

**CHAPTER 9530**  
**DEPARTMENT OF HUMAN SERVICES**  
**CHEMICAL DEPENDENCY PROGRAMS**

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**9530.0100** [Repealed, 12 SR 1451]

**9530.0200** [Repealed, 12 SR 1451]

**9530.0300** [Repealed, 12 SR 1451]

**9530.0400** [Repealed, 12 SR 1451]

**9530.0500** [Repealed, 12 SR 1451]

**9530.0600** [Repealed, 12 SR 1451]

**9530.0700** [Repealed, 12 SR 1451]

**9530.0800** [Repealed, 12 SR 1451]

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- 9530.0900 [Repealed, 12 SR 1451]
- 9530.1000 [Repealed, 12 SR 1451]
- 9530.1100 [Repealed, 12 SR 1451]
- 9530.1200 [Repealed, 12 SR 1451]
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- 9530.1400 [Repealed, 12 SR 1451]
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- 9530.2800 [Repealed, 12 SR 1451]
- 9530.2900 [Repealed, 12 SR 1451]
- 9530.3000 [Repealed, 12 SR 1451]
- 9530.3100 [Repealed, 12 SR 1451]
- 9530.3200 [Repealed, 12 SR 1451]
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- 9530.3700 [Repealed, 12 SR 1451]
- 9530.3800 [Repealed, 12 SR 1451]
- 9530.3900 [Repealed, 12 SR 1451]
- 9530.4000 [Repealed, 12 SR 1451]

## LICENSURE OF CHEMICAL DEPENDENCY REHABILITATION PROGRAMS

### 9530.4100 DEFINITIONS.

Subpart 1. **Scope.** As used in parts 9530.4100 to 9530.4450, the following terms have the meanings given them.

Subp. 2. **Adolescent.** “Adolescent” means an individual under 18 years of age, defined as a child under Minnesota Statutes, section 260B.007, subdivision 3.

Subp. 3. **Applicant.** “Applicant” means an individual, organization, partnership, voluntary association, corporation, or other public or private organization that submits an application for licensure under parts 9530.4100 to 9530.4450.

Subp. 4. **Chemical.** “Chemical” means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, chapter 152.

Subp. 5. **Chemical abuse.** “Chemical abuse” means a pattern of inappropriate and harmful chemical use as defined in subpart 14. Chemical abuse includes inappropriate and harmful patterns of chemical use that are linked to specific situations in an individual’s life such as loss of a job, death of a loved one, or sudden change in life circumstances. Chemical abuse does not involve a pattern of pathological use, but it may progress to pathological use.

Subp. 6. **Chemical dependency.** “Chemical dependency” means a pattern of pathological use as defined in subpart 18, accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use. Chemical dependency includes a pattern of pathological use as defined in subpart 18, accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal, which has been interrupted by a period of incarceration or hospitalization.

Subp. 7. **Chemical dependency counselor.** “Chemical dependency counselor” means a staff person of a rehabilitation program who meets the qualifications specified under part 9530.4270, subpart 4.

Subp. 8. **Client.** “Client” means an individual who seeks or obtains chemical dependency rehabilitation services.

Subp. 9. **Commissioner.** “Commissioner” means the commissioner of the Department of Human Services or the commissioner’s designated representative. If the commissioner enlists an agency to assist in determining whether a license application meets the requirements of parts 9530.4100 to 9530.4450, under Minnesota Statutes, section 245A.16, subdivision 1, the agency shall be included as a designated representative of the commissioner.

Subp. 10. **Department.** “Department” means the Minnesota Department of Human Services.

Subp. 11. **Detoxification program.** “Detoxification program” has the meaning given it in Minnesota Statutes, section 254A.08, subdivision 2.

Subp. 12. **Health assessment.** “Health assessment” means the process of evaluating a client’s physical condition to determine the level and type of care required and the immediacy of service needs, in accordance with part 9530.4320.

Subp. 13. **Individual treatment plan.** “Individual treatment plan” means a written plan of treatment developed by a chemical dependency counselor, in consultation with the client, on the basis of the client’s evaluation results and reviewed at scheduled intervals in accordance with part 9530.4410, subparts 2 to 4.

Subp. 14. **Inappropriate and harmful use.** “Inappropriate and harmful use” means use of a chemical that exceeds social or legal standards of acceptability, the outcome of which is characterized by three or more of the following:

- A. weekly use to intoxication;
- B. inability to function in a social setting without becoming intoxicated;
- C. driving after consuming sufficient chemicals to be considered legally impaired under Minnesota Statutes, section 169A.20, whether or not an arrest takes place;
- D. excessive spending on chemicals that results in an inability to meet financial obligations;
- E. loss of friends due to behavior while intoxicated; or
- F. chemical use that prohibits the individual from meeting work, school, family, or social obligations.

