### IX-3000  Interstate Compact on Mental Health

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MN Department of Human Services
Social Services Manual

Interstate Compact on Mental Health XI-3000
Based on statutes and rules in effect as of 06/04/99

3513 Return Procedure

3600 Form
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Introduction to the Interstate Compact XI-3200

Function XI-3210

The Interstate Compact on Mental Health provides a uniform policy for all member states to transfer mentally ill or mentally retarded patients between states’ facilities when it has been determined that such a move would be clinically beneficial to the patient regardless of citizenship or residence. It also provides the legal basis for a patient’s transfer and admission for treatment.

Adapted from Minn. Stat. 245.51, Art. I

Exclusions XI-3220

The policies and procedures on Interstate Compact on Mental Health do not include interstate placements made under the following:

1. The Interstate Placement of Children for Foster Care or Adoption (Minn. Stat. 257.40). This provides for the interstate placement of children as determined by responsible parties in both states, and establishes the continuing responsibility and jurisdiction of the responsible parties.
2. The Interstate Compact on Juveniles (Minn. Stat. 260.51). This provides for the following circumstances:
   a. Cooperative supervision of delinquent juveniles on probation or parole.
   b. The return, from one state to another, of delinquent juveniles who have escaped or absconded.
   c. The return, from one state to another, of nondelinquent juveniles who have run away from home.

The Interstate Compact on Juveniles is administered by the Minnesota Department of Corrections.
Purpose

It is the intent of the Interstate Compact on Mental Health to provide proper and expeditious treatment to a person with mental illness or mental retardation through the cooperative action of member states in order to benefit the person and their families. The Compact provides that this be done regardless of a patient’s legal residence or citizenship.

Adapted from Minn. Stat. 245.51, Art. I

Definitions

2. Compact or Interstate Compact: The Interstate Compact on Mental Health.
   Minn. Stat. 245.51
   Minn. Stat. 245.52
4. Guardian: Any guardian, trustee, legal committee, conservator, or other person or agency however denominated, who is charged by law with power to act for or responsibility for the person or property of a patient.
   Minn. Stat. 245.51, Art. VIII(b)
5. Institution: Any hospital or other facility maintained or contracted by a party state of the Interstate Compact on Mental Health or political subdivision of that state for the care and treatment of persons with mental illness or mental retardation.
   Minn. Stat. 245.51, Art. II(c)
6. Interstate Compact Coordinator: The person designated by the Commissioner to coordinate referrals and issue authorization for transfer.
   Minn. Stat. 245.52
7. Local Social Services Agency: Local agency under the authority of the county board of commissioners or human services board which is responsible for social services.
8. Minnesota Regional Treatment Center (RTC): Regional treatment center under the control and supervision of the Commissioner of Human Services.
9. Patient: Any person subject to or eligible as determined by the laws of the sending state for hospitalization or other care, treatment, or supervision pursuant to the provisions of the Interstate Compact on Mental Health.
   Minn. Stat. 245.51, Art. II(d)
10. Receiving State: A party state to the Interstate Compact on Mental Health to which a patient is transported pursuant to the provisions of the Compact; it is contemplated that a patient may be so sent.

   Minn. Stat. 245.51, Art. II(b)

11. Sending State: A party state to the Interstate Compact on Mental Health from which a patient is transported pursuant to the provisions of the Compact or from which it is contemplated that a patient may be so sent.

   Minn. Stat. 245.51, Art. II (a)


   Minn. Stat. 245.51, Art. II (h)


Member States

All states and territories of the United States are members of the Compact except the following:

- Arizona
- California
- Guam
- Mississippi
- Nevada
- Utah
- Virginia
- Virgin Islands

Minnesota Compact Administrator

The Commissioner of Human Services is the Minnesota Compact Administrator. The Commissioner’s designee is the Interstate Compact Coordinator, who processes all reports and correspondence and other documents relating to all patients transferred under the Interstate Compact on Mental Health. All communications concerning the Interstate Compact on Mental Health must be directed to:

   Interstate Compact Coordinator
   State Operated Services Support
   Minnesota Department of Human Services
   444 Lafayette Road North
   St. Paul, MN 55155-3826

All negotiations regarding the interstate transfer of patients shall be initiated by, or arranged through, the Interstate Compact Coordinator. This includes arranging for the return of patients on unauthorized absence from Minnesota found in another state or patients from another state found in Minnesota who are on an unauthorized absence.

