

# **Intensive Residential Treatment Services/Residential Crisis Stabilization: 2024 Legislative changes and program implementation plan**

The 2024 Legislature made changes to several laws that impact Department of Human Services (DHS) licensed Intensive Residential Treatment Services/Residential Crisis Stabilization (IRTS/RCS) programs. The sections below contain an overview of each change, instructions for what programs need to do about the change, a link to the change in law, and the date the change is effective.

The hyperlinks within this document go to where the new law can be found. The hyperlink will go to the exact section in session law, but it may take a few seconds for the page to scroll down to the right spot. When reviewing the new law:

- Text that is stricken with a line through it reflects words that are being removed from the law.
- Text that is underlined reflects words that are being added to the law.
- Text that is unchanged reflects what the law was before and continues to be the law.

Later this year, the Minnesota Office of the Revisor of Statutes will update the statutes on their website to reflect the new laws.

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## Weekly team meetings

### Overview

The standards for weekly team meetings provide additional options for participating in and leading these meetings.

### Participating

If a team member works only one shift during a week and cannot participate in the weekly team meeting or an ancillary meeting, this team member must instead do all the following:

- read the weekly team meeting minutes,
- sign an acknowledgement that they received the information in the weekly team meeting minutes, and
- document any pertinent information or questions about the content of the minutes or input the team member has.

The mental health professional or certified rehabilitation specialist must review any questions or pertinent information from the team members before the next weekly team meeting.

### Leading

If a mental health professional or certified rehabilitation specialist cannot lead the weekly team meeting while physically present at the program due to medical or weather conditions, they may lead the meeting remotely such as through videoconferencing. A remotely led meeting may only occur for one week without DHS approval. If a medical or weather condition prohibits the mental health professional or certified rehabilitation specialist from being physically present at the program for longer than one week, the license holder must request a variance to conduct additional meetings remotely.

See [Chapter 127, Article 61, Section 12 \(2024 Minnesota Statutes, section 245I.23\)](#).

**Effective July 1, 2024.**

### What programs need to do

Programs may begin using these new options if all requirements are met. To request a variance to conduct meetings remotely for longer than a week, please contact your licenser directly or email [dhs.mhcdlicensing@state.mn.us](mailto:dhs.mhcdlicensing@state.mn.us).

## Clinical trainee qualifications

### Overview

Changes were made to the statutory language for clinical trainee qualifications. This adds a qualification option for a clinical trainee who has completed a practicum or internship but not yet taken or received the results from the required test or is waiting for the final licensure decision. However, a person may only use this qualification

if it is allowed by their prospective or current licensing board. The qualifications in chapter 245I **do not** supersede the licensing boards' authority to determine the scope of practice, supervision, and licensure requirements for clinical trainees and mental health professionals.

See [Chapter 127, Article 61, Section 7 \(2024 Minnesota Statutes, section 245I.04\)](#).

**Effective July 1, 2024.**

## What programs need to do

License holders must ensure that a person's prospective or current licensing board allows a person with these qualifications to complete the functions in the [clinical trainee scope of practice](#). The personnel file must contain documentation that the clinical trainee complies with all requirements of the applicable professional licensing board.

## Functional assessment

### Overview

The functional assessment requirements were changed to remove the requirement to include a narrative summary. The standards clarify that programs may use any validated measurement tool when completing the elements in the assessment. The assessment must still contain all the required elements listed in 245I.10, subdivision 9, paragraph (b) regardless of which tool is used.

See [Chapter 127, Article 61, Section 8 \(2024 Minnesota Statutes, section 245I.10\)](#).

**Effective July 1, 2024.**

## What programs need to do

A license holder may use a validated measurement tool when completing the required elements of a functional assessment and may choose to not include a narrative summary.

## Level of care assessments

### Overview

The level of care assessment definition in licensing standards was changed to mean the level of care decision support tool appropriate to the client's age. Additional details about the level of care assessment were removed from the definition.

See [Chapter 127, Article 61, Section 6 \(2024 Minnesota Statutes, section 245I.02\)](#).

**Effective July 1, 2024.**

## What programs need to do

DHS will provide additional information later about how to implement this change.

## Emergency overdose medications

### Overview

In 2023, programs were required to maintain a supply of opiate antagonists (example, naloxone or Narcan®) for the emergency treatment of opioid overdoses. This session, DHS proposed technical changes to exempt programs from several medication storage and training requirements to ensure greater access to these lifesaving medications. These flexibilities now allow:

- staff and adult clients to freely carry emergency overdose medications anywhere at the program,
- staff and adult clients to store these medications in unlocked locations,
- staff who only administer emergency overdose medications to only receive training in how to administer that medication, and
- staff to receive this training from any knowledgeable trainer.

