up actions.

**Subd. 6. Medication administration in children's day treatment settings.** (a) For a program providing children's day treatment services under section 256B.0943, the license holder must maintain policies and procedures that state whether the program will store medication and administer or allow observed self-administration.

(b) For a program providing children's day treatment services under section 256B.0943 that does not store medications but allows clients to use a medication that they keep in their own possession while participating in a program, the license holder must maintain documentation from a licensed prescriber regarding the safety of medications held by clients, including:

(1) an evaluation that the client is capable of holding and administering the medication safely;

(2) an evaluation of whether the medication is prone to diversion, misuse, or self-injury; and

(3) any conditions under which the license holder should no longer allow the client to maintain the medication in their own possession.

**History:** 2021 c 30 art 15 s 12; 2023 c 70 art 9 s 19,20; 2024 c 127 art 61 s 9,10; 2025 c 38 art 4 s 26

## **245I.12 CLIENT RIGHTS AND PROTECTIONS.**

**Subdivision 1. Client rights.** A license holder must ensure that all clients have the following rights:

(1) the rights listed in the health care bill of rights in section 144.651;

(2) the right to be free from discrimination based on age, race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance. The license holder must follow all applicable state and federal laws including the Minnesota Human Rights Act, chapter 363A; and

(3) the right to be informed prior to a photograph or audio or video recording being made of the client. The client has the right to refuse to allow any recording or photograph of the client that is not for the purposes of identification or supervision by the license holder.

**Subd. 2. Restrictions to client rights.** If the license holder restricts a client's right, the license holder must document in the client file a mental health professional's approval of the restriction and the reasons for the restriction.

**Subd. 3. Notice of rights.** The license holder must give a copy of the client's rights according to this section to each client on the day of the client's admission. The license holder must document that the license

holder gave a copy of the client's rights to each client on the day of the client's admission according to this section. The license holder must post a copy of the client rights in an area visible or accessible to all clients. The license holder must include the client rights in Minnesota Rules, chapter 9544, for applicable clients.

**Subd. 4. Client property.** (a) The license holder must meet the requirements of section 245A.04, subdivision 13.

(b) If the license holder is unable to obtain a client's signature acknowledging the receipt or disbursement of the client's funds or property required by section 245A.04, subdivision 13, paragraph (c), clause (1), two staff persons must sign documentation acknowledging that the staff persons witnessed the client's receipt or disbursement of the client's funds or property.

(c) The license holder must return all of the client's funds and other property to the client except for the following items:

(1) illicit drugs, drug paraphernalia, and drug containers that are subject to forfeiture under section 609.5316. The license holder must give illicit drugs, drug paraphernalia, and drug containers to a local law enforcement agency or destroy the items; and

(2) weapons, explosives, and other property that may cause serious harm to the client or others. The license holder may give a client's weapons and explosives to a local law enforcement agency. The license holder must notify the client that a local law enforcement agency has the client's property and that the client has the right to reclaim the property if the client has a legal right to possess the item.

(d) If a client leaves the license holder's program but abandons the client's funds or property, the license holder must retain and store the client's funds or property, including medications, for a minimum of 30 days after the client's discharge from the program.

**Subd. 5. Client grievances.** (a) The license holder must have a grievance procedure that:

(1) describes to clients how the license holder will meet the requirements in this subdivision; and

(2) contains the current public contact information of the Department of Human Services, Licensing Division; the Office of Ombudsman for Mental Health and Developmental Disabilities; the Department of Health, Office of Health Facilities Complaints; and all applicable health-related licensing boards.

(b) On the day of each client's admission, the license holder must explain the grievance procedure to the client.

(c) The license holder must:

(1) post the grievance procedure in a place visible to clients and provide a copy of the grievance procedure upon request;

(2) allow clients, former clients, and their authorized representatives to submit a grievance to the license holder;

(3) within three business days of receiving a client's grievance, acknowledge in writing that the license holder received the client's grievance. If applicable, the license holder must include a notice of the client's separate appeal rights for a managed care organization's reduction, termination, or denial of a covered service;

(4) within 15 business days of receiving a client's grievance, provide a written final response to the client's grievance containing the license holder's official response to the grievance; and

(5) allow the client to bring a grievance to the person with the highest level of authority in the program.

(d) Clients may voice grievances and recommend changes in policies and services to staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge.

**History:** 2021 c 30 art 15 s 13; 2023 c 52 art 19 s 44; 2025 c 38 art 4 s 27

### 245I.13 CRITICAL INCIDENTS.

If a license holder is licensed as a residential program, the license holder must report all critical incidents to the commissioner within ten days of learning of the incident on a form approved by the commissioner. The license holder must keep a record of critical incidents in a central location that is readily accessible to the commissioner for review upon the commissioner's request for a minimum of two licensing periods.

**History:** 2021 c 30 art 15 s 14

### 245I.20 MENTAL HEALTH CLINIC.

Subdivision 1. **Purpose.** Certified mental health clinics provide clinical services for the treatment of mental illnesses with a treatment team that reflects multiple disciplines and areas of expertise.

