Minnesota Early Intensive Developmental Behavioral Intervention (EIDBI) Benefit Set: Review of human services licensing guidelines

February 2024

As part of a broader effort to review DHS oversight and quality assurance of Early Intensive Developmental and Behavioral Intervention (EIDBI) providers and their services, this report summarizes statutes, administrative rules, and policies for programs serving children and young adults. The goal was to summarize existing standards and requirements related to service provision, provider qualifications, and health and safety practices. This review is intended to help inform community thinking and discussions related to guidelines and practices for regulation and monitoring of EIDBI services, including decisions about potential future licensing practices.

The Minnesota Department of Human Services (DHS) licenses a variety of different programs. This review focuses on the following service types: adult day care, child care and early education (including both center-based and home-based care), foster care, home and community-based services, children's residential facilities, and outpatient mental health clinics.

LEARN MORE

Minnesota Department of Human services licensing guidelines

Licensing home / Minnesota Department of Human Services (mn.gov)

OVERVIEW OF REPORT CONTENT

Community Research Solutions, LLC
CONSULTING AND RESEARCH TO MAKE A DIFFERENCE

This report was prepared by Cheryl Holm-Hansen, PhD, Community Research Solutions, under contract with the Minnesota Department of Human Services

Introduction

Overview of the Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit set

The Early Intensive Developmental and Behavioral Intervention (EIDBI) Benefit is a Minnesota Health Care Program. The purpose of the EIDBI benefit is to provide medically necessary early intensive intervention for people with autism spectrum disorder (ASD) and related conditions, as well as to:

- Educate, train, and support their parents, families, and caregivers;
- Promote people's independence and participation in family, school, and community life; and
- Improve long-term outcomes and the quality of life for people and their families.

Services can be offered in centers, clinics, offices, and home or community environments, such as schools. Services can be offered to individuals up to age 21. EIDBI services are offered in coordination with other supports.

EIDBI service goals

EIDBI services are designed to improve:

- Functional communication
- Social or interpersonal interaction skills
- Interfering or complex behavior
- Self-regulation
- Cognitive functioning
- Learning and playing skills
- Safety skills
- Self-care skills

LEARN MORE

EIDBI benefit policy manual

EIDBI Benefit Policy Manual home page (state.mn.us)

In Minnesota, EIDBI services are not currently licensed by the Department of Human Services (DHS). According to a recent national review, services for people with ASD are licensed in at least 38 states.

Service delivery

Participants' rights

Minnesota has established rights for everyone receiving human services

Some participant rights relate specifically to service quality and health and safety standards, which are discussed later in this report. As it relates to receipt of services, all participants have the rights to:

- Participate in service plan development
- Refuse services
- Receive services that respect their preferences
- Be informed about limits to the services, such as limited provider knowledge or skills, or the inability of a program to meet their needs
- Understand the terms of service provision, such as admission criteria and conditions under which services may be discontinued
- Be informed about the costs of services, regardless of who will be covering the cost
- Receive services from competent and trained staff
- Have their information remain confidential
- Access their service records
- Be treated with respect

Providers must develop procedures to protect these rights, and share them with participants

Policies and procedures must be developed and shared with all participants and their caregivers or other legal representatives. Programs are expected to make reasonable accommodations to provide this information in multiple formats or languages as needed.

Participants have the right to file grievances if they did not receive quality services or if their rights were violated

Grievances can be submitted directly to the Minnesota Department of Human Services. Programs are required to disseminate and post instructions and contact information for filing these grievances.

How well are participant rights protected in EIDBI services? What changes, if any, should be made to better support participants' rights? Are any improvements needed in how complaints are addressed?

Covered services

Covered services vary widely across different service areas

The specific services offered in a human services program varies widely depending on the service goals, setting, and population. Currently, Minnesota's EIDBI benefit set includes the following services:

- Comprehensive multi-disciplinary evaluation (CMDE)
- Individual treatment plan (ITP) development and progress monitoring
- Coordinated care conference
- Intervention – individual, group and higher intensity
- Intervention observation and direction
- Family or caregiver training and counseling

- Telehealth
- Travel time

Six specific interventions are currently approved for implementation within the EIDBI program

The EIDBI benefit set includes six approved interventions, each of which requires providers to be trained and certified for implementation. These modalities are referenced in statute and include:

- Applied Behavior Analysis (ABA)
- Developmental, Individual Difference, Relationship-Based (DIR)/Floortime model
- Early Start Denver Model (EDSM)
- PLAY Project
- Relationship Development Intervention (RDI)
- Early Social Interaction (ESI)

Learn more

EIDBI treatment modalities

EIDBI - Treatment modalities (state.mn.us)

Most states offer Applied Behavior Analysis (ABA), with providers either certified through a national certification board, such as the Behavior Analyst Certification Board (approximately 32 states) or through a state credentialing board (approximately 6 states). Aside from ABA, the specific models used in Minnesota were rarely named as being used in other states. New Jersey offers DIR/Floortime, while Oregon offers the Early Start Denver Model (ESDM).

There is wide variety in other services offered across the country. Some states reference specific models, though more offer general descriptions of services. In addition to ABA, states may offer a variety of services, such as mental health treatment (e.g., cognitive behavior therapy), parent and peer programs, other skill building models, and other therapeutic services (e.g., physical therapy, speech therapy, and occupational therapy).