Subp. 15. **Intoxicated individual.** “Intoxicated individual” means an individual who has a blood alcohol content of 0.10 or greater, or whose mental or physical functioning is substantially impaired as a result of the physiological presence of a chemical.

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Subp. 16. **License.** "License" has the meaning given it in Laws of Minnesota 1987, chapter 333, section 2, subdivision 8, to be codified as Minnesota Statutes, section 245A.02, subdivision 8.

Subp. 17. **License holder.** "License holder" means the individual, corporation, partnership, voluntary association, or other public or private organization legally responsible for and licensed to operate a rehabilitation program.

Subp. 18. **Pathological use.** "Pathological use" means the compulsive use of a chemical characterized by three or more of the following:

- A. daily use required for adequate functioning;
- B. an inability to abstain from use;
- C. repeated efforts to control or reduce excessive use;
- D. binge use, such as remaining intoxicated throughout the day for at least two days at a time;
- E. amnesic periods for events occurring while intoxicated; and
- F. continuing use despite a serious physical disorder that the individual knows is exacerbated by continued chemical use.

Subp. 19. **Program design.** "Program design" means the number and type of client services a program provides, the methods used to achieve desired client outcomes, and the schedule of program services.

Subp. 20. **Program director.** "Program director" means the individual designated by the license holder to be responsible for all operations of a rehabilitation program, and who meets the qualifications specified under part 9530.4270, subpart 2.

Subp. 21. **Protective procedure.** "Protective procedure" means an action taken by a staff person of a rehabilitation program to protect a client from harming self or others. Protective procedures must be used in accordance with part 9530.4340, and include the following actions in order of increasing restrictiveness:

- A. **Restriction**, which means the restriction of a client to the facility by locking doors, or by other means such as deprivation of appropriate clothing.
- B. **Seclusion**, which means the seclusion or temporary placement of a client, without client consent, in an environment preventing social contact.
- C. **Physical restraint**, which means the restraint of a client by use of equipment to limit movement of limbs, or use of physical means to limit the body of movement.
- D. **Chemical restraint**, which means the restraint of a client through the use of sedating medication or major tranquilizers.

Subp. 22. **Rehabilitation program.** "Rehabilitation program" means a program of chemical dependency rehabilitation provided in a residential facility and offering a program of rehabilitation services to five or more chemically dependent clients on a 24 hour basis. A rehabilitation program must be at least one of the following four types of programs:

A. A **Category I** rehabilitation program is a licensed detoxification program that provides short-term care for the purpose of detoxifying and evaluating intoxicated clients and that provides clients access into appropriate care and treatment according to an individual client's needs.

B. A **Category II** rehabilitation program is a licensed chemical dependency rehabilitation program that provides intensive, primary therapeutic services to clients who do not require detoxification. Category II programs provide at least 30 hours a week per client of chemical dependency services including group and individual counseling, client education, and other services specific to chemical dependency rehabilitation.

C. A **Category III** rehabilitation program is a licensed chemical dependency rehabilitation program that offers an extended, long-term combination of in house chemical dependency services and community ancillary resources. Category III pro-

grams provide an average of 15 hours a week per client of chemical dependency services including group and individual counseling, client education, and other services specific to chemical dependency rehabilitation.

D. A Category IV rehabilitation program is a licensed chemical dependency rehabilitation program that is offered in a halfway house or transitional semi-independent living arrangement with an emphasis on aftercare, community ancillary services, and securing employment. Category IV programs provide at least five hours a week per client of rehabilitation services which may include group counseling, employment counseling, and individual counseling.

Subp. 23. **Rehabilitation services.** "Rehabilitation services" means a medically necessary group of services arranged and provided by a rehabilitation program to address the individual needs of a chemically dependent client. The goal of rehabilitation services is to alter the client's pattern of chemical use by assisting the client in recognizing the harmful effects of chemicals on themselves and others, to develop the skills necessary to avoid inappropriate and harmful chemical use, and to identify alternative methods of meeting the needs previously met by chemical use.

Subp. 24. **Target population.** "Target population" means that portion of chemically dependent individuals with specific, identified characteristics that a rehabilitation program proposes to serve.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451; L 1999 c 139 art 4 s 2; L 2000 c 478 art 2 s 7*

#### 9530.4110 SCOPE.

Subpart 1. **Applicability.** Parts 9530.4100 to 9530.4450 apply to all applicants and license holders offering a rehabilitation program to five or more chemically dependent clients at one time.

Parts 9530.4100 to 9530.4450 must be read in conjunction with Minnesota Statutes, sections 245A.01 to 245A.16.