Subd. 2. **Definitions.** (a) "Clinical services" means services provided to a client to diagnose, describe, predict, and explain the client's status relative to a condition or problem as described in the: (1) current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; or (2) current edition of the DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood published by Zero to Three. Where necessary, clinical services includes services to treat a client to reduce the client's impairment due to the client's condition. Clinical services also includes individual treatment planning, case review, record-keeping required for a client's treatment, and treatment supervision. For the purposes of this section, clinical services excludes services delivered to a client under a separate license and services listed under section 245I.011, subdivision 5.

(b) "Competent" means having professional education, training, continuing education, consultation, supervision, experience, or a combination thereof necessary to demonstrate sufficient knowledge of and proficiency in a specific clinical service.

(c) "Discipline" means a branch of professional knowledge or skill acquired through a specific course of study, training, and supervised practice. Discipline is usually documented by a specific educational degree, licensure, or certification of proficiency. Examples of the mental health disciplines include but are not limited to psychiatry, psychology, clinical social work, marriage and family therapy, clinical counseling, and psychiatric nursing.

(d) "Treatment team" means the mental health professionals, behavioral health practitioners, and clinical trainees who provide clinical services to clients.

Subd. 3. **Organizational structure.** (a) A mental health clinic location must be an entire facility or a clearly identified unit within a facility that is administratively and clinically separate from the rest of the facility. The mental health clinic location may provide services other than clinical services to clients, including medical services, substance use disorder services, social services, training, and education.

(b) The certification holder must notify the commissioner of all mental health clinic locations. If there is more than one mental health clinic location, the certification holder must designate one location as the

main location and all of the other locations as satellite locations. The main location as a unit and the clinic as a whole must comply with the minimum staffing standards in subdivision 4.

(c) The certification holder must ensure that each satellite location:

(1) adheres to the same policies and procedures as the main location;

(2) provides treatment team members with face-to-face or telephone access to a mental health professional for the purposes of supervision whenever the satellite location is open. The certification holder must maintain a schedule of the mental health professionals who will be available and the contact information for each available mental health professional. The schedule must be current and readily available to treatment team members; and

(3) enables clients to access all of the mental health clinic's clinical services and treatment team members, as needed.

Subd. 4. **Minimum staffing standards.** (a) A certification holder's treatment team must consist of at least four mental health professionals. At least two of the mental health professionals must be employed by or under contract with the mental health clinic for a minimum of 35 hours per week each.

(b) The treatment team must include:

(1) a physician qualified as a mental health professional according to section 245I.04, subdivision 2, clause (4), or a nurse qualified as a mental health professional according to section 245I.04, subdivision 2, clause (1); and

(2) a psychologist qualified as a mental health professional according to section 245I.04, subdivision 2, clause (3).

(c) The staff persons fulfilling the requirement in paragraph (b) must provide clinical services at least:

(1) eight hours every two weeks if the mental health clinic has over 25.0 full-time equivalent treatment team members;

(2) eight hours each month if the mental health clinic has 15.1 to 25.0 full-time equivalent treatment team members;

(3) four hours each month if the mental health clinic has 5.1 to 15.0 full-time equivalent treatment team members; or

(4) two hours each month if the mental health clinic has 2.0 to 5.0 full-time equivalent treatment team members or only provides in-home services to clients.

(d) The certification holder must maintain a record that demonstrates compliance with this subdivision.

Subd. 5. **Treatment supervision specified.** A mental health professional must remain responsible for each client's case. The certification holder must document the name of the mental health professional responsible for each case and the dates that the mental health professional is responsible for the client's case from beginning date to end date. The certification holder must assign each client's case for assessment, diagnosis, and treatment services to a treatment team member who is competent in the assigned clinical service, the recommended treatment strategy, and in treating the client's characteristics.

Subd. 6. **Additional policy and procedure requirements.** (a) In addition to the policies and procedures required by section 245I.03, the certification holder must establish, enforce, and maintain the policies and procedures required by this subdivision.

(b) The certification holder must have a clinical evaluation procedure to identify and document each treatment team member's areas of competence.

(c) The certification holder must have policies and procedures for client intake and case assignment that:

(1) outline the client intake process;

(2) describe how the mental health clinic determines the appropriateness of accepting a client into treatment by reviewing the client's condition and need for treatment, the clinical services that the mental health clinic offers to clients, and other available resources; and

(3) contain a process for assigning a client's case to a mental health professional who is responsible for the client's case and other treatment team members.

(d) Notwithstanding the requirements under section 245I.10, subdivisions 5 to 9, for the required elements of a diagnostic assessment and a treatment plan, psychiatry billed as evaluation and management services must be documented in accordance with the most recent current procedural terminology as published by the American Medical Association.

Subd. 7. **Referrals.** If necessary treatment for a client or treatment desired by a client is not available at the mental health clinic, the certification holder must facilitate appropriate referrals for the client. When making a referral for a client, the treatment team member must document a discussion with the client that includes: (1) the reason for the client's referral; (2) potential treatment resources for the client; and (3) the client's response to receiving a referral.