   Adapted from Minn. Stat. 245.52;
Cases Processed Through Compact

The following types of cases must be processed through the Interstate Compact:

1. Request for transfer of a patient from another state who resides in a state operated facility to Minnesota for the purpose of inpatient or aftercare treatment.
2. Request for transfer of a Minnesota RTC patient for inpatient or aftercare treatment to another state.
3. Request by another state for the return of a patient to that state who is absent without leave from a state operated facility in that state, with the understanding that proper care will be provided the patient by a Minnesota regional treatment center until the proposed transfer can be completed.
4. Request for the return to Minnesota from another state of a committed patient who is absent without leave from a Minnesota RTC.

Adapted from Minn. Stat. 245.51

Eligibility for Care and Treatment

A person physically present in any Compact state, who needs inpatient care or treatment for mental illness or mental retardation, is eligible for care and treatment in a state facility regardless of legal residence or citizenship.

Provisions of this Compact do not apply to patients:

1. Under sentence in a penal or correctional institution.
2. Subject to trial on a criminal offense.
3. Institutionalized due to commission of an offense for which, in the absence of mental illness or mental retardation, the individual would be subject to incarceration in a penal or correction institution.

Adapted from Minn. Stat. 245.51
Transfer is Beneficial to Patient XI-3320

A person may be transferred from a state facility to a similar institution in another Compact state. Transfers are based on a social and medical determination that a transfer would be clinically beneficial to the patient. This includes evaluation of:

1. The individual’s diagnosis.
2. Character and duration of the illness or retardation.
3. Location of the person’s family.
4. Other appropriate factors.

Adapted from Minn. Stat. 245.51, Art. III b)

Agreement to Transfer XI-3330

A Compact state is not obligated to accept a patient unless it has had notice, an opportunity to review documents and examine the patient, and agreed to the transfer.

Minn. Stat. 245.51, Art. III (c)

Priority of Admission XI-3340

A patient being transferred under the Interstate Compact will receive the same admission priority as a local patient and must be taken in the same order as a local patient.

Minn. Stat. 245.51, Art. III (d)

Patient of One Facility Only XI-3350

No individual may be a patient of more than one facility at a time.

Minn. Stat. 245.51, Art. VII (a)

Aftercare and Supervision XI-3360

When it has been determined that a patient needs aftercare or supervision, it may be provided by another Compact state on the same basis as a local patient, when it has been determined that it is in the patient’s best interest and would not jeopardize the public safety. The Sending State must request the receiving state to investigate the aftercare plan and to recommend approval of the plan.

Adapted from Minn. Stat. 245.51, Art. IV

Transportation XI-3370

Any patient transported under the Compact may pass through any Compact state without interference.

Adapted from Minn. Stat. 245.51, Art. VI
The Sending State is responsible for transportation costs, unless two or more Compact states make a specific agreement for a different allocation of costs.

**Minn. Stat. 245.51, Art. VII**

**Interstate Movement Between State Facilities**

**Leaving Minnesota**

**Transfer Request**

The Chief Executive Officer (or designee) of any Minnesota regional treatment center (RTC) may request the transfer for a patient when it has been determined by the treatment staff that it would be clinically beneficial to and in the best interest of the patient to be transferred to another state.

In initiating a transfer request, the following apply:

1. The regional center will discuss the proposed transfer with the patient and family prior to initiating a transfer request and obtain written consent to the transfer from the patient. If the patient has been legally declared incompetent, the written consent must be obtained from the guardian. If no written consent is obtained, the transfer request cannot be initiated. (See SSM XI-3610 for Patient/Guardian Consent to Transfer (DHS 3257))

2. All requests to transfer a patient to another state for continued treatment must be referred directly to the Interstate Compact Coordinator for processing, evaluation, and referral.