Subp. 2. **Inapplicability.** Parts 9530.4100 to 9530.4450 do not apply to Category II, III, or IV rehabilitation programs located within a hospital, licensed under Minnesota Statutes, sections 144.50 to 144.56, except hospitals that accept funds under Minnesota Statutes, chapter 254B. A Category I program located in a hospital, licensed under Minnesota Statutes, sections 144.50 to 144.56, does not require a license issued under parts 9530.4100 to 9530.4450.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

#### 9530.4120 LICENSING OF PROGRAMS.

Subpart 1. **License required.** A rehabilitation program may not operate in Minnesota unless it has a current valid license or provisional license as required by parts 9543.1000 to 9543.1060 and Minnesota Statutes, sections 245A.01 to 245A.16. An applicant or license holder applying for more than one program license may reference in the second application the materials submitted with the applicant's or license holder's first application.

Subp. 2. [Repealed, 18 SR 2748]

Subp. 3. **Contents of application.** An applicant shall submit the following to the commissioner prior to issuance of a license:

A. documentation that it has completed an assessment of need for a new or expanded program in accordance with part 9530.6800;

B. the number of hours of counseling provided, and other rehabilitative client services; and

C. documentation of insurance coverage, including bonding, sufficient to cover all client funds, property, and interests and all grants awarded to the program.

Subp. 4. [Repealed, 18 SR 2748]

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Subp. 5. **Health facility licenses.** Rehabilitation programs must have the following licenses:

A. Category I programs must have at least a supervised living facility class B license, in accordance with parts 4665.0100 to 4665.9900, from the Minnesota Department of Health.

B. Category II and III programs must have at least a supervised living facility class A or B license, in accordance with parts 4665.0100 to 4665.9900, from the Minnesota Department of Health.

C. Category IV programs must have at least a supervised living facility class A or B, in accordance with parts 4665.0100 to 4665.9900, or a board and lodging license, in accordance with parts 4625.0100 to 4625.2355 and 4626.0010 to 4626.1825, issued by the Minnesota Department of Health.

Subp. 6. **Change in license terms.** In addition to the requirements in part 9543.1020, subpart 9, a license holder must apply to the commissioner and a new license must be issued before the license holder:

A. reduces the total number of hours of rehabilitation services provided; or

B. changes staffing patterns or ratios, reducing the amount of program services offered.

Subp. 7. [Repealed, 18 SR 2748]

**Statutory Authority:** *MS s 31.101; 31.11; 144.05; 144.08; 144.12; 157.011; 245A.09*

**History:** *12 SR 1451; 18 SR 2748; 23 SR 519*

**9530.4130** [Repealed, 18 SR 2748]

### **9530.4200 POLICY AND PROCEDURES MANUAL.**

Each license holder shall develop a written policy and procedures manual. The manual must contain the following materials:

A. a statement of program philosophy and goals that complies with part 9530.4210;

B. a program design, as defined in part 9530.4100, subpart 19;

C. a program evaluation plan in accordance with part 9530.4230, subpart 1;

D. personnel policies that comply with part 9530.4250;

E. admission, information and referral, and discharge policies that comply with part 9530.4300;

F. policies and procedures that protect client's rights as required under part 9530.4310;

G. a health monitoring plan, as prescribed under part 9530.4320;

H. a medical services plan that complies with part 9530.4330;

I. a protective procedures policy that complies with part 9530.4340, if the program elects to use protective procedures; and

J. policies and procedures for maintaining clients' records under part 9530.4350.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

### **9530.4210 MANUAL STATEMENT OF PROGRAM PURPOSE AND GOALS.**

The manual must contain a complete statement describing the rehabilitation program's purpose and goals. The statement must include a description of the geographical area to be served, the type of services offered, and the target population to be served.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

9530.4220 [Repealed, 18 SR 2748]

**9530.4230 PROGRAM EVALUATION.**

Subpart 1. **Evaluation plan.** The license holder of a Category II, III, or IV program shall submit a program evaluation plan with its application for license. The plan must include the goal or goals of the program, measurable objectives that address anticipated changes in client behavior, and measurable objectives that address program activities that facilitate clients' achievement of desired outcomes. The plan must specify what information will be collected to measure the achievement of the program objectives, and how the information will be collected, analyzed, and used to improve client outcomes.

Subp. 2. **Follow-up data for Category II, III, and IV programs.** The license holder of a Category II, III, or IV program shall obtain follow-up data after a client discontinues the program for clients discharged before January 1, 1993, regardless of the client's discharge status. The data must be collected on either a six month or 12 month basis. The data must be collected from 100 percent of the discharged clients or 100 clients, whichever is less. The clients must be selected proportionately from clients who complete the program and clients who do not complete the program.

Documentation of at least two efforts to locate a client for follow-up shall be made on each client until 100 clients have been contacted or until attempts have been made on 100 percent. Follow-up contacts should ascertain, for each client:

- A. changes in chemical use patterns, including the longest period of abstinence from all chemical use;
- B. participation in services identified in the client's aftercare plan;
- C. hospital admissions that occurred following discharge;
- D. arrests, convictions, and incarcerations that occurred following discharge;
- E. work or school problems associated with chemical use that occurred following discharge; and
- F. admissions to detoxification or chemical dependency treatment programs that occurred following discharge.