Subd. 8. **Emergency service.** For the certification holder's telephone numbers that clients regularly access, the certification holder must include the contact information for the area's mental health crisis services as part of the certification holder's message when a live operator is not available to answer clients' calls.

Subd. 9. **Quality assurance and improvement plan.** (a) At a minimum, a certification holder must develop a written quality assurance and improvement plan that includes a plan for:

(1) encouraging ongoing consultation among members of the treatment team;

(2) obtaining and evaluating feedback about services from clients, family and other natural supports, referral sources, and staff persons;

(3) measuring and evaluating client outcomes;

(4) reviewing client suicide deaths and suicide attempts;

(5) examining the quality of clinical service delivery to clients; and

(6) self-monitoring of compliance with this chapter.

(b) At least annually, the certification holder must review, evaluate, and update the quality assurance and improvement plan. The review must: (1) include documentation of the actions that the certification holder will take as a result of information obtained from monitoring activities in the plan; and (2) establish goals for improved service delivery to clients for the next year.

Subd. 10. **Application procedures.** (a) The applicant for certification must submit any documents that the commissioner requires on forms approved by the commissioner. Upon implementation of the provider licensing and reporting hub, applicants must use the hub in the manner prescribed by the commissioner.

(b) Upon submitting an application for certification, an applicant must pay the application fee required by section 245A.10, subdivision 3.

(c) The commissioner must act on an application within 90 working days of receiving a completed application.

(d) When the commissioner receives an application for initial certification that is incomplete because the applicant failed to submit required documents or is deficient because the submitted documents do not meet certification requirements, the commissioner must provide the applicant with written notice that the application is incomplete or deficient. In the notice, the commissioner must identify the particular documents that are missing or deficient and give the applicant 45 days to submit a second application that is complete. An applicant's failure to submit a complete application within 45 days after receiving notice from the commissioner is a basis for certification denial.

(e) The commissioner must give notice of a denial to an applicant when the commissioner has made the decision to deny the certification application. In the notice of denial, the commissioner must state the reasons for the denial in plain language. The commissioner must send or deliver the notice of denial to an applicant by certified mail, by personal service, or through the provider licensing and reporting hub. In the notice of denial, the commissioner must state the reasons that the commissioner denied the application and must inform the applicant of the applicant's right to request a contested case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The applicant may appeal the denial by notifying the commissioner in writing by certified mail, by personal service, or through the provider licensing and reporting hub. If mailed, the appeal must be postmarked and sent to the commissioner within 20 calendar days after the applicant received the notice of denial. If an applicant delivers an appeal by personal service, the commissioner must receive the appeal within 20 calendar days after the applicant received the notice of denial. If the order is issued through the provider hub, the request must be received by the commissioner within 20 calendar days from the date the commissioner issued the order through the hub.

Subd. 11. **Commissioner's right of access.** (a) When the commissioner is exercising the powers conferred to the commissioner by this chapter, if the mental health clinic is in operation and the information is relevant to the commissioner's inspection or investigation, the certification holder must provide the commissioner access to:

- (1) the physical facility and grounds where the program is located;
- (2) documentation and records, including electronically maintained records;
- (3) clients served by the mental health clinic;
- (4) staff persons of the mental health clinic; and
- (5) personnel records of current and former staff of the mental health clinic.

(b) The certification holder must provide the commissioner with access to the facility and grounds, documentation and records, clients, and staff without prior notice and as often as the commissioner considers necessary if the commissioner is investigating alleged maltreatment or a violation of a law or rule, or conducting an inspection. When conducting an inspection, the commissioner may request and must receive assistance from other state, county, and municipal governmental agencies and departments. The applicant



or certification holder must allow the commissioner, at the commissioner's expense, to photocopy, photograph, and make audio and video recordings during an inspection.

Subd. 12. **Monitoring and inspections.** (a) The commissioner may conduct a certification review of the certified mental health clinic every two years to determine the certification holder's compliance with applicable rules and statutes.

(b) The commissioner must offer the certification holder a choice of dates for an announced certification review. A certification review must occur during the clinic's normal working hours.

(c) The commissioner must make the results of certification reviews and the results of investigations that result in a correction order publicly available on the department's website.

Subd. 13. **Correction orders.** (a) If the applicant or certification holder fails to comply with a law or rule, the commissioner may issue a correction order. The correction order must state:

- (1) the condition that constitutes a violation of the law or rule;
- (2) the specific law or rule that the applicant or certification holder has violated; and
- (3) the time that the applicant or certification holder is allowed to correct each violation.

(b) If the applicant or certification holder believes that the commissioner's correction order is erroneous, the applicant or certification holder may ask the commissioner to reconsider the part of the correction order that is allegedly erroneous. An applicant or certification holder must make a request for reconsideration in writing. The request must be postmarked and sent to the commissioner or submitted in the provider licensing and reporting hub within 20 calendar days after the applicant or certification holder received the correction order; and the request must:

- (1) specify the part of the correction order that is allegedly erroneous;
- (2) explain why the specified part is erroneous; and
- (3) include documentation to support the allegation of error.

(c) A request for reconsideration does not stay any provision or requirement of the correction order. The commissioner's disposition of a request for reconsideration is final and not subject to appeal.