3. Referrals are based on a clinical determination that a transfer is beneficial to and in the best interest of the patient and need not be related to the patient’s residence.

4. Any patient in a Minnesota regional treatment center may be transferred to another state if both sending and receiving state determine that the transfer would be clinically beneficial.

5. If criminal charges are pending, a transfer will not be considered under the Compact, unless the attorney responsible for handling the criminal matter has indicated in writing that the charges will be dismissed before an actual transfer takes place. Either the regional treatment center or the local social services agency must clarify the patient’s status before initiating a request for transfer.

**Referral to Other State by Interstate Compact Coordinator**

The Interstate Compact Coordinator reviews all requests for transfer and makes referrals to the appropriate Interstate Compact Coordinator.

Upon receiving authorization from the receiving state, the Interstate Compact Coordinator notifies the Minnesota regional treatment center of the approval and provides instructions on how
to proceed with the transfer. The patient must be moved from the regional treatment center in a timely period after receiving authorization.

**Transportation**

1. The regional treatment center will notify the designated person in the receiving state of the travel arrangements prior to the actual transfer of the patient in accordance with directions received from the Interstate Compact Coordinator.

2. Authorized hospital facility personnel escort the patient in transit.

3. The regional treatment center notifies the family and the local social services agency of the planned discharge date and admission procedures for the receiving hospital.

**Entering Minnesota (Inpatient or Aftercare Requests)**

**Transfer Request**

Compact Administrators of member states send transfer requests to the Compact Administrator in Minnesota. All transfer requests are processed through the office of the Interstate Compact Coordinator in Minnesota.

**Referral and Evaluation**

The information received from another state is evaluated by the Interstate Compact Coordinator for completeness and applicability under the terms of the Interstate Compact on Mental Health; if not complete, additional information may be requested from the referring state.

**Local Social Services Agency Responsibility**

The local social services agency evaluates referrals assigned by the Interstate Compact Coordinator.

1. When a transfer request is received from another state, a copy of the referral material is forwarded to the local social services agency requesting that an evaluation be completed.

2. The local social services agency receiving the request and responsible for the evaluation is determined according to the statute, as follows:

   a. If the patient has no established residence in a Minnesota county, the Commissioner shall designate the county of financial responsibility for the purposes of carrying out the provisions of the Interstate Compact on Mental Health as it pertains to patients being transferred to Minnesota. The Commissioner shall designate the county which is the residence of the person in Minnesota who initiates the earliest written request for the patient transfer.

   Minn. Stat. 245.52
b. The local social services agency serving the county in which a family anticipates living when they move to Minnesota.

c. Where the initiator of the request for transfer is another state, rather than a family member already located in Minnesota, the local agency serving the county where the patient’s closest family member lives.

d. The local agency serving the county where the patient will be living when the request is for aftercare.

3. As part of the evaluation process, it is recommended that the local social services agency personally interview the relatives, legal guardian, or initiator of the request and discuss the following areas:

a. Family’s motivation regarding the transfer.

b. Length of time the family anticipates living in Minnesota. If the family does not intend to live in Minnesota permanently, the approximate length of time.

c. Extent of the relatives’ contact with the patient and interest in transfer.

d. Appropriateness of a community placement or regional treatment center admission.

e. Willingness of the family to be involved in a commitment procedure if necessary.

f. Benefits to the patient if transfer is approved.

4. It is recommended that the local social services agency consult the regional treatment center that would be the receiving facility to review appropriateness of the referral for placement in a state operated facility.

5. If additional information from the Sending State is required, it should be requested through the Interstate Compact Coordinator.

6. Upon completion of the evaluation, the local social services agency must notify the Interstate Compact Coordinator in writing of its recommendation regarding the proposed transfer. A copy of the referral shall also be sent to the regional treatment center serving the local social services agency.