Subp. 3. **Participation in the Drug and Alcohol Abuse Normative Evaluation System.** A program that participates in the Drug and Alcohol Abuse Normative Evaluation System meets the requirements of subpart 2, items A to F.

Subp. 4. **Evaluation report.** The license holder shall submit an evaluation report with its application for relicensure. The report shall include summary data on the age, race, and sex of all clients admitted and summary data on whether clients discharged from the program completed the program or left before completion.

Category II, III, and IV programs must also include a summary of data collected pursuant to subparts 1 and 2, and documentation verifying the use of the evaluation findings to improve client outcomes.

Upon written request, a license holder shall submit additional information that the commissioner reasonably requires to meet statutory duties.

**Statutory Authority:** *MS s 245A.09; 254A.03; 254B.03*

**History:** *12 SR 1451; 17 SR 2914*

**9530.4250 PERSONNEL POLICIES AND PROCEDURES.**

Subpart 1. **Policy requirements.** The license holder shall have written personnel policies, and shall make them available to each employee when hired. Personnel policies must:

- A. assure that employee retention, promotion, job assignment, or pay are not affected by a good faith communication between an employee and the Minnesota Department of Health, the Minnesota Department of Human Services, or the local agencies for investigation of complaints regarding a client's rights, health, or safety concern;

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B. contain job descriptions for each position specifying responsibilities, degree of authority to execute job responsibilities, standards of job performance related to the specified job responsibilities, and qualifications;

C. provide for job performance evaluations, based on the standards of job performance, to be conducted on a regular and continuing basis, with a written annual review;

D. describe the behavior which constitutes grounds for disciplinary action, suspension, or dismissal, including policies on mental health and chemical use problems, policies prohibiting personal involvement with clients in violation of Minnesota Statutes, chapter 148A, and policies prohibiting client abuse as specified under Minnesota Statutes, sections 626.556 and 626.557; and

E. include a program of orientation for all new staff based on a written plan that, at a minimum, must provide for training related to the specific job functions for which the employee was hired, program policies and procedures, the needs of clients to be served, and the areas identified in subpart 2, items A to D.

**Subp. 2. Staff development plan.** The license holder shall have a written staff development plan. The staff development plan shall identify training adapted to the needs of the program's target population. The plan must specify training requirements for counselors in current treatment concepts and methods.

The license holder must assure that each staff person working directly with clients receives at least 15 hours of continuing education annually. All training completed must be recorded in individual personnel files. The training must include the following areas in a 12-month period:

A. confidentiality rules and regulations and how they specifically pertain to clients;

B. protective procedures;

C. clients' rights, including rights of persons admitted according to the Minnesota Commitment Act, Minnesota Statutes, chapter 253B; and

D. reporting of abuse of vulnerable adults and maltreatment of minors as specified under Minnesota Statutes, sections 626.556 and 626.557, and parts 9555.8000 to 9555.8500 and 9560.0210 to 9560.0234.

**Statutory Authority:** *MS s 245A.09*

**History:** *12 SR 1451; 18 SR 2748*

### 9530.4260 PERSONNEL FILES.

Each license holder shall maintain a separate personnel file for each employee. At a minimum, the file must contain the following:

A. an application for employment completed and signed by the employee which includes the employee's qualifications for employment;

B. names and addresses of all previous employers for the past five years for program directors, chemical dependency counselor supervisors, and employees who are responsible for the provision of rehabilitative services;

C. documentation of orientation;

D. a record of training and education activities completed by the employee during employment; and

E. an annual job performance evaluation.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

### 9530.4270 STAFF QUALIFICATIONS.

**Subpart 1. Qualifications applying to all employees working directly with clients.** All employees working directly with clients must meet the following qualifications:

A. the employee must be 18 years of age or older; and



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B. program directors, chemical dependency counselor supervisors, and employees who are responsible for the provision of rehabilitative services must document two years of freedom from chemical use problems.

**Subp. 2. Program director qualifications.** In addition to the requirements specified under subpart 1, the personnel file of a program director must document that the program director meets the criteria established in items A to C.

A. The program director must document at least one year of work experience in direct service to individuals with chemical use problems or one year of work experience in the management or administration of direct services to individuals with chemical use problems.

B. The program director must either:

(1) have at least a baccalaureate degree; or

(2) document three years of general work experience in administration or personnel supervision in human services.

C. The program director must know and understand the implications of parts 9530.4100 to 9530.4450.

**Subp. 3. Chemical dependency counselor supervisor qualifications.** In addition to the requirements specified under subpart 1, the personnel file of a chemical dependency counselor supervisor must include documentation that the individual meets the criteria established in items A to C.