(d) If the commissioner finds that the applicant or certification holder failed to correct the violation specified in the correction order, the commissioner may decertify the certified mental health clinic according to subdivision 14.

(e) Nothing in this subdivision prohibits the commissioner from decertifying a mental health clinic according to subdivision 14.

(f) The commissioner may issue a correction order to the applicant or certification holder through the provider licensing and reporting hub. If the order is issued through the provider hub, the request must be received by the commissioner within 20 calendar days from the date the commissioner issued the order through the hub.

Subd. 14. **Decertification.** (a) The commissioner may decertify a mental health clinic if a certification holder:

- (1) failed to comply with an applicable law or rule; or

(2) knowingly withheld relevant information from or gave false or misleading information to the commissioner in connection with an application for certification, during an investigation, or regarding compliance with applicable laws or rules.

(b) When considering decertification of a mental health clinic, the commissioner must consider the nature, chronicity, or severity of the violation of law or rule and the effect of the violation on the health, safety, or rights of clients.

(c) If the commissioner decertifies a mental health clinic, the order of decertification must inform the certification holder of the right to have a contested case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The commissioner may issue the order through the provider licensing and reporting hub. The certification holder may appeal the decertification. The certification holder must appeal a decertification in writing and send or deliver the appeal to the commissioner by certified mail, by personal service, or through the provider licensing and reporting hub. If the certification holder mails the appeal, the appeal must be postmarked and sent to the commissioner within ten calendar days after the certification holder receives the order of decertification. If the certification holder delivers an appeal by personal service, the commissioner must receive the appeal within ten calendar days after the certification holder received the order. If the order is issued through the provider hub, the request must be received by the commissioner within 20 calendar days from the date the commissioner issued the order through the hub. If a certification holder submits a timely appeal of an order of decertification, the certification holder may continue to operate the program until the commissioner issues a final order on the decertification.

(d) If the commissioner decertifies a mental health clinic pursuant to paragraph (a), clause (1), based on a determination that the mental health clinic was responsible for maltreatment, and if the certification holder appeals the decertification according to paragraph (c), and appeals the maltreatment determination under section 260E.33, the final decertification determination is stayed until the commissioner issues a final decision regarding the maltreatment appeal.

Subd. 15. **Transfer prohibited.** A certification issued under this section is only valid for the premises and the individual, organization, or government entity identified by the commissioner on the certification. A certification is not transferable or assignable.

Subd. 16. **Notifications required and noncompliance.** (a) A certification holder must notify the commissioner, in a manner prescribed by the commissioner, and obtain the commissioner's approval before making any change to the name of the certification holder or the location of the mental health clinic. Upon implementation of the provider licensing and reporting hub, certification holders must enter and update information in the hub in a manner prescribed by the commissioner.

(b) Changes in mental health clinic organization, staffing, treatment, or quality assurance procedures that affect the ability of the certification holder to comply with the minimum standards of this section must be reported in writing by the certification holder to the commissioner within 15 days of the occurrence. Review of the change must be conducted by the commissioner. A certification holder with changes resulting in noncompliance in minimum standards must receive written notice and may have up to 180 days to correct the areas of noncompliance before being decertified. Interim procedures to resolve the noncompliance on a temporary basis must be developed and submitted in writing to the commissioner for approval within 30 days of the commissioner's determination of the noncompliance. Not reporting an occurrence of a change that results in noncompliance within 15 days, failure to develop an approved interim procedure within 30 days of the determination of the noncompliance, or nonresolution of the noncompliance within 180 days will result in immediate decertification.

(c) The mental health clinic may be required to submit written information to the department to document that the mental health clinic has maintained compliance with this section and mental health clinic procedures.

**History:** 2021 c 30 art 15 s 15; 2022 c 98 art 4 s 28; 2023 c 70 art 8 s 57-60; art 9 s 21,22; 2024 c 127 art 61 s 11; 1Sp2025 c 9 art 4 s 56

## **245I.23 INTENSIVE RESIDENTIAL TREATMENT SERVICES AND RESIDENTIAL CRISIS STABILIZATION.**

Subdivision 1. **Purpose.** (a) Intensive residential treatment services is a community-based medically monitored level of care for an adult client that uses established rehabilitative principles to promote a client's recovery and to develop and achieve psychiatric stability, personal and emotional adjustment, self-sufficiency, and other skills that help a client transition to a more independent setting.

(b) Residential crisis stabilization provides structure and support to an adult client in a community living environment when a client has experienced a mental health crisis and needs short-term services to ensure that the client can safely return to the client's home or precrisis living environment with additional services and supports identified in the client's crisis assessment.

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

(b) "Treatment team" means a group of staff persons who provide intensive residential treatment services or residential crisis stabilization to clients. The treatment team includes mental health professionals, behavioral health practitioners, clinical trainees, certified rehabilitation specialists, mental health rehabilitation workers, and mental health certified peer specialists.

Subd. 3. **Treatment services description.** The license holder must describe in writing all treatment services that the license holder provides. The license holder must have the description readily available for the commissioner upon the commissioner's request.