Regional Treatment Center Responsibility

The regional treatment center is responsible for:

1. Evaluating the material for appropriateness of admission and availability of treatment. After completing its review, the center notifies the Interstate Compact Coordinator of its recommendations, including the following information:
a. anticipated date of admission.
b. recommended type of admission (committed, informal).
c. name of the individual responsible for coordinating the patient’s admission.

2. If additional information is required from the Sending State in order to evaluate the referral, the regional treatment center requests the information through the Interstate Compact Coordinator.

3. The regional treatment center notifies the Interstate Compact Coordinator of its recommendation, in writing, within 60 days.

Recommendation of Denial XI-3422.03

If the local social services agency or regional treatment center recommends denial of the proposed transfer, the local agency or regional center must write a letter to the Compact Coordinator specifying the reasons for recommending denial.

Decision of Compact Coordinator XI-3423

When the evaluations by the local social services agency and the regional treatment center have been completed, they will be reviewed by the Interstate Compact Coordinator. The Interstate Compact Coordinator has the final authority to accept or deny a transfer request.

Approval Transfer XI-3424

1. If the transfer is approved by the Interstate Compact Coordinator, authorization is sent to the Sending State and will include instructions on how and under what terms the transfer is to be accomplished. A copy of the authorization will be sent to the local agency, the regional treatment center, and the Reimbursement Division of the Department of Human Services.

2. If the patient is to be admitted on a voluntary basis, the sending facility will be requested to notify the Medical Director of the receiving regional treatment center in Minnesota 10 days prior to the transfer.

3. If the patient is able to give informed consent, the normal admission procedure is as a voluntary patient.

4. If the patient is unable to give informed consent, commitment under the Minnesota Commitment and Treatment Act is the appropriate alternative. In these cases, the Compact Coordinator will request the sending facility to give the receiving facility and the local social services agency 10 days’ notice prior to the transfer.
It is recommended that the local social services agency initiate the pre-petition screening process for commitment prior to the patient's actual entrance into Minnesota and that the petition be filed on the date, or as soon as possible after, the patient enters Minnesota.

**Denied Transfer**

If the transfer is denied by the Compact Coordinator, the Sending State will be notified of the decision in writing.

**Unauthorized Absence from a State Facility**

No patient, even though on unauthorized absence from a state facility in another state, is returned to that state without authorization from the Interstate Compact Coordinator in Minnesota.

**Dangerous or Potentially Dangerous Patient**

When a dangerous or potentially dangerous patient escapes from any member state, that state shall notify all appropriate authorities. The patient, when apprehended, will be detained in the state where located, pending disposition in accordance with law.

*Adapted from Minn. Stat. 245.51, Art. V*

**Admission to Minnesota Facility**

A patient on an unauthorized absence from another state may only be admitted to a regional treatment center in Minnesota in accordance with the Minnesota Commitment and Treatment Act.

*Minn. Stat. 253B*

The Act includes:

1. Voluntary admission.
2. Emergency hold order.
3. Commitment.

A representative of the regional treatment center must notify the Interstate Compact Coordinator of any patient admitted to a Minnesota facility who is known to be on an unauthorized absence from a facility in another state.

**Return Procedure**

Any patient admitted voluntarily to a regional treatment center and who is on unauthorized absence from another state will be asked by a representative of the regional treatment center to sign a consent agreeing to a return.
If the patient was admitted in Minnesota voluntarily and objects to the transfer, no transfer will occur. If the patient agrees to be transferred, the regional center notifies the Interstate Compact Coordinator, and procedures for the return are initiated.

If the patient is committed, the same procedure is followed.

In those instances where the patient is dangerous, potentially dangerous, or charged with a crime, the patient is detained in accordance with the appropriate law, and the Interstate Compact Coordinator is contacted.

Form 3600

Following is a copy and instructions for the form listed below:

Patient/Guardian Consent to Transfer (DHS 3257) (See SSM XI-3610)
Patient/Guardian Consent to Transfer (DHS 3257) XI-3610

This form is the patient/guardian consent to transfer from one state to another state. It must be signed by the patient or patient’s guardian and witnessed by another person.