SERVICE PLANNING AND MONITORING

Approved treatment modalities can be updated as needed

According to the EIDBI Policy Manual, approved treatment modalities can be updated when needed. Proposed revisions can be initiated by any stakeholders, such as providers, advocates, and parents. The program has identified a list of criteria that must be met in order for a treatment to be added to the list. These criteria include:

- Causing no harm to the person or the person's family
- Being individualized and person-centered
- Being developmentally appropriate and highly structured, with well-defined goals and objectives that provide a clear direction for treatment
- Being based in recognized principles of development and/or behavioral science

- Using sound practices that are replicable across providers and maintain the fidelity of the specific modality
- Demonstrating that the modality is evidence-based
- Having goals and objectives that are measurable, achievable, and regularly evaluated and adjusted to ensure the person is making adequate progress
- Being provided intensively with a high staff-to-person ratio
- Including participation by the person and the person's legal representative in decision making, knowledge and capacity building, and developing and implementing the person's individual treatment plan.

What changes, if any, should be made to the current EIDBI treatment modalities? Should these be in statute, or determined through a DHS process? Would it be better to list specific approved modalities, or to provide more general and flexible descriptions of covered services (as is done in most other states)?

SERVICE PLANNING AND MONITORING

Human service programs generally require the creation of an individualized treatment plan, though the timing and content may vary

Human service programs typically require an individualized treatment plan, though guidelines are inconsistent. For example, intensive home and community-based programs require that a plan be created within 15 days of admission. Children entering residential programs must have completed required functional assessments as part of this plan. In adult day services, individual service plans must be coordinated with other plans of service and revised annually, or when participants' needs change.

EIDBI services have detailed guidelines for individual treatment plan development and monitoring

EIDBI services are based on a comprehensive multi-disciplinary evaluation (CMDE). The CMDE is used to determine medical necessity for services. The CMDE must include an assessment of the person's developmental skills, functional behavior, needs, and capacities. Information sources can include direct observation, completed assessments, and input from others (including family members, school personnel, child care providers, and others).

EIDBI Individual Treatment Plans

The Individual Treatment Plan must be culturally and linguistically appropriate, be person-centered, correspond with the CMDE findings, and specify the:

- Medically necessary treatment and service;
- Treatment modality that shall be used; and
- Discharge criteria that will be used and a defined transition plan

Based on the CMDE results, an individual treatment plan (ITP) is developed, which specifies the type and amount of medically necessary services the person will receive

At least once every six months, the EIDBI Qualified Service Provider (QSP) must review and update the Individual Treatment Plan. The person is eligible to continue receiving services as long as they are making reasonable progress towards the goals specified in the Individual Treatment plan and still meet medical necessity requirements.

COORDINATION WITH EDUCATIONAL AND OTHER SUPPORTS

EIDBI services should be coordinated with other services

Individuals with ASD may receive a wide variety of other supports, and EIDBI services should be coordinated with these supports. For instance, EIDBI services should be coordinated with other Medicaid-funded services, such as home care services, occupational therapy, personal care assistance (PCA) services, physical therapy, and other services and supports. Active coordination is intended to ensure that individuals receive the most appropriate and effective combination of services to meet their specific needs.

EIDBI services should be coordinated with educational/academic services

EIDBI services are medical services and are not intended to replace educational or academic services. However, providers must coordinate the person's EIDBI services with educational/academic supports. EIDBI services can be offered during school hours or on school grounds. However, if this is the case, their Individual Treatment Plan should document the specific goals or objectives of this treatment.

ASD-related services often can be offered in the schools, though at least two states do not allow school-based services. Approximately nine states do not provide guidance regarding school-based services. While most other states allow services to be provided at school, some have guidelines for ensuring that educational/academic services are not considered ASD-related supports. A few require school-based services to be provided and billed only by district staff. A few others mandate that school-based services must be reflected within the Individual Treatment Plan.

How well is coordination occurring within EIDBI services, including coordination with educational services? Is it well understood that EIDBI is a medical service and not educational? Are guidelines needed to ensure that other providers can participate in planning when requested by parents?

USE OF TELEHEALTH

Many human services programs allow the use of telehealth

Statute allows the use of telehealth within some human services programs. For example, adult day centers can be licensed to provide remote services, as long as the services comply with federal requirements and are provided during the service days/times specified in the license. Before using remote services or telehealth, these programs are required to document that this approach was chosen by the participant,

aligns with their assessed needs, and will help the participant achieve their objectives. Participants served through telehealth must receive services in person at least quarterly.

Services for individuals with ASD, including EIDBI, are also incorporating the use of telehealth

Minnesota's EIDBI services can be offered via telehealth, as long as the services align with the same required service thresholds, authorization requirements, and reimbursement rates that apply to in-person services.

At least 33 other states include provisions for serving individuals with ASD through telehealth. Two states began offering this option in response to the COVID-19 pandemic, and it is unclear whether the provisions will be made permanent. The remaining states allow telehealth, though some impose restrictions on the amount or types of services that can be provided.

How well does telehealth work for EIDBI? How can/should it be used? Is it appropriate for supervision and oversight of services to be provided only through telehealth?

PARENT PARTICIPATION IN SERVICES

EIDBI covered services include family/caregiver training and counseling

Family/caregiver training and counseling is available for parents, caregivers, and anyone who provides direct care support (including Personal Care Assistants). Services are designed to help caregivers support the person's development, build family and caregiver confidence and resilience, and promote the person's and family's participation in their home, school, and community.

