Mental Health Uniform Service Standards (USS)

To create unified and clear regulations across the continuum of mental health services, the Uniform Service Standards project requires editing a significant amount of language. This guide is an outline to the different sections of the bill, based on the Revisor file marked 21-00216 and dated 02/04/21. Please note that while the language presented here is significantly complete, there are minor revisions we anticipate as stakeholders and DHS complete a final review.

Article 1: Core Standards

Section in Article 1 Section in Statute	Summary of Changes
Section 1 [245I.01] Purpose And Citation	USS is explicitly connected to the existing standards for mental health services that MN has already built in the Mental Health Acts, and through Medicaid services.
Section 2 [245I.011] Applicability	This is an important, but very technical section. The intent is to carefully manage the transition into a fully unified licensing structure. Providers and DHS would struggle to do all of this at once. • The licensing standards for Intensive Residential Treatment Services (IRTS) and Residential Crisis Stabilization (RCS) move from a long-standing variance to Rule 36 to statute. Rule 36 is preserved for other programs that use it. • The certification standards for mental health clinics move from Rule 29 to statute. This certification remains optional. • Programs currently certified by the Behavioral Health Division (BHD) retain that approval process, but most of the core service standards will apply. Services can transition to the unified licensing framework as we're ready in later sessions.
Section 3 [245I.02] Definitions	Stable and singular reference points for the terms that are used across service lines, so that we don't repeat definitions. This minimizes creeping differences and mistakes.

Section in Article 1 Section in Statute	Summary of Changes
Section 4 [245I.03] Required Policies And Procedures	This section sets standards for the establishment, enforcement, and maintenance of policies and procedures. Because this section aligns policies and procedures for licensed and certified programs, much of this can be removed one the remaining certified services transition to the unified licensing framework.
Section 5 [245I.04] Provider Qualifications And Scope Of Practice	This section cleans up mental health staff qualifications and clarifies their respective scopes of practice. Highlights include clear distinction between clinical trainees and mental health practitioners, and moving qualifications out of service line standards into a centralized location.
Section 6 [245I.05] Training Required	Lots of variation in the kinds and timing of training currently required. Aligning training standards will make it easier for providers with several different services to share staff between programs. Previous training and experience can count towards these requirements, and providers can choose a “training year” to get all staff on the same cycle. Identifies the topics that require training right away, and those than can occur later. Specificity on training needed for children’s services.
Section 7 [245I.06] Treatment Supervision	Renamed from “clinical supervision” to “treatment supervision” to reduce confusion between the supervision requirements in mental health services generally and the requirements that the boards of practice establish for a clinical trainee’s supervision to licensure (can overlap, but treatment supervision tends to be less prescriptive). USS proposes greater flexibility: larger group size, over the telephone, not specific about which kind of mental health professional supervises.
Sections 8-10 [245I.07] Personnel Files, [245I.08] Documentation Standards, [245I.09] Client Files	The standards for documenting services and maintaining client and personnel files are brought into alignment for consistency of expectations. In current state, these areas have many small differences between service lines, or are not specified in some services at all. Staff and clients can move between services with greater ease when basic requirements like these are consistent.

Section in Article 1 Section in Statute	Summary of Changes
Section 11 [245I.10] Assessment and Treatment Planning	This contains the reforms to the diagnostic assessment (DA), including greater flexibility to build trust and engagement before completing a DA, and the option to delay and follow up on more sensitive elements, including trauma history. Also supports continuity with other services: authorizing rapid intake based on a hospital history & presentation examination. Also contains reforms to the Individual Treatment Plan (ITP): continuing to value parental engagement, while offering some grace period so that kids stay connected to care.
Section 12 [245I.11] Health Services and Medications	This section establishes standards to ensure safe administration of medications and to prevent the diversion of prescription drugs, when that applies to a program.
Section 13 [245I.12] Client Rights and Protections	Aligns client rights requirements to existing authorities, primarily the Health Care Bill of Rights in section 144.651.
Section 14 [245I.13] Critical Incidents	Reporting requirement for residential programs, where the level of responsibility for the client's safety is the highest.
Section 15 [245I.20] Mental Health Clinic	Significantly modernized and more flexible certification standards for mental health clinics compared to the existing "Rule 29" certification standards. • Updated staffing to reflect commonly issued variances to reflect workforce shortages, particularly in psychiatry and psychology. • Greater flexibility for satellite locations, which often include school linked mental health. • Eliminated highly prescriptive requirements for case consultation, individual supervision hours, internal utilization review, and peer case file review. Replaced with much broader requirement to implement quality assurance and improvement plan, as designed by the provider.

Section in Article 1 Section in Statute	Summary of Changes
Section 16 [245I.23] Intensive Residential Treatment Services And Residential Crisis Stabilization	Simplified licensing standards for IRTS and RCS programs, which are currently licensed under a standard variance to Rule 36. • Allows more time for some initial documentation and assessment. The first few days in an IRTS program can be intense for both the client and staff. Some items are delayed to make for an easier transition. • The frequency of assessments is reduced, to allow more time for meaningful progress in the program. • Flexibility for programs to choose between supervision models, as long as key information can be effectively communicated about clients at shift changes and after treatment plan reviews. • Discharge standards to promote the retention of clients in treatment whenever possible, and to ensure clear communication at discharge. If an IRTS/RCS program chooses to initiate a client's discharge, they would need to contact the case manager and family/natural supports before finalizing that step. This follows a significant and meaningful discussion between advocates, IRTS programs, DHS, homeless shelter operators, and Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD).
Section 17 [256B.0671] Covered Mental Health Services	This section continues coverage of mental health services that have been defined in 256B.0625 or MR 9505.0372. Terminology is standardized, and we use basic definitions from the core of USS.
Section 18 [Uncoded] Direction To Commissioner; Single Comprehensive License Structure	This uncodified language directs DHS to continue this work, including the extensive partnership with stakeholders. Future services that would transition to the unified licensing framework would include mobile crisis response, Adult Rehabilitative Mental Health Services (ARMHS), Assertive Community Treatment (ACT), Intensive Treatment in Foster Care (ITFC), Children's Therapeutic Services and Supports (CTSS), and Intensive Rehabilitative Mental Health Services (IRMHS). Children's Residential (CRF), Psychiatric Residential Treatment Facilities (PRTF), substance use disorder services are already licensed services, but would benefit from analysis and alignment with USS core requirements. DHS will work with stakeholders to plan and prioritize this work.

Article 2: Crisis Services

Section in Article 2 Section in Statute	Summary of Changes
Section 1-2 [245.469] Emergency Services	To unify standards for adult and children's crisis services, we edit the Adult Mental Health Act crisis language to bring in protections currently available under children's crisis services, and emphasize the importance of service to families or third parties.
Section 3 [245.4879] Emergency Services	Replace the Children's Mental Health Act crisis language with a cross reference to the newly edited Adult Mental Health Act crisis language to unify the crisis standards.
Section 4 [256B.0624] Crisis Response Services Covered	Adult crisis services are renamed to reflect unified standards for children's and adult crisis services, and the basic coverage statement is edited for conforming changes and clarity.
Section 4 [256B.0624] Crisis Response Services Covered, Subd 2.	Definitions edited to cite over to the USS core for consistency. Some definitions rewritten to reduce the policy detail in the definitions section. "Crisis" and "Emergency" definitions merged.
Section 4 [256B.0624] Crisis Response Services Covered, Subd 3-4a.	Eligibility and provider standards unified across adult and children's services, with emphasis on service to families and other third parties. Duties of a mobile crisis team distinguished from a residential crisis stabilization provider.
Section 4 [256B.0624] Crisis Response Services Covered, Subd 5.	Staff qualifications rewritten for clarity and aligned to USS core standards.
Section 4	The phases of crisis service are broken out into subdivisions: screening that happens over the phone, initial assessment that takes place in person or by telemedicine, and intervention that takes place in person or by telemedicine. Emphasis on service to families and other third parties. Requirement on teams to provide prompt consultation and documentation when referring a client to an emergency department