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

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

(1) rehabilitative mental health services;

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

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

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

(3) health services and administering medication;

(4) co-occurring substance use disorder treatment;

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

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

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

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

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

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

(2) rehabilitative mental health services;

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

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

**Subd. 6. Optional treatment services.** (a) If the license holder offers additional treatment services to a client, the treatment service must be:

(1) approved by the commissioner; and

(2)(i) a mental health evidence-based practice that the federal Department of Health and Human Services Substance Abuse and Mental Health Service Administration has adopted;

(ii) a nationally recognized mental health service that substantial research has validated as effective in helping individuals with serious mental illness achieve treatment goals; or

(iii) developed under state-sponsored research of publicly funded mental health programs and validated to be effective for individuals, families, and communities.

(b) Before providing an optional treatment service to a client, the license holder must provide adequate training to a staff person about providing the optional treatment service to a client.

**Subd. 7. Intensive residential treatment services assessment and treatment planning.** (a) Within 12 hours of a client's admission, the license holder must evaluate and document the client's immediate needs, including the client's:

(1) health and safety, including the client's need for crisis assistance;

(2) responsibilities for children, family and other natural supports, and employers; and

(3) housing and legal issues.

(b) Within 24 hours of the client's admission, the license holder must complete an initial treatment plan for the client. The license holder must:

(1) base the client's initial treatment plan on the client's referral information and an assessment of the client's immediate needs;

(2) consider crisis assistance strategies that have been effective for the client in the past;

(3) identify the client's initial treatment goals, measurable treatment objectives, and specific interventions that the license holder will use to help the client engage in treatment;

(4) identify the participants involved in the client's treatment planning. The client must be a participant; and

(5) ensure that a treatment supervisor approves of the client's initial treatment plan if a behavioral health practitioner or clinical trainee completes the client's treatment plan, notwithstanding section 245I.08, subdivision 3.

(c) According to section 245A.65, subdivision 2, paragraph (b), the license holder must complete an individual abuse prevention plan as part of a client's initial treatment plan.

(d) Within five days of the client's admission and again within 60 days after the client's admission, the license holder must complete a level of care assessment of the client. If the license holder determines that a client does not need a medically monitored level of service, a treatment supervisor must document how the client's admission to and continued services in intensive residential treatment services are medically necessary for the client.

(e) Within ten days of a client's admission, the license holder must complete or review and update the client's standard diagnostic assessment.

(f) Within ten days of a client's admission, the license holder must complete the client's individual treatment plan, notwithstanding section 245I.10, subdivision 8. Within 40 days after the client's admission and again within 70 days after the client's admission, the license holder must update the client's individual treatment plan. The license holder must focus the client's treatment planning on preparing the client for a successful transition from intensive residential treatment services to another setting. In addition to the required elements of an individual treatment plan under section 245I.10, subdivision 8, the license holder must identify the following information in the client's individual treatment plan: (1) the client's referrals and resources for the client's health and safety; and (2) the staff persons who are responsible for following up with the client's referrals and resources. If the client does not receive a referral or resource that the client needs, the license holder must document the reason that the license holder did not make the referral or did not connect the client to a particular resource. The license holder is responsible for determining whether additional follow-up is required on behalf of the client.

(g) Within 30 days of the client's admission, the license holder must complete a functional assessment of the client. Within 60 days after the client's admission, the license holder must update the client's functional assessment to include any changes in the client's functioning and symptoms.

(h) For a client with a current substance use disorder diagnosis and for a client whose substance use disorder screening in the client's standard diagnostic assessment indicates the possibility that the client has a substance use disorder, the license holder must complete a written assessment of the client's substance use within 30 days of the client's admission. In the substance use assessment, the license holder must: (1) evaluate the client's history of substance use, relapses, and hospitalizations related to substance use; (2) assess the effects of the client's substance use on the client's relationships including with family member and others; (3) identify financial problems, health issues, housing instability, and unemployment; (4) assess the client's legal problems, past and pending incarceration, violence, and victimization; and (5) evaluate the client's

suicide attempts, noncompliance with taking prescribed medications, and noncompliance with psychosocial treatment.

(i) On a weekly basis, a mental health professional or certified rehabilitation specialist must review each client's treatment plan and individual abuse prevention plan. The license holder must document in the client's file each weekly review of the client's treatment plan and individual abuse prevention plan.

**Subd. 8. Residential crisis stabilization assessment and treatment planning.** (a) Within 12 hours of a client's admission, the license holder must evaluate the client and document the client's immediate needs, including the client's:

- (1) health and safety, including the client's need for crisis assistance;
- (2) responsibilities for children, family and other natural supports, and employers; and
- (3) housing and legal issues.

(b) Within 24 hours of a client's admission, the license holder must complete a crisis treatment plan for the client under section 256B.0624, subdivision 11. The license holder must base the client's crisis treatment plan on the client's referral information and an assessment of the client's immediate needs.

(c) Section 245A.65, subdivision 2, paragraph (b), requires the license holder to complete an individual abuse prevention plan for a client as part of the client's crisis treatment plan.