Some programs specify that parents should have access to children/youth during service delivery

A general provision of human services programming is that parents or legal guardians must be allowed access to their child at any time while the child is in care.

Does the training and counseling families receive through their EIDBI provider meet their needs and preferences? How could it be improved? Are they able to participate in or observe EIDBI services provided to their child upon request? What types of protections should be in place to ensure that parents can access their children during services?

DOCUMENTATION

Programs must maintain ongoing documentation of program services and participants

Service records must be maintained securely and typically need to include:

- Participant identifying information and caregiver contact information
- Admission and discharge forms
- Documentation of service eligibility
- Records of all services provided
- Incident reports
- Progress updates
- Individual abuse prevention plans where required
- Other service providers supporting the participant
- Documentation of complaints and grievances
- Health information, such as medical history, dietary needs, and allergies
- Documentation that participants and caregivers received information about participant rights, health and safety guidelines, and other policies

Service participants and their supporters must be able to access program documentation

Upon request, programs must share service records with caregivers and/or the person's legal representatives. Others who may have access include case managers and service providers.

Learn more

EIDBI health service records

EIDBI – Health service records (state.mn.us)

What should be included in case notes during EIDBI services? How should parents be involved in reviewing updated progress status? How should documentation oversight be incorporated into clinical supervision?

Service quality

There are many different elements of effective and high-quality services. This review focuses on the following three elements: person-centered care and positive supports; cultural and linguistic appropriateness; and performance monitoring and evaluation.

PERSON-CENTERED CARE AND POSITIVE SUPPORTS

Minnesota has adopted the principle of person-centered care in human services

Person-centered care is referenced in statute and applies broadly across human services programming. Characteristics of person-centered care generally include:

- Services support the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes

- Self-determination supports and provides opportunities to develop and exercise functional and age-appropriate skills, decision making and choice, personal advocacy, and communication
- Services are provided in the most integrated setting and inclusive service delivery strategy

Minnesota has also established rules related to the use of positive support strategies

According to Administrative Rules, human services programs are expected to use positive support strategies when providing services. There are several standards that must be followed:

- Assess the person's strengths, needs and preferences to identify and create a positive support strategy
- Select positive support strategies that are evidence-based, are person-centered, are ethical, integrate the person in the community, are the least restrictive to the person
- Use person-centered planning in the most integrated setting
- Promote the person's self-determination
- Cannot use punishment as part of behavioral programming
- Provide the most integrated setting and inclusive service delivery for the person
- Create a desirable quality of life for the person through inclusive, supportive, and therapeutic environments

EIDBI definition of person-centered

"Person-centered" means a service that both responds to the identified needs, interests, values, preferences, and desired outcomes of the person or the person's legal representative and respects the person's history, dignity, and cultural background and allows inclusion and participation in the person's community.

The positive support framework is used to set guidelines related to limiting the use of restraints, seclusion, and time-outs

Home- and community-based providers must develop plans to intervene when a person's behavior poses an immediate risk of physical harm to self or others, with a goal of eliminating restrictive interventions. The use of restrictive interventions is highly regulated and generally prohibited except under very specific circumstances.

When restraint, seclusion and time out are used in human service programs, they must be applied in ways that still align with person-centered and positive supports. They must be used only to address safety, rather than being used as punishment, and they cannot be applied in ways that are overly restrictive or which violate individuals' rights to inclusive, supportive, and therapeutic supports.

Human services statutes provide strict and detailed guidelines regarding the use of restraints

Providers must have policies that specify the positive support strategies that should be attempted prior to a restraint, the types of restraints that are allowed, instructions for using these techniques, and required staff training. Restraint must be the least restrictive intervention to eliminate the risk of harm and effectively achieve safety, and must end when the threat of harm ends. Staff must monitor the person's health and welfare throughout the restraint. Restraint cannot be used when someone is in a prone position, or when they have a known medical or psychological condition that precludes its use. Incidents involving restraint must be documented and internal reviews are required, resulting in a corrective action plan to better

support participants in the future (such as by reviewing the person's care plan, providing training to staff, or revising agency policies).

CULTURAL AND LINGUISTIC APPROPRIATENESS

Aside from EIDBI, statute rarely references cultural and linguistic appropriateness

Human services statute rarely reference cultural and linguistic appropriateness. A notable exception is the guiding statute for EIDBI (256B.0949), which states "the person's and family's spoken language and culture, values, goals, and preferences must be reflected throughout the covered services. [Providers] must determine how to adapt the evaluation, treatment recommendations, and individual treatment plan to the person's and family's culture, values, and language preferences." There is also some guidance available for children's residential services.

Cultural and linguistic appropriateness is typically referenced only in terms of provider training

Occasionally, statute references cultural and linguistic appropriateness in terms of provider training. For example, family child care providers must include training in the cultural dynamics of early childhood development and child care (e.g., awareness of cultural differences, how to support the needs of children and families with differences in ability, skills to help children develop unbiased attitudes about cultural differences and differences in ability, culturally appropriate caregiving).

EIBDI providers are required to take an online "Cultural Responsiveness in ASD Services" training.

Cultural Responsiveness in ASD Services training topics

- Culture and cultural responsiveness
- Why cultural responsiveness matters
- Culturally and linguistically effective communication
- Effective work with interpreters
- Culturally appropriate clinical environments
- Culturally responsive clinical assessment
- Culturally responsive treatment and training

In general, how should DHS define and monitor quality of human service programs? How should DHS ensure that EIDBI services are person-centered, grounded in positive supports, and culturally- and linguistically-competent? What types of training for positive behavior supports should occur, including the use of emergency restraint?

PERFORMANCE MONITORING AND EVALUATION

Statute rarely references requirements for program monitoring and evaluation

While programs are generally required to monitor outcomes for individuals receiving services, statute rarely references expectations related to overall performance monitoring or program evaluation. Some programs, such as foster care and children's residential services, are required to conduct an annual assessment of program strengths and weaknesses, and to use this information to improve services. This annual review should include participant outcomes, accidents, use of restrictive procedures, grievances, maltreatment allegations, critical incidents, and results of resident and family satisfaction survey.

Should there be standard evaluation and program monitoring requirements for EIDBI? If so, what should be included?

Service providers

A core focus in State policies, statutes, and administrative rules is the selection and support for staff working in human services programs. Broadly speaking, employment practices and policies need to comply with the Minnesota Human Rights Act. However, there are a number of specific considerations related to the hiring and supervision of staff providing human services.

Staff qualifications

Human services programs share an emphasis on having "well-trained and competent" staff

In some cases, this emphasis is framed as a general statement related to staff competence. For example, Minnesota Statutes 245D.09 related to staffing standards states that staff must be "competent as demonstrated through skills and knowledge training, experience, and education relevant to the primary disability of the person and to meet the person's needs."

Due to the diversity of program types, the details of what it means to be "well-trained and competent" vary across program areas

Staff competency is sometimes defined in terms of licensure, registration, or certification. This is not relevant for all positions, but licensure is typically required for all positions in which licensure is typically offered (such as nurses, clinical social workers, psychologists, and others).

Some positions carry specific education and/or experience requirements. Some programs have requirements regarding years of education, while others require specific types of course work, such as courses in early childhood development and education for some child care providers. In addition to general education, some programs require specific trainings. For example, EIDBI providers are required to have advanced certification in one or more of the approved treatment modalities.

In addition to education and experience, some programs have additional qualifications for staff. These requirements include:

- Age: Many human services roles, including delivering EIDBI interventions, are not available to people younger than age 18. Staff must also be age 18 or older to work overnight in residential settings, administer medication, or operate a family-based child care center.
- Physical health: Child care programs have health requirements. Adult caregivers must be "physically able to care for children." Providers need to submit evidence that they have had a physical examination within the previous year and that they are physically able to care for children.
- Driver's license: Staff who will be transporting participants, such as in child care or residential settings, are required to have a valid driver's license.
- Language: Mental health practitioners are expected to be fluent in the non-English language of the ethnic group to which at least 50 percent of their clients belong.

Learn more

Detailed descriptions of EIDBI provider types and qualifications, from the benefit policy manual

EIDBI - Overview of EIDBI providers (state.mn.us)\

EIDBI provider qualifications, roles, and responsibilities

Comprehensive multi-disciplinary evaluation (CMDE) providers determine the person's necessity for EIDBI services, while **Qualified Supervising Professionals (QSP)** supervise services, oversee individual treatment plan development, and manage care coordination. Both roles require high-level training, including training as a physician, advanced practice registered nurse, mental health professional, or mental health practitioner. Staff are required to have significant clinical experience and coursework

Level I, Level II, and **Level III providers** deliver a variety of interventions to EIDBI participants. The positions vary in terms of required experience and training. Level III providers must have a high school diploma, in some cases fluency in a non-English language or tribal nation certification, and one year of related work experience. In contrast, Level I and II providers have more training. There are multiple options for fulfilling requirements, but generally they have at least a bachelor's degree, significant work experience, and behavior analyst certification.

BACKGROUND STUDIES

Human services program staff are subject to background studies to determine if they have backgrounds that disqualify them from working with children or vulnerable adults

Background studies are generally conducted at the time a staff person is hired. However, they can also be repeated anytime there is reasonable cause (i.e., a report from the staff member, the agency, or a third party indicating that the person has a history that would disqualify them as a provider or which may pose a risk to the health or safety of people receiving services).

What provider qualifications are most important for EIDBI services? Should changes to current provider qualifications be made? How should DHS evaluate that professionals are working within their scope?

DOCUMENTATION

Programs are expected to maintain documentation of staff qualifications

Programs are required to document formal qualifications of staff. There is a general expectation that the program will maintain documentation of staff education, training, and licensure/registration/certification. Some program areas also demonstrate qualifications through ongoing performance monitoring and feedback. Foster care programs and home and community-based programs s are required to conduct knowledge testing or direct observation of staff as part of ongoing performance evaluations.

Provider training

INITIAL ORIENTATION

Human services staff need to complete training regarding agency policies and services during their orientation period

All licensed human services programs have expectations for staff orientation. Some training needs to be completed before staff are able to provide services. Other trainings need to be completed during a specific time frame following providers' hire, such as within their first 72 hours or their first 60 or 90 days.

Most programs emphasize agency procedures and policies during orientation. Common orientation topics include prevention of adult/child maltreatment, client rights and protections, emergency procedures, and health and safety standards.

Some orientation training also focuses on skills in working with participants. Other common orientation priorities include child development, mental health, trauma-informed care, and other topics to help staff work effectively with participants.

Staff can often receive credit for recent trainings, including training completed at other agencies

Some policies build in allowances for previous training to fulfill orientation requirements. For instance, child care staff can be exempted from child development training if they completed recent coursework. They can also transfer some orientation training that is not agency-specific to another agency if they change employment.

SELECTED ORIENTATION TRAINING TOPICS

Orientation topics	EIDBI	Outpatient mental health	Center Child care	Family child care	Adult day center	Foster care	Home/ Comm. Based Svcs.	Children's Resi-dential
Overview of agency/services			✓		✓	✓	✓	✓
Specific job responsibilities	✓	✓	✓		✓	✓	✓	✓
Vulnerable adult/maltreatment of minors/risk reduction plan	✓	✓	✓		✓	✓	✓	✓
Drug and alcohol policies			✓					
Emergency procedures/ incident reporting		✓	✓	✓	✓	✓	✓	✓
Client rights and protections	✓	✓			✓	✓	✓	✓
Data privacy		✓			✓	✓	✓	✓
Health and safety procedures			✓	✓	✓	✓	✓	✓
Professional boundaries		✓						
Behavior guidance standards			✓	✓				
Infant safety guidelines			✓	✓				
First aid/CPR			✓	✓	✓	✓	✓	✓
Child development		✓	✓	✓				
Proper use and installation of child restraint systems in motor vehicles.			✓	✓				
Mental health (e.g., crisis response, de-escalation, suicide intervention)		✓	✓	✓	✓	✓	✓	✓
Fetal alcohol spectrum disorders						✓		
Trauma-informed care/secondary trauma		✓						
Person-centered/family-centered care	✓	✓			✓	✓	✓	✓
Co-occurring substance use disorders		✓						
Culturally responsive treatment practices		✓	✓				✓	✓
Restraints, time out, and seclusion	✓				✓	✓	✓	✓
Allergy prevention and response				✓				
Activities of daily living (residential care)						✓		✓
Medication administration			✓		✓	✓	✓	✓
Strategies to minimize risk of sexual violence					✓	✓	✓	✓
Use of needed medical equipment					✓	✓	✓	✓

ONGOING TRAINING

All human services programs have requirements for ongoing professional development, though the details vary across programs

There is tremendous variability in ongoing training requirements, as expectations vary based on staff position and program type. Often the topics to be covered could be considered "refresher" training focused on the same types of topics covered during orientation. Many programs require annual training related to health and safety standards, but less frequent training on topics such as child development or mental health.

For example:

- Child care center staff who work 20+ hours/week complete 24 hours of training/year, while staff who work less complete 12 hours of training/year. Every year, training must include health and safety procedures, reporting responsibilities, infant safety, and prevention of abuse and maltreatment. Every two years, they must update training related to child development, first aid, CPR, cultural dynamics, and disabilities. Remaining training hours address the Minnesota Knowledge and Competency Framework.
- Adult day center staff must complete 12 hours of training each year related to the health, nutritional, and social needs of the target population. Staff with more than 6 years of experience only need to complete 6 hours of training per year. Training must include reporting maltreatment of vulnerable adults and use of medical monitoring equipment.
- Residential center staff who have direct contact with residents must complete at least 24 hours of training/year. One half of the training must focus on skill development. Part-time direct care staff must receive sufficient training to care for residents, at a ratio of one hour of training for each 50 hours worked, up to 24 hours. The agency determines the type of training needed for each employee, based on the position, tasks, and performance indicators for the position.
- Foster home staff who work full-time and have direct contact with children must complete at least 18 hours of training per year. One-half of the training must focus on skill development. Part-time direct care staff must receive sufficient training to competently care for children. The amount of training must be provided at least at a ratio of one hour of training for each 60 hours worked, up to 18 hours of training per employee per year.

EIDBI does not have consistent expectations for ongoing training

EIDBI staff are required to complete a variety of initial trainings. All providers are required to complete Cultural Responsiveness in Autism Spectrum Disorder Services, along with training related to preventing and reporting maltreatment. Providers complete other trainings depending on their role. However, no ongoing training requirements are specified.

Learn more

EIDBI Individual Provider trainings

EIDBI – Individual Provider trainings

Some follow-up training incorporates structured coursework, while some is meant to support the specific training needs of individual staff members

Most human service programs create individual training plans based on staff performance evaluations. These plans are typically updated annually and are designed to meet their performance goals.

Training sources sometimes need to be approved by the licensing agency

In some cases, trainings are provided directly by the State. In other cases, provider agencies need to arrange their own training. Even when training is arranged locally, the rules and statutes often specify that trainings need to be approved by the Department of Human Services Commissioner. In some cases, the state requires alignment with other training entities, such as the MN Center for Professional Development.

For example:

- Training for family and group family child care providers must be developed by the commissioner in conjunction with the Minnesota Sudden Infant Death Center and approved by the Minnesota Center for Professional Development.
- Staff receiving training on sudden unexpected infant death reduction training and abusive head trauma training must complete a video of no more than one hour in length. The video must be developed or approved by the commissioner.
- The commissioner shall approve the curriculum for cultural dynamics and disability training.
- All family child care license holders and each second adult caregiver shall complete and document the completion of the six-hour Supervising for Safety for Family Child Care course developed by the commissioner.
- The commissioner of human services must post information on the department's website indicating the specific category within the Knowledge and Competency Framework that will satisfy training requirements for child development and learning, behavior guidance and active supervision. County licensing staff must accept trainings designated as satisfying training requirements by the commissioner.

DOCUMENTATION

Agencies typically need to have a formal training plan

Training plan components include:

- A formal process to evaluate the training needs of each staff person
- A description of how the license holder conducts ongoing training, including whether ongoing training is based on a staff person's hire date or a specified annual cycle determined by the program
- A description of how the license holder verifies and documents each staff person's previous training experience
- A description of how the license holder determines when a staff person needs additional training, including when the license holder will provide additional training

In addition to a training plan, agencies need to maintain clear documentation of training provided

Across program areas, agencies are typically required to document training provision, including the topic of the training, the name of the trainee, the name and credentials of the trainer, the agency's method of evaluating the trainee competence after training, the date of the training, and the length of the training.

What kind of continuing education requirements should providers have to follow? What training requirements should be required for the different levels? What training topics would be helpful for staff?

Staffing considerations

STAFFING RATIOS

Licensed programs typically have requirements related to maintaining adequate staffing

While programs are expected to maintain adequate staffing, definitions of "adequacy" vary. Some statutes have fairly broad guidelines. For example, Minnesota Statutes 245D.09 specify that agencies must provide "the level of direct service support staff, supervision assistance, and training necessary: (1) to ensure the health, safety, and protection of rights of each person; and (2) be able to implement the responsibilities assigned to the license holder in each person's support plan or identified in the support plan addendum." In other cases, formal staffing ratios are calculated. Child care programs, for instance, have detailed formulas for calculating the number of staff needed based upon the number and age of children present.

In some programs, staffing requirements are determined by the need of participants

Staffing levels vary in some programs depending upon the needs of the participants. For instance, day service facilities must calculate staffing ratios based on participant needs related to toileting, communicating basic needs, eating, or ambulating. Determining the appropriate staffing ratio is the responsibility of a case manager, in consultation with the interdisciplinary team.

Ratios may also be defined in terms of individual caseloads

For instance, staff providing outpatient mental health services through the Children's Therapeutic services and supports (CTSS) program are expected to maintain caseloads that allow them to "play an active role in service planning, monitoring, and delivering services to meet the client's and client's family's needs, as specified in each client's individual treatment plan."

What type of ratios should be required for caseloads of Qualified Supervising Professionals and Advanced Certification providers? Should every agency location have an assigned QSP and/or advanced certification requirement?

USE OF SUBCONTRACTORS AND VOLUNTEERS

In addition to program staff, administrative rules provide guidelines related to subcontractors, temporary staff, and volunteers

The roles that can be played by these staff vary, as do the qualifications that they must possess in order to work within program agencies. However, some guidelines note that if subcontractors or temporary staff will be providing services, they must comply with the same training, orientation, and supervision requirements as other staff, including licensing requirements. These guidelines also apply to volunteers.

SUPERVISION

Licensed agencies are required to provide adequate supervision to all direct service staff to ensure the health, safety, and protection of rights for each participant

Some statutes provide general guidance related to adequacy of supervision. For instance, Minnesota Statutes 245D specifies that programs must "provide adequate supervision of staff providing direct support to ensure the health, safety, and protection of the rights of each person and implementation of the responsibilities assigned to the provider in each person's support plan."

The specific requirements for supervision vary across program areas

Supervision requirements can vary depending on program type and setting, and the number and qualifications of staff providing services. For example, mental health providers must provide at least weekly face-to-face individual or group clinical supervision to staff providing services. In adult day services programs, a direct support staff member cannot be responsible for supervising and training more than ten staff members.

What type of supervision should be required for non-licensed staff? How much supervision should unlicensed providers receive? How should it be documented? How much onsite time should QSPs and Advance Certification providers need to document? Do licensed and clinical staff need to be onsite? How often?

PERSONNEL RECORDS

Licensed agencies are generally required to maintain personnel files for all staff

Personnel files should be accessible for review if requested and typically need to include:

- Documentation of the employee's first day of work, and first day working directly with participants
- The employee's job description
- An employment application or resume indicating that the employee meets the position requirements
- Documentation that the employee has completed the orientation
- Documentation of an annual performance evaluation
- Documentation of completion of the annual in-service training

What type of oversight (including documentation) should be used to ensure that providers maintain their qualifications (licensure, trainings, education, etc.)? How should parents participate in rating provider quality?

WORKFORCE SHORTAGES

Staffing requirements may be waived in some cases due to workforce shortages

There is an acknowledgment in some statutes that workforce shortages may exist. In these areas, there are protocols for the licensing agency to determine the existence of a workforce shortage and to grant some exceptions related to provider qualifications or other staffing requirements.

Health and safety

Abuse and maltreatment

Programs are expected to develop policies to ensure that children and vulnerable adults are free from abuse and maltreatment during services.

Statutes and rules provide detailed guidance regarding the prevention of abuse and maltreatment

Programs typically must develop a risk reduction plan that identifies the general risks to children served by the center. Licensed centers are required to establish procedures to minimize identified risks, train staff on the procedures, and annually review the procedures.

Depending on the program type, prevention plans are created at the individual participant level as well as the agency level

Some licensed programs must create both individual and agency abuse prevention plans. Individual prevention plans are designed to protect the person from maltreatment, while taking into account vulnerability that may come from personal characteristics (such as age, mental functioning, or physical health), characteristics of the location (such as building condition and ease of supervision), facility location, and staffing patterns. The plan also includes a description of the measures that will be taken to minimize the individual's risk of abuse. Plans should be developed for each new person served. The person receiving services should participate in the development of the abuse prevention plan to the extent possible.

Risk prevention plans also take aspects of the facility into account, such as the building condition, access to potentially harmful products, and environmental safety. They may also address specific policies to ensure adequate supervision of participants. For instance, programs providing child care may have specific policies to protect children during transition times, drop-off and pick-up times, and other times when children may be particularly vulnerable. Risk reduction plans must be shared with all staff and reviewed at least annually.

Programs must have detailed policies for reporting and addressing abuse and maltreatment

These policies generally must cover:

- Mandating reporting of alleged or suspected maltreatment
- Ensuring internal review of allegations within 30 days
- Taking corrective action to protect the health and safety of vulnerable adults
- Developing corrective action plans to address any lapses in agency or individual performance
- Sharing policies and reporting procedures with staff and with all persons receiving services (and/or their legal representative when appropriate)

In addition to internal reporting procedures, the guidelines must address reports of abuse or maltreatment to the 'common entry point.' The common entry point for adults is the Minnesota Adult Abuse Reporting Center (MAARC). Reports of child maltreatment are typically made to the County. For EIDBI services, therefore, maltreatment reports are made to MAARC for participants age 18-20. For participants age 17 or younger, the Minnesota Maltreatment of Minors Act (Minnesota Statutes Chapter 260E) does not currently identify an entity with authority to receive and investigate maltreatment reports involving EIDBI services. In these cases, maltreatment reports should be made to local law enforcement.

What type of abuse prevention plans should be in place? How should DHS ensure that providers are preventing abuse?

Emergencies and critical incidents

Licensed human services programs are generally required to be prepared for emergencies and follow emergency response procedures

While there are some differences depending upon the type of provider and location of services, in general, licensed human services programs must have a plan for managing potential emergencies, such as fire, weather, natural disasters, or intruders. Emergency response plans typically include components such as designated emergency exits, evacuation procedures, identification of shelter areas, staff responsibilities during emergencies, procedures to reunify child participants with parents or caregivers, and plans for engaging emergency response. Staff are required to have access to a working telephone and a list of emergency telephone numbers. Fire drills must be held at least quarterly, fire extinguishers should be available, and some facilities require fire code inspections.

Emergency plans must be widely shared with staff and participants

Review of emergency procedures is expected as an orientation activity and typically must be reviewed at least once per year. Emergency procedures should also be posted, and available to participants and their representatives.

Providers are also required to file and maintain reports of critical incidents

A variety of events can be considered "critical events," including accidents requiring first aid, incidents involving emergency medical or psychiatric care, incidents requiring a police report, maltreatment reports, and use of restraints. These events must be documented, including:

- The name of the person or persons involved
- The date, time, and location of the incident
- A description of the incident
- The provider's response to the event
- Documentation that the event was reported

Information about incidents need to be promptly reported to participants' legal guardian, designated emergency contact, or case manager. Additional reporting guidelines vary depending upon the type of

incident, but in general, incidents also need to be reported to an outside authority, such as the Department of Human Services Licensing Division.

Providers are expected to review critical incidents and take corrective action as needed

Providers are required to review critical events that occurred and their responses to them. The review should include an evaluation of whether they followed established policies and procedures, whether these policies and procedures were adequate, whether there is a need for additional staff training, and whether corrective action is needed to protect the health and safety of persons receiving services. Based on this review, license holders must develop, document, and implement a corrective action plan.

What should be required of EIDBI providers in terms of preparation for emergencies? How might emergency preparation needs vary depending on the service location?

Health care and medical support

In general, human services providers are expected to provide some basic health care support, though the degree of support varies widely

Most providers are expected to maintain at least a minimal level of support for participant health. For instance, programs are often required to have an accessible first aid kit, and to have a staff member available who is trained in first aid and cardiopulmonary resuscitation. Some programs expect staff to provide deeper support, such as assisting with medication administration; monitoring health conditions according to written instructions from a licensed health professional; assisting with or coordinating medical, dental, and other health service appointments; or using medical equipment, devices, or adaptive aides or technology.

It is commonly expected that providers are aware of participant health care needs

While programs may not be directly providing health care, they are generally expected to be aware of and accommodate health care needs. One common example is that providers often need to be aware of allergies, and to have plans in place to decrease exposure to allergens or to manage allergic reactions. Some programs also have requirements related to providing separate areas for people who are unwell to wait for a caregiver to pick them up.

There are detailed guidelines in statute related to medication administration

All licensed human service programs have guidelines related to medication administration. Specific requirements vary, but in general:

- Staff administering medication must be health professionals or receive specialized training
- Medication must be properly stored, such as being in the original container, kept in a secure location, and refrigerated if needed
- Medication should be self-administered whenever possible
- Medication cannot be administered without consent from the person and/or their legal representative
- Adverse reactions to medication must be monitored and reported

- Documentation must be maintained regarding all medication that is administered

Additional requirements apply for specific types of medication, such as injectable medication, psychotropic medication, and schedule II-controlled substances.