A. The individual is competent in the areas specified in subpart 4, and the competency is documented in accordance with subpart 5.

B. The individual has three or more years experience in the provision of individual and group counseling to chemically dependent clients by January 1, 1989.

C. The individual knows and understands the implications of parts 9530.4100 to 9530.4450.

**Subp. 4. Chemical dependency counselor qualifications.** In addition to the requirements specified under subpart 1, the personnel file of a chemical dependency counselor must include documentation of the individual's competency in the following areas:

A. knowledge of chemical abuse and dependency;

B. chemical use assessment, as defined in part 9530.6605, subpart 8, including client interviewing and screening;

C. case management, including treatment planning, general knowledge of social services and appropriate referrals, and record keeping, reporting requirements, and confidentiality rules and regulations that apply to chemical dependency clients; and

D. individual and group counseling, including crisis intervention.

**Subp. 5. Documentation of chemical dependency counselor qualifications.** The department will accept one of the following as adequate documentation that a chemical dependency counselor is competent in the areas required under subpart 4:

A. the individual has at least a baccalaureate degree with a major or concentration in social work, nursing, sociology, human services, or psychology, or is a licensed registered nurse; has successfully completed 30 hours of classroom instruction in each of the areas identified in subpart 4, items A and B; and has successfully completed 480 hours of supervised experience as a chemical dependency counselor, either as a student or as an employee; or

B. the individual has documented the successful completion of the following:

(1) 60 hours of classroom training in the subject area identified in subpart 4, item A;

(2) 30 hours of classroom training in the subject area identified in subpart 4, item B;

(3) 160 hours of classroom training in the subject areas identified in subpart 4, items C and D; and

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(4) completion of 480 hours of supervised experience as a chemical dependency counselor, either as a student or as an employee; or

C. the individual is certified by the Institute for Chemical Dependency Professionals of Minnesota, Inc., as a chemical dependency counselor or as a chemical dependency counselor reciprocal, through the evaluation process established by the Certification Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., and published in the Case Presentation Method Trainer's Manual, copyright 1986. This manual is incorporated by reference. It is available at the State Law Library, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, MN 55155. It is not subject to frequent change; or

D. the individual successfully completed three years of supervised work experience as a chemical dependency counselor before January 1, 1988.

After January 1, 1993, chemical dependency counselors must document that they meet the requirements of item A, B, or C in order to comply with this subpart.

**Subp. 6. Family counselor qualifications.** In addition to the requirements in subpart 1, the personnel file of a family counselor must document:

A. that the individual has at least a baccalaureate degree with a major or concentration in social work, nursing, sociology, human services, or psychology; or is a licensed registered nurse; or meets the requirements of subpart 5, item B or C;

B. that the individual has at least 30 hours of classroom instruction in family dynamics; and

C. that the individual has had at least 150 hours of supervised experience as a family counselor, either as a student or as an employee.

An individual is also qualified as a family counselor if the individual meets the requirements of item A and was employed as a family counselor in a licensed program before January 1, 1988. After January 1, 1989, family counselors must document that they meet the requirements of items A, B, and C in order to comply with this subpart.

**Subp. 7. Technician qualifications.** In addition to the requirements in subpart 1, the personnel file of a technician employed by a Category I program must include documentation of six months of freedom from chemical use problems and the individual's competency in the following areas:

A. knowledge of client rights and staff responsibilities as outlined in parts 9530.4200 to 9530.4370;

B. knowledge of and ability to perform basic health assessment procedures including:

(1) blood pressure, pulse, temperature, and respiration readings;

(2) interviewing to obtain relevant medical history and current health complaints; and

(3) visual assessment of client health status;

C. knowledge of and ability to perform basic first aid procedures, including cardiopulmonary resuscitation and first aid for seizures, trauma, and fainting; and

D. knowledge of and ability to perform basic client care functions, including monitoring client hygiene and assisting clients unable to provide self care, and monitoring client behavior as it relates to health status.

Individuals who do not possess all of the qualifications specified in this subpart may be hired as technicians only if the license holder has a written training program that provides training in the areas specified in items A to D within 30 days of the date of hiring.

**Statutory Authority:** *MS s 245A.04; 245A.09*

**History:** *12 SR 1451; 15 SR 2043*

**9530.4280 STAFFING REQUIREMENTS.**

Subpart 1. **Program director required.** Each rehabilitation program must have a program director. The program director must be under contract or employed full time by the license holder.

Subp. 2. **Chemical dependency counselor supervisor requirements.** Every rehabilitation program must employ a chemical dependency counselor supervisor who meets the requirements under part 9530.4270, subpart 3. A single individual may be simultaneously employed as the program director, chemical dependency counselor supervisor, and as a chemical dependency counselor if the individual meets the qualifications for each position. If a chemical dependency counselor is simultaneously a chemical dependency counselor supervisor or program director, that individual shall be considered a 0.5 full-time equivalent chemical dependency counselor for purposes of meeting the staffing requirements under subparts 4 to 6.

