DEPARTMENT OF HUMAN SERVICES

PRTF Variance Request

License Number	
License Holder	
Type of Service	
Program Name	
Program Address	
Primary Contact Person	
Phone Number	
Email Address	

Variance Review and Approval Process

- The variance will not be considered completed until all required information has been submitted and determined to be in compliance with applicable laws and rules.
- If the variance application includes policies and procedures that are determined not to be in compliance with the applicable laws and rules, the variance request will be considered incomplete. A list of problems will be provided with instructions for correction with a specified time frame for correction.
- Failure to submit a complete variance request within the specified time frame will result in denial of the variance.
- Within 90 days of receipt of a completed variance request, you will be informed whether your variance has been approved or denied.

R2960V. 18 REQUIRED POLICIES AND PROCEDURES

Please refer to the Variance to Minnesota Rules, Chapter 2960 for Children's Psychiatric Residential treatment Facilities (PRTF) for specific policy and procedure requirements. All items on

the following list must accompany the PRTF variance request. Return this checklist with the application, naming the title of the document, or other index identifier that contains the required information. In addition to the policies and procedure requirements, you must submit any and all corresponding forms that demonstrate compliance.

Item	Statute/Rule Requirement	Description	Index Identifier
Α	MN Statutes 245A.65 and 626.557	Reporting of maltreatment of vulnerable adults	
В	MN Statutes 245A.66 and 626.556	Reporting of maltreatment of minors	
C	R2960V.04	Resident rights *Must accompany plan for how information will be communicated to residents/parents, and any form templates	
D	R2960V.05	Admission, continuing stay, and discharge	
E	R2960V.07	Individual plan of care * Must include Plan of Care Treatment Plan templates, and review forms	
F	R2960V.07	Discharge planning and no eject policy *Must include any/all	
		documentation procedures/templates	
G	R2960V.08	Health care services *Must include name/contact information of the RN whom developed the program health services at the time of application and include a description of the medication reconciliation process	
Н	R2960V. 10	Program rules *Must accompany plan for how information will be communicated and any form templates	
Ι	R2960V. 11	Restraint and seclusion procedures	

		*Must include specific plan and any/all resident/staff document templates	
J	R2960V. 12	Critical incidents, including the program's definitions and procedures to address such situations	
K	R2960V.13	Clinical Supervision *Must include plan for tracking, and any/all applicable form templates	
L	R2960V. 16	Orientation and training plan *Must provide staff orientation and annual training plan templates	
М	R2960V. 17	Quality assurance and improvement	
N	R2960V. 19	Documentation	
0	R2960.02	ApplicableRegulations* Must include MN RuleChapter 9544/PositiveSupport Strategy- Stafftraining and process foridentifying potentialresidents	

Minnesota Rules, Chapter 2960 PRTF Staffing Requirements Treatment Team

Use the table below to identify the following staff persons and how they meet the required qualifications (as applicable).

Treatment Team Member	Qualifications	Name
Psychiatric Practitioner		
Mental Health Professional		

Psychiatric Social Worker	
Registered Nurse	
Occupational Therapist	
Psychologist	

*applies only to programs serving adults

Signature:

Date: