

9525.2790 REGIONAL REVIEW COMMITTEES.

Subpart 1. **Appointment.** As mandated by Minnesota Statutes, section 245.825, the commissioner shall initially appoint at least two regional review committees to monitor parts 9525.2700 to 9525.2810. The commissioner shall establish additional committees if required by the number of procedures received for review and the level of effort required to ensure timely and thorough review.

Subp. 2. **Membership.** Each regional review committee must include:

A. at least one member who is licensed as a psychologist by the state of Minnesota and whose areas of training, competence, and experience include developmental disabilities and behavior management; and

B. representation from each of the following categories:

- (1) license holders governed by parts 9525.2700 to 9525.2810;
- (2) parents or guardians of persons with a developmental disability;
- (3) other concerned citizens, none of whom is employed by or has a controlling interest in a program or service governed by parts 9525.2700 to 9525.2810; and
- (4) the department.

When a matter being reviewed by the committee requires the expertise and professional judgment of a medical doctor, the commissioner shall make the services of a licensed physician available to the committee.

Subp. 3. **Duties and responsibilities.** Regional committees shall:

A. meet at least quarterly to review the reports on use of time out, mechanical restraint, and manual restraint required by parts 9525.2750 and 9525.2770 and act on those reports according to procedures established by the commissioner;

B. meet or confer as necessary if a case manager requests the authorization required in part 9525.2740, subpart 2; and

C. act as directed by the commissioner to:

- (1) monitor and facilitate compliance with parts 9525.2700 to 9525.2810 and make recommendations to the commissioner;
- (2) provide technical assistance in achieving compliance; and
- (3) review, monitor, and report to the commissioner on statewide use of aversive and deprivation procedures in relationship to the use of less intrusive alternatives and to the use of psychotropic medication.

Statutory Authority: *MS s 245.825*

History: *11 SR 2408; 18 SR 1141; L 2005 c 56 s 2*

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