Subp. 3. **Responsible staff person.** Each program director shall, during all hours of operation, designate a staff member who is present in the facility as responsible for the program.

A technician in training may not be the designated responsible staff person.

Subp. 4. **Category I staffing requirements.** A Category I program shall provide one full-time equivalent qualified assessor who meets the criteria in part 9530.6615, subpart 2, for each 15 clients being served by the program. This may be provided by part-time, full-time, or contracted staff or staff from another agency guaranteed by interagency contract.

A Category I program must have one technician on duty at all times for each ten clients in the program. For the purpose of establishing this ratio, all health care personnel whose qualifications meet or exceed those for technicians under part 9530.4270, subpart 7, may be counted as technicians. An individual may not be counted as both a technician and a chemical dependency counselor. A Category I program must have a nurse, licensed under Minnesota Statutes, sections 148.171 to 148.285, available for consultation and supervision.

Subp. 5. **Category II staffing requirements.** Each Category II program shall provide one full-time chemical dependency counselor for each 12 clients being served by the program.

Subp. 6. **Category III and IV staffing requirements.** Each Category III and IV license holder shall provide one full-time chemical dependency counselor for each 24 clients being served by the program.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

**9530.4300 ADMISSION, INFORMATION AND REFERRAL, AND DISCHARGE POLICIES.**

Subpart 1. **Admission policy.** Each license holder shall have a written admission policy. This policy must be posted in the area of the facility where clients are admitted, or given to all interested individuals upon inquiry and all clients upon admission. The admissions policy shall designate which staff members are authorized to admit and discharge clients.

The license holder must have a written policy that requires that no client be discriminated against during admission, discharge, or the provision of program services because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or familial status.

Subp. 2. **Admission criteria for Category I programs.** A Category I program is limited to admitting clients who meet the criteria in the programs admission criteria, which is approved by the physician in accordance with part 9530.4330, subpart 3, item A, and who meet the criteria of at least one of the following:

A. clients who appear to be intoxicated;

B. clients experiencing physical, mental, or emotional problems due to withdrawal from alcohol or another drug;

C. clients held under Minnesota Statutes, section 253B.07, subdivision 6;

D. clients who have been committed under Minnesota Statutes, chapter 253B, and who are in need of temporary placement; or

E. clients who are being held as chemically dependent under Minnesota Statutes, section 253B.05, subdivisions 1 and 2.

**Subp. 3. Admission criteria for Category II, III, and IV programs.** The license holder of a Category II, III, or IV program shall maintain in the client files documentation that each client meets the criteria for placement in parts 9530.6600 to 9530.6655; or the client meets the definition of chemically dependent provided in the Diagnostic and Statistical Manual of Mental Disorders (Third Edition, Revised), published by the American Psychiatric Association, copyright, 1987. This definition is incorporated by reference. It is available through the Minitex interlibrary loan system.

**Subp. 4. Individuals not served by program.** The following individuals shall not be admitted:

A. An individual in need of emergency medical care not provided by the program.

B. An individual who poses a substantial likelihood of physical harm to self or others, as demonstrated by an attempt or threat to physically harm self or others, if the behavior is beyond the behavior management capabilities of the program and staff.

C. An individual not meeting the program's admission criteria.

All denials under item A or B that involve the commission of a crime against a license holder's employee or on a license holder's property, as provided under Code of Federal Regulations, title 42, section 2.51, must be reported to a law enforcement agency with proper jurisdiction. All denials under item A or B that involve a bona fide medical emergency, as provided under Code of Federal Regulations, title 42, section 2.1(b)(1), must be referred to a medical facility capable of admitting the individual.

**Subp. 5. Discharge and transfer policies.** Each license holder shall have a written policy that specifies conditions under which a client shall be discharged. The policy shall include the following:

A. specific objectives a client must meet before obtaining a staff approved discharge;

B. client behavior that constitutes reason for a discharge at staff request;

C. procedures, consistent with Minnesota Statutes, section 253B.16, subdivision 2, that staff must follow when a client who has been committed under Minnesota Statutes, chapter 253B, is to be discharged;

D. procedures staff must follow when a client leaves against staff or medical advice and when the client may be dangerous to self or others; and

E. other community resources to be used if the client is determined to be inappropriate for continued stay in the program.

**Statutory Authority:** *MS s 245A.09*

**History:** *12 SR 1451; 18 SR 2748*

### **9530.4310 POLICIES AND PROCEDURES WHICH GUARANTEE CLIENT RIGHTS.**

**Subpart 1. Client rights; explanation.** Clients shall have, in addition to rights defined in parts 9530.4300 to 9530.4410, all applicable rights established in Minnesota Statutes, sections 144.651, 626.556, and 626.557; and chapters 254A and 253B. The license holder shall give each client on admission a written statement of client rights and responsibilities, approved by the commissioner for rehabilitation programs governed by parts 9530.4100 to 9530.4450. Program staff shall explain to all clients their rights and responsibilities. A list of client rights and responsibilities must be posted in a place accessible to the clients.