What kinds of health policies are necessary for EIDBI services? How should policies differ depending on the service setting (i.e., home, center, or other community locations? Under what conditions should EIDBI providers administer medication?

Facility safety

Due to the diversity of program services and settings, there is wide variation in facility and safety standards

Facility-related standards are prevalent in Minnesota statutes and administrative rules. Not all standards apply across all licensed program types. For instance, programs offered in residential settings have many guidelines related to sleeping areas and storage of participants' belongings. Child care programs have extensive requirements related to caregiving needs, such as appropriate spaces for toileting, diapering, eating, and napping. Aside from these service-specific requirements, however, there are some general principles that apply across facility types.

Service settings are expected to be clean and well-maintained

While the details vary, facilities where services are provided are typically required to:

- Maintain equipment, vehicles, furniture, supplies, and materials in good condition
- Comply with all applicable state and local fire, health, building, and zoning codes
- Ensure that areas used by participants are free from debris, loose plaster, and peeling paint
- Be kept clean and free from accumulated dirt, grease, garbage, mold, and infestations
- Install handrails and nonslip surfaces on interior and exterior runways, stairways, and ramps
- Keep stairways, ramps, and corridors free of obstructions
- Shield or enclose heating, ventilation, air conditioning units, and other hot surfaces and moving parts of machinery
- Keep exterior stairs and walkways free of ice and snow
- Maintain a comfortable indoor temperature (typically 68-70 degrees Fahrenheit)
- Keep outside property free from debris and safety hazards

What kinds of space and facility requirements should be in place for center-based programs? What type of requirements would be most helpful in keeping children safe?

Other health and safety standards

TRANSPORTATION

Programs may provide transportation to participants under certain conditions

Home- and community-based providers that may provide transportation must comply with all seat belt and child passenger restraint (car seat) guidelines required by law. If transporting children, they must complete training related to proper installation and use of car seats during orientation and once every five years.

FOOD AND DRINK

Participants must have access to clean drinking water

Drinking water must be provided in single service containers or from drinking fountains accessible to all persons. Reusable cups or water bottles can be used under same conditions, such as being used only for water and being designated for use by only one person.

Programs that provide food must comply with a variety of health and safety regulations

There are significant requirements related to food provision, especially for facilities that provide meals (such as residential care). However, most programs have at least some guidelines related to food and water. For example, any food that is provided (even snacks) should be nutritious and meet the special dietary needs of participants. All food and beverages must be obtained, handled and properly stored to prevent contamination, spoilage, or threats to the health of participants. Appliances used in food storage and preparation must be safe and clean.

SANITATION

Universal precautions should be followed to ensure sanitary program locations

As is the case with other health and safety standards, requirements related to sanitation vary significantly across human service programs. There are many requirements that apply specifically for agencies that are providing residential care for children. Child care programs have detailed guidelines related to diapering, hand washing, and cleaning bodily fluids. There are some general recommendations related to sanitation standards, however. Programs typically are expected to following universal precautions and sanitary practices, including hand washing, to promote health and reduce risks such as communicable illnesses.

PRESENCE OF PETS

Pets or service animals are permitted in at least some service locations

Policies regarding the presence of pets or service animals exist for some program areas, such as family child care, foster care, and home and community-based services. Pets are generally not excluded from these facilities. However, animals must be immunized and in good health as required by local ordinances and state laws. Prospective participants and their representatives must be notified about the presence of pets in the home or center facility.

DANGEROUS ITEMS

Some programs areas have guidelines to protect individuals from harmful items

Policies are required by some human service programs to restrict participants' access to harmful objects, materials, or equipment, including poisonous chemicals, appliances, sharp instruments, matches, or other potentially harmful materials. For some programs, such as home-based foster care or child care, statutes specify that firearms and other weapons must be stored in locked areas inaccessible to program participants.

HEALTH AND SAFETY GUIDANCE OUTLINED IN STATUTE

Health and safety	EIDBI*	Outpatient mental health**	Center Child care	Family child care	Adult day center	Foster care	Home/ Comm. Based Svcs.	Children's Resi-dential
Medication administration		✓	✓	✓	✓	✓	✓	✓
Transportation of participants		✓	✓	✓	✓	✓	✓	✓
Access to telephones			✓	✓	✓	✓	✓	✓
Emergency preparedness plan			✓	✓	✓	✓	✓	✓
Presence of pets/ service animals			✓	✓	✓	✓	✓	✓
Access to first aid kit			✓	✓	✓	✓	✓	✓
Facility standards re maintenance and upkeep			✓	✓	✓	✓	✓	✓
Guidelines for food provision and safety			✓	✓	✓	✓	✓	✓
Sanitation guidelines			✓	✓	✓	✓	✓	✓
Storage of dangerous items			✓	✓	✓	✓	✓	✓

*Because EIDBI services do not currently require licensure, there are fewer guidelines in statute regarding specifics such as health and safety standards.

** While there is less specific guidance in statute related to health and safety standards for outpatient mental health, there is a general requirement that programs 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."

What kinds of health and safety standards should be established for EIDBI services? For instance, what guidelines should there be, if any, related to topics such as transportation, food and drink, sanitation, presence of pets, and dangerous items? What policies are need to best promote the health and safety of EIBDI service recipients?