[256B.0624] Crisis Response Services Covered, Subd 6-6b.	or other more intensive setting. Priority placed on calls coming from emergency departments, and from law enforcement considering a transportation hold.
Section 4 [256B.0624] Crisis Response Services Covered, Subd 7-8.	Requirements for crisis stabilization clarified, and aligned to USS core standards.
Section 4 [256B.0624] Crisis Response Services Covered, Subd 9-11.	Standards for supervision and treatment planning aligned to USS core standards. Requirement for client file deleted, since this is covered by USS core standards.
Section 4 [256B.0624] Crisis Response Services Covered, Subd 12.	Covered services edited to include items from children's crisis service. Clarification that a residential provider may do their own screening (they don't need to call a mobile team if a client contacts them directly) but that it is not billed as a separate service.

Article 3: Conforming Changes

Section in Article 3 **Section in Statute**	**Summary of Changes**
Section 1-3 [62A.152, 62A.3094, 62Q.096]	References for health insurance chapters are corrected for mental health clinics and mental health professionals.
Section 4 [144.651]	Health Care Bill of Rights is modified to include new citations for IRTS/RCS services.
Section 5-9 [144D.01, 144G.08, 148B.5301, 148E.120, 148F.11]	Citations relating to residential facilities and mental health professionals corrected.

Section in Article 3 Section in Statute	Summary of Changes
Section 10-28 [245.461-245.4863]	Adult Mental Health Act language edited for conformity with USS definitions, and citations corrected. Conflicting timelines for diagnostic assessment and individual treatment plan removed.
Section 29-44 [245.487-245.4889]	Children's Mental Health Act language edited for conformity with USS definitions, and citations corrected. Conflicting timelines for diagnostic assessment and individual treatment plan removed. Definitions corrected for crisis planning, day treatment, and intensive treatment in foster care.
Section 45-46 [245.62, 245.735]	Citations related to mental health clinics corrected.
Section 47-51 [245A.04, 245A.10, 245A.65, 245D.02, 254B.05]	Human Services Licensing Act (245A) edited for conformity with USS, and to reflect changes in mental health clinics, IRTS and RCS. Home and Community Based Services (245D) and SUD services (254B) edited to correct citations.
Section 52 -56 [256B.0615, 256B.0616]	Individual and Family Peer Services corrected to align with USS, remove duplicate material, and to clarify intent.
Section 57-65 [256B.0622]	Coverage for IRTS is maintained in Medicaid chapter, but refers to standards in USS core. Coverage for ACT is maintained, and standards are corrected to align with USS and remove duplicate material. Material removed from definitions, and relocated to service standards.
Section 66-73 [256B.0623]	Coverage for ARMHS is maintained, and standards are corrected to align with USS and remove duplicate material. Material removed from definitions, and relocated to service standards.
Section 74-82 [256B.0625, 256B.0757]	Coverage and standards language in Medicaid chapter corrected to cite USS definitions, primarily staff qualifications. Community Mental Health Center standards modified to reflect new citations, and to add flexibility on a rare service type.

Section in Article 3 Section in Statute	Summary of Changes
Section 83-93 [256B.0943]	Coverage for CTSS is maintained, and standards are corrected to align with USS and remove duplicate material.
Section 94-99 [256B.0946]	Coverage for ITFC is maintained, and standards are corrected to align with USS and remove duplicate material.
Section 100-106 [256B.0947]	Coverage for IRMHS is maintained, and standards are corrected to align with USS and remove duplicate material.
Section 107-112 [256B.0949, 256B.25, 256B.671, 256B.763]	Coverage, rates, and standards language in Medicaid chapter corrected to cite USS definitions, primarily staff qualifications.
Section 113-115 [256P.01, 295.50, 325F.721]	Additional citations of mental health professional and mental health clinic corrected to reflect USS definitions.
Section 116	Repealer. Duplicative language repealed in Mental Health Acts, coverage of peer services, ACT, ARMHS, CTSS, Children's Crisis, and ITFC. Some services in 256B.0625 repealed due to relocation into 256B.0671. Minnesota Rules repealed. Commonly referred to as "Rule 28," "Rule 29," and "Outpatient Mental Health in Rule 47." Material replaced by USS core standards, and Mental Health Clinics under 245I.20.