Subp. 2. **Grievance procedure.** Each license holder and applicant shall have a written procedure for hearing, considering, and responding to client grievances. The procedure shall be given to clients or their representatives on admission. The procedure must include direct client access to the program director. The procedure must include program staff assistance in the development and processing of the grievance. The procedure shall be posted in a place accessible to the clients and shall include the telephone number and address of the Department of Human Services, Licensing Division, and the Department of Health, Office of Health Facility Complaints. The procedure must also be available to former clients of the program. The procedure must provide an initial response from the facility to a client or former client within three days of the facility's receipt of the grievance.

Subp. 3. **Client property management.** Each license holder and applicant shall establish a written procedure for the management of the personal property of clients admitted to the program. The procedure must include:

A. A written record of each personal property item held in trust by the program, signed by the staff and the client, or by two staff members in cases of client noncooperation.

B. A procedure whereby clients may retain control of all possessions that do not present a danger to self or others, or are not medically contraindicated, except that the facility may establish policies regarding the use of personal property to assure that program activities and the rights of other patients are not infringed, and may take temporary custody of property as a consequence of a violation of the policies.

C. A client fund account maintained separately from program fund accounts, or a policy statement that client funds will not be supervised by the program.

D. A procedure for abandoned property whereby there is a written agreement between the client and the program, and the program retains client property after client discharge as follows:

(1) Client property must be retained for a minimum of seven days in a Category I program.

(2) Client property must be retained for a minimum of 30 days in a Category II or III program.

(3) Client property must be retained for a minimum of 60 days in a Category IV program.

E. A procedure whereby all property held in trust is returned to the client upon discharge, regardless of discharge status, with the following exceptions:

(1) drugs, drug paraphernalia, and drug containers that are forfeited under Minnesota Statutes, section 152.19 shall be destroyed by staff or given over to the custody of a local law enforcement agency, in accordance with the Code of Federal Regulations, title 42, sections 2.1 to 2.67-1, as amended through August 10, 1987;

(2) weapons, explosives, and other property which may cause serious harm to self or others shall be given over to the custody of a local law enforcement agency, and the client shall be notified of the transfer and of the right to reclaim any licit property transferred; and

(3) legal chemicals which have been determined harmful by a physician after examining the client, except when approved for continued use by the client's personal physician.

Subp. 4. **Photographs of client.** All photographs, video tapes, and motion pictures of clients taken on program premises or by program personnel are considered a client record. Photographs for identification and recordings by video and audio tape for the purpose of enhancing either therapy or staff supervision may be required of clients, but may only be available for use as communications within a program. Clients must be informed when their actions are being recorded by camera or tape, and have the right to deny any taping or photography except as authorized by this subpart.

Subp. 5. **Visitors.** Clients shall be allowed to receive visitors. Clients shall be allowed to receive visits at all reasonable times from their personal physician, religious advisor, county case manager, parole or probation officer, and attorney. A client's right to receive visitors other than a personal physician, religious advisor, county case manager, parole or probation officer, or attorney may be subject to reasonable written visiting rules and hours established by the license holder for all clients. The program director may impose limitations as necessary for the welfare of the client provided the program director documents the limitations and reasons in the client's individual treatment plan.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

### 9530.4320 HEALTH MONITORING SERVICES.

Subpart 1. **Health monitoring plan.** Each license holder shall have a written plan for monitoring the client's health that is consistent with the requirements of the license holder's Minnesota Department of Health license. The health monitoring plan must be approved by a licensed physician, must establish sequential health monitoring procedures, must specify the staff responsible for monitoring clients' health, and must address items A to G:

A. measurement of client vital signs, including pulse, blood pressure, respiration, and temperature;

B. a visual assessment of client health status;

C. obtaining current health complaints and relevant medical history by client interview;

D. recording assessment information and findings in the client file;

E. ongoing stabilization of vital signs;

F. ongoing identification of injuries that jeopardize a client's physical functions;

G. criteria for determining when it is necessary to transfer a client to a hospital licensed under Minnesota Statutes, sections 144.50 to 144.56; and

H. client's ongoing nutritional needs.

Category I programs must provide items A and B within one hour of a client's admission. Category II, III, and IV programs must provide items A and B within 72 hours of a client's admission.

Subp. 2. **Category I health monitoring procedures.** In addition to providing the health monitoring procedures required under subpart 1, each Category I rehabilitation program must also provide at least hourly observation of a client by a technician.