**Subd. 9. Key staff positions.** (a) The license holder must have a staff person assigned to each of the following key staff positions at all times:

(1) a program director who qualifies as a behavioral health practitioner. The license holder must designate the program director as responsible for all aspects of the operation of the program and the program's compliance with all applicable requirements. The program director must know and understand the implications of this chapter; chapters 245A, 245C, and 260E; sections 626.557 and 626.5572; Minnesota Rules, chapter 9544; and all other applicable requirements. The license holder must document in the program director's personnel file how the program director demonstrates knowledge of these requirements. The program director may also serve as the treatment director of the program, if qualified;

(2) a treatment director who qualifies as a mental health professional. The treatment director must be responsible for overseeing treatment services for clients and the treatment supervision of all staff persons; and

(3) a registered nurse who qualifies as a behavioral health practitioner. The registered nurse must:

- (i) work at the program location a minimum of eight hours per week;
- (ii) provide monitoring and supervision of staff persons as defined in section 148.171, subdivisions 8a and 23;

(iii) be responsible for the review and approval of health service and medication policies and procedures under section 245I.03, subdivision 5; and

(iv) oversee the license holder's provision of health services to clients, medication storage, and medication administration to clients.

(b) Within five business days of a change in a key staff position, the license holder must notify the commissioner of the staffing change. The license holder must notify the commissioner of the staffing change

on a form approved by the commissioner and include the name of the staff person now assigned to the key staff position and the staff person's qualifications.

Subd. 10. **Minimum treatment team staffing levels and ratios.** (a) The license holder must maintain a treatment team staffing level sufficient to:

(1) provide continuous daily coverage of all shifts;

(2) follow each client's treatment plan and meet each client's needs as identified in the client's treatment plan;

(3) implement program requirements; and

(4) safely monitor and guide the activities of each client, taking into account the client's level of behavioral and psychiatric stability, cultural needs, and vulnerabilities.

(b) The license holder must ensure that treatment team members:

(1) remain awake during all work hours; and

(2) are available to monitor and guide the activities of each client whenever clients are present in the program.

(c) On each shift, the license holder must maintain a treatment team staffing ratio of at least one treatment team member to nine clients. If the license holder is serving nine or fewer clients, at least one treatment team member on the day shift must be a mental health professional, clinical trainee, certified rehabilitation specialist, or behavioral health practitioner. If the license holder is serving more than nine clients, at least one of the treatment team members working during both the day and evening shifts must be a mental health professional, clinical trainee, certified rehabilitation specialist, or behavioral health practitioner.

(d) If the license holder provides residential crisis stabilization to clients and is serving at least one client in residential crisis stabilization and more than four clients in residential crisis stabilization and intensive residential treatment services, the license holder must maintain a treatment team staffing ratio on each shift of at least two treatment team members during the client's first 48 hours in residential crisis stabilization.

Subd. 11. **Shift exchange.** A license holder must ensure that treatment team members working on different shifts exchange information about a client as necessary to effectively care for the client and to follow and update a client's treatment plan and individual abuse prevention plan.

Subd. 12. **Daily documentation.** (a) For each day that a client is present in the program, the license holder must provide a daily summary in the client's file that includes observations about the client's behavior and symptoms, including any critical incidents in which the client was involved.

(b) For each day that a client is not present in the program, the license holder must document the reason for a client's absence in the client's file.

Subd. 13. **Access to a mental health professional, clinical trainee, certified rehabilitation specialist, or behavioral health practitioner.** Treatment team members must have access in person or by telephone to a mental health professional, clinical trainee, certified rehabilitation specialist, or behavioral health practitioner within 30 minutes. The license holder must maintain a schedule of mental health professionals, clinical trainees, certified rehabilitation specialists, or behavioral health practitioners who will be available and contact information to reach them. The license holder must keep the schedule current and make the schedule readily available to treatment team members.

Subd. 14. **Weekly team meetings.** (a) The license holder must hold weekly team meetings and ancillary meetings according to this subdivision.

(b) A mental health professional or certified rehabilitation specialist must hold at least one team meeting each calendar week. The mental health professional or certified rehabilitation specialist must lead and be physically present at the team meeting, except as permitted under paragraph (e). All treatment team members, including treatment team members who work on a part-time or intermittent basis, must participate in a minimum of one team meeting during each calendar week when the treatment team member is working for the license holder. The license holder must document all weekly team meetings, including the names of meeting attendees, and indicate whether the meeting was conducted remotely under paragraph (e).

(c) If a treatment team member cannot participate in a weekly team meeting, the treatment team member must participate in an ancillary meeting. A mental health professional, certified rehabilitation specialist, clinical trainee, or behavioral health practitioner who participated in the most recent weekly team meeting may lead the ancillary meeting. During the ancillary meeting, the treatment team member leading the ancillary meeting must review the information that was shared at the most recent weekly team meeting, including revisions to client treatment plans and other information that the treatment supervisors exchanged with treatment team members. The license holder must document all ancillary meetings, including the names of meeting attendees.

(d) If a treatment team member working only one shift during a week cannot participate in a weekly team meeting or participate in an ancillary meeting, the treatment team member must read the minutes of the weekly team meeting required to be documented in paragraph (b). The treatment team member must sign to acknowledge receipt of this information, and document pertinent information or questions. The mental health professional or certified rehabilitation specialist must review any documented questions or pertinent information before the next weekly team meeting.