See [Chapter 127, Article 62, Section 13 \(2024 Minnesota Statutes, section 245A.242\)](#).

**Effective May 25, 2024.**

## What programs need to do

Programs should update their policies and procedures for medication administration and training to reflect any of the exemptions they choose to use. Programs may choose to not use any of the exemptions if they determine there is a need to have more stringent policies and procedures in place.

## Public email address

### Overview

The license holder's email address will become public data. The license holder can choose which email to provide as their public license holder email address.

See [MN Laws, Chapter 115, Article 19, Section 1 \(2024 Minnesota Statutes, section 13.46\)](#).

**Effective January 1, 2025.**

## What programs need to do

Programs do not need to make any changes at this time. DHS Licensing will provide further guidance prior to January 1, 2025.

## Change in ownership

### Overview

A license holder must notify DHS and follow specific processes if there will be a change in ownership. These existing standards were revised to clarify and improve the process. The description of the types of changes that require a new license replaces legal terms with easier to understand language. These updates are technical and the types of changes that require a new license will stay the same. The requirements clarify there are two different processes: (1) standard change of ownership process and (2) emergency change in ownership process. Most will use the standard process unless a specific emergency occurs.

The notification and application timeframes for the standard change of ownership process increase to align with the 90 days DHS has to act on a complete application. Other updates in this area clarify the existing language.

The new emergency change in ownership process explains the steps to take if a license holder is inaccessible or unable to operate a program. This process allows another party to assume operation of a program if they notify DHS, receive approval, and meet certain requirements.

The requirements remove the temporary change in ownership license and most ownership transitions will use the standard change in ownership process.

[Chapter 127, Article 62, Sections 3-7 \(2024 Minnesota Statutes, section 245A.043\)](#)

**Effective January 1, 2025.**

### What programs need to do

License holders do not need to take any action unless they anticipate a change in ownership. The current process will change beginning January 1, 2025. Contact your program's licensor to discuss this process.

## Locked programs

### Overview

Programs that prohibit clients from leaving the facility by locking exit doors or other permissible methods must meet the additional requirements in Minnesota Statutes, section 245I.23, subdivision 19. These requirements were changed. The requirement for policies to describe the court orders that authorize the license holder to prohibit clients from leaving the facility was removed. The language was clarified to include that the court orders the license holder must maintain are the court orders for treatment. A reference to chapter 253B was added to specify the authority that prohibits the client from leaving. A new requirement is added that programs must inform clients that leaving the facility against medical advice may result in legal consequences.

See [Chapter 127, Article 49, Section 1 \(2024 Minnesota Statutes, section 245I.23\)](#).

**Effective July 1, 2024.**

## What programs need to do

Programs that deter clients from leaving the facility by locking exit doors or other methods should update any policies and procedures that reference these requirements to reflect the new language. Upon admission, the program must inform applicable clients that leaving the facility against medical advice may result in legal consequences. Programs should note that the right for clients not under commitment to leave against medical advice is referenced via 144.651 subd 21, and that all IRTS/RCS programs are prohibited from using seclusion/restraint with any client under 245I.03 subd 4.

## Reporting maltreatment of minors definitions

### Overview

The following two revisions are made to definitions in the maltreatment of minors reporting statute.

The definition for threatened injury (a type of maltreatment) adds the term parent.

[Chapter 115, Article 18, Section 45 \(2024 Minnesota Statutes, section 260E.03\)](#)

**Effective July 1, 2024.**

The definition for substantial child endangerment (another type of maltreatment) adds labor trafficking.

[Chapter 115, Article 12, Sections 13 and 16 \(2024 Minnesota Statutes, section 260E.03\)](#)

**Effective July 1, 2025.**

## What programs need to do

Programs should update any program materials if they contain these definitions including maltreatment of minors reporting policies, procedures, client and patient orientation material, staff training material, and postings. Staff should be trained according to the new definitions upon orientation or at their next annual training.

## Questions

If you have questions about this implementation plan or other licensing requirements, please contact your licensor directly or email [dhs.mhcdlicensing@state.mn.us](mailto:dhs.mhcdlicensing@state.mn.us).

## Background studies

Updates on legislative changes related to background studies are posted on the ["What's new" for background studies webpage](#).