(e) A license holder may permit a mental health professional or certified rehabilitation specialist to lead the weekly meeting remotely due to medical or weather conditions. If the conditions that do not permit physical presence persist for longer than one week, the license holder must request a variance to conduct additional meetings remotely.

Subd. 15. **Intensive residential treatment services admission criteria.** (a) An eligible client for intensive residential treatment services is an individual who:

(1) is age 18 or older;

(2) is diagnosed with a mental illness;

(3) because of a mental illness, has a substantial disability and functional impairment in three or more areas listed in section 245I.10, subdivision 9, paragraph (a), clause (4), that markedly reduce the individual's self-sufficiency;

(4) has one or more of the following: a history of recurring or prolonged inpatient hospitalizations during the past year, significant independent living instability, homelessness, or very frequent use of mental health and related services with poor outcomes for the individual; and

(5) in the written opinion of a mental health professional, needs mental health services that available community-based services cannot provide, or is likely to experience a mental health crisis or require a more restrictive setting if the individual does not receive intensive rehabilitative mental health services.



(b) The license holder must not limit or restrict intensive residential treatment services to a client based solely on:

- (1) the client's substance use;
- (2) the county in which the client resides; or

(3) whether the client elects to receive other services for which the client may be eligible, including case management services.

(c) This subdivision does not prohibit the license holder from restricting admissions of individuals who present an imminent risk of harm or danger to themselves or others.

**Subd. 16. Residential crisis stabilization services admission criteria.** An eligible client for residential crisis stabilization is an individual who is age 18 or older and meets the eligibility criteria in section 256B.0624, subdivision 3.

**Subd. 17. Admissions referrals and determinations.** (a) The license holder must identify the information that the license holder needs to make a determination about a person's admission referral.

(b) The license holder must:

(1) always be available to receive referral information about a person seeking admission to the license holder's program;

(2) respond to the referral source within eight hours of receiving a referral and, within eight hours, communicate with the referral source about what information the license holder needs to make a determination concerning the person's admission;

(3) consider the license holder's staffing ratio and the areas of treatment team members' competency when determining whether the license holder is able to meet the needs of a person seeking admission; and

(4) determine whether to admit a person within 72 hours of receiving all necessary information from the referral source.

**Subd. 18. Discharge standards.** (a) When a license holder discharges a client from a program, the license holder must categorize the discharge as a successful discharge, program-initiated discharge, or non-program-initiated discharge according to the criteria in this subdivision. The license holder must meet the standards associated with the type of discharge according to this subdivision.

(b) To successfully discharge a client from a program, the license holder must ensure that the following criteria are met:

- (1) the client must substantially meet the client's documented treatment plan goals and objectives;
- (2) the client must complete discharge planning with the treatment team; and

(3) the client and treatment team must arrange for the client to receive continuing care at a less intensive level of care after discharge.

(c) Prior to successfully discharging a client from a program, the license holder must complete the client's discharge summary and provide the client with a copy of the client's discharge summary in plain language that includes:

(1) a brief review of the client's problems and strengths during the period that the license holder provided services to the client;

(2) the client's response to the client's treatment plan;

(3) the goals and objectives that the license holder recommends that the client addresses during the first three months following the client's discharge from the program;

(4) the recommended actions, supports, and services that will assist the client with a successful transition from the program to another setting;

(5) the client's crisis plan; and

(6) the client's forwarding address and telephone number.

(d) For a non-program-initiated discharge of a client from a program, the following criteria must be met:

(1)(i) the client has withdrawn the client's consent for treatment; (ii) the license holder has determined that the client has the capacity to make an informed decision; and (iii) the client does not meet the criteria for an emergency hold under section 253B.051, subdivision 2;

(2) the client has left the program against staff person advice;

(3) an entity with legal authority to remove the client has decided to remove the client from the program;  
or

(4) a source of payment for the services is no longer available.

(e) Within ten days of a non-program-initiated discharge of a client from a program, the license holder must complete the client's discharge summary in plain language that includes:

(1) the reasons for the client's discharge;

(2) a description of attempts by staff persons to enable the client to continue treatment or to consent to treatment; and

(3) recommended actions, supports, and services that will assist the client with a successful transition from the program to another setting.

(f) For a program-initiated discharge of a client from a program, the following criteria must be met:

(1) the client is competent but has not participated in treatment or has not followed the program rules and regulations and the client has not participated to such a degree that the program's level of care is ineffective or unsafe for the client, despite multiple, documented attempts that the license holder has made to address the client's lack of participation in treatment;

(2) the client has not made progress toward the client's treatment goals and objectives despite the license holder's persistent efforts to engage the client in treatment, and the license holder has no reasonable expectation that the client will make progress at the program's level of care nor does the client require the program's level of care to maintain the current level of functioning;

(3) a court order or the client's legal status requires the client to participate in the program but the client has left the program against staff person advice; or

(4) the client meets criteria for a more intensive level of care and a more intensive level of care is available to the client.

(g) Prior to a program-initiated discharge of a client from a program, the license holder must consult the client, the client's family and other natural supports, and the client's case manager, if applicable, to review the issues involved in the program's decision to discharge the client from the program. During the discharge review process, which must not exceed five working days, the license holder must determine whether the license holder, treatment team, and any interested persons can develop additional strategies to resolve the issues leading to the client's discharge and to permit the client to have an opportunity to continue receiving services from the license holder. The license holder may temporarily remove a client from the program facility during the five-day discharge review period. The license holder must document the client's discharge review in the client's file.

(h) Prior to a program-initiated discharge of a client from the program, the license holder must complete the client's discharge summary and provide the client with a copy of the discharge summary in plain language that includes:

- (1) the reasons for the client's discharge;
- (2) the alternatives to discharge that the license holder considered or attempted to implement;
- (3) the names of each individual who is involved in the decision to discharge the client and a description of each individual's involvement; and
- (4) recommended actions, supports, and services that will assist the client with a successful transition from the program to another setting.

Subd. 19. **Program facility.** (a) The license holder must be licensed or certified as a board and lodging facility, supervised living facility, or a boarding care home by the Department of Health.

(b) The license holder must have a capacity of five to 16 beds and the program must not be declared as an institution for mental disease.

(c) The license holder must furnish each program location to meet the psychological, emotional, and developmental needs of clients.

(d) The license holder must provide one living room or lounge area per program location. There must be space available to provide services according to each client's treatment plan, such as an area for learning recreation time skills and areas for learning independent living skills, such as laundering clothes and preparing meals.

(e) The license holder must ensure that each program location allows each client to have privacy. Each client must have privacy during assessment interviews and counseling sessions. Each client must have a space designated for the client to see outside visitors at the program facility.

Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder that prohibits clients from leaving the facility by locking exit doors or other permissible methods must meet the additional requirements of this subdivision.

(b) The license holder must meet all applicable building and fire codes to operate a building with locked exit doors. The license holder must have the appropriate license from the Department of Health, as determined by the Department of Health, for operating a program with locked exit doors.

(c) For each client present in the facility under a court order, the license holder must maintain documentation of the court order for treatment authorizing the license holder to prohibit the client from leaving the facility.

(d) Upon a client's admission to a locked program facility, the license holder must document in the client file that the client was informed:

(1) that the client has the right to leave the facility according to the client's rights under section 144.651, subdivision 21, and that leaving the facility against medical advice may result in legal consequences; and

(2) that the client may not be able to leave the facility as required under chapter 253B.

(e) If a client is prohibited from leaving the facility under chapter 253B, the client's treatment plan must reflect this restriction.

**Subd. 20. Physical separation of services.** If the license holder offers services to individuals who are not receiving intensive residential treatment services or residential stabilization at the program location, the license holder must inform the commissioner and submit a plan for approval to the commissioner about how and when the license holder will provide services. The license holder must only provide services to clients who are not receiving intensive residential treatment services or residential crisis stabilization in an area that is physically separated from the area in which the license holder provides clients with intensive residential treatment services or residential crisis stabilization.

**Subd. 21. Dividing staff time between locations.** A license holder must obtain approval from the commissioner prior to providing intensive residential treatment services or residential crisis stabilization to clients in more than one program location under one license and dividing one staff person's time between program locations during the same work period.

**Subd. 22. Additional policy and procedure requirements.** (a) In addition to the policies and procedures in section 245I.03, the license holder must establish, enforce, and maintain the policies and procedures in this subdivision.

(b) The license holder must have policies and procedures for receiving referrals and making admissions determinations about referred persons under subdivisions 15 to 17.

(c) The license holder must have policies and procedures for discharging clients under subdivision 18. In the policies and procedures, the license holder must identify the staff persons who are authorized to discharge clients from the program.

**Subd. 23. Quality assurance and improvement plan.** (a) A license holder must develop a written quality assurance and improvement plan that includes a plan to:

(1) encourage ongoing consultation between members of the treatment team;

(2) obtain and evaluate feedback about services from clients, family and other natural supports, referral sources, and staff persons;

(3) measure and evaluate client outcomes in the program;

(4) review critical incidents in the program;

(5) examine the quality of clinical services in the program; and

(6) self-monitor the license holder's compliance with this chapter.

(b) At least annually, the license holder must review, evaluate, and update the license holder's quality assurance and improvement plan. The license holder's review must:

(1) document the actions that the license holder will take in response to the information that the license holder obtains from the monitoring activities in the plan; and

(2) establish goals for improving the license holder's services to clients during the next year.

Subd. 24. **Application.** When an applicant requests licensure to provide intensive residential treatment services, residential crisis stabilization, or both to clients, the applicant must submit, on forms that the commissioner provides, any documents that the commissioner requires.

**History:** 2021 c 30 art 15 s 16; 2022 c 98 art 4 s 29; 2022 c 99 art 1 s 13; 2024 c 125 art 4 s 1; 2024 c 127 art 49 s 1; art 61 s 12; 2025 c 20 s 203; 1Sp2025 c 9 art 4 s 56