Subp. 3. **Category II, III, and IV health monitoring procedures.** In Category II, III, and IV programs the information gained through the health monitoring procedures required under subpart 1 must be included in the individual treatment plan, in accordance with part 9530.4370, subpart 3, item C.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

### 9530.4330 MEDICAL SERVICES.

Subpart 1. **Medical services description.** With each application for a license, an applicant shall submit a complete description of the medical services offered by the license holder including nursing services, dietary services, medication dispensing services, and emergency physician services.

Subp. 2. **Emergency physician services.** Each license holder or applicant shall have available one or more licensed physicians, or a medical clinic, to provide emergency medical services. A schedule that lists the names, telephone numbers, and call days of the emergency physicians shall be posted near a telephone accessible to program staff. The license holder or applicant shall record an alternate source for medical consulta-

tion and services if the physician under contract with the license holder is not available in a medical emergency.

Subp. 3. **Category I physician contract.** In addition to the requirements under subpart 2, each Category I license holder or applicant shall have a licensed physician available for medical supervision. Each program must require and record annually a physician's approval of the following procedures and practices before they may be used:

A. admission criteria and admission health assessment procedures and discharge health standards and health assessment procedures; and

B. procedures for routine medical monitoring of clients, including:

(1) frequency of client observations; and

(2) scope of medical services to be provided by the facility, including physical indicators for physician or hospital referral and procedures for referral; and

C. formulation of standing orders regarding what medication, if any, will be administered to clients requiring withdrawal regimen.

Subp. 4. **Category II and III consultation services.** In addition to the requirements under subpart 2, the license holder or applicant of a Category II or III program shall have available a licensed physician and a licensed nurse for necessary medical care for all clients in the program. The license holder or applicant shall document the availability of a psychiatrist or a licensed psychologist to provide, at the discretion of the program director, psychiatric and psychological evaluation services for clients of the program. The license holder or applicant shall also document the availability of a family counselor to provide, at the discretion of the program director, family counseling services.

Subp. 5. **Administration of prescription medications.** Each license holder that elects to provide for the administration of prescription medications shall have a staff member employed for this function who is licensed to practice nursing under Minnesota Statutes, sections 148.171 to 148.285. Oral prescription medications, if administered within the facility, must be stored, recorded, and administered, under the supervision of a licensed registered nurse, by an individual having a medication administration certificate from a training program approved by the Minnesota Department of Health or a license to practice nursing. Administration of medications by injection shall be limited to staff members with a license to practice nursing under Minnesota Statutes, sections 148.171 to 148.285 or 148.29 to 148.299, or a license to practice medicine under Minnesota Statutes, chapter 147. All medications administered must be recorded in the client file and signed, timed, and dated by the personnel administering the medication. This charting must include the dosage and route of medication.

Category I programs shall not permit self administration of prescription medications.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

#### 9530.4340 PROTECTIVE PROCEDURES.

Subpart 1. **Protective procedures plan.** Each license holder or applicant shall have a written plan that establishes the procedures program staff must follow when responding to a client who is exhibiting behavior that is threatening to the safety of the client or others. The plan shall include procedures that prevent the client from harming self or others. The plan must also include emergency resources the program staff must contact when a client's behavior cannot be controlled by the procedures established in this plan.

Protective procedures may not be used to enforce facility rules or for the convenience of staff. Protective procedures may be used only in cases where a less restrictive alternative will not protect the client or others from harm, and where the client is in imminent danger of causing injury to self or others. If a program elects to use protective procedures, it must have a written policy that defines under what

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emergency conditions protective procedures such as physical restraints or seclusions will be used. The program's protective procedures must not violate the provisions of parts 9555.8000 to 9555.8500.

**Subp. 2. Review and use of protective procedures.** The protective procedures plan must be reviewed and approved by the program director, the governing body, and a licensed physician prior to implementation. Approval shall be reviewed annually by the program director, a physician, and the governing body or its designated representative. Protective procedures must be employed only as authorized by Minnesota Statutes, chapter 253B, the Minnesota Commitment Act.

Each use of a protective procedure must be recorded in a central log and in the client file. The client record must include:

A. a description of specific client behavior precipitating a decision to use a protective procedure, including date, time, and program staff present;

B. the specific means whereby the client's behavior was limited;

C. the time the protective procedure began, the time ended, and the time of each staff observation of the client during the procedure;

D. the program staff authorizing the use of the protective procedure and the program staff directly involved in the protective procedure and observation process; and

E. a brief description of the purpose for using a protective procedure, including less restrictive intervention means considered or employed prior to the decision to use a protective procedure, and a description of the behavioral results obtained through the use of the procedure.

**Subp. 3. Restriction.** Restriction must be used only when authorized by law or when necessary to prevent harm to the client or others.

**Subp. 4. Seclusion.** Seclusion must be employed solely for the purpose of preventing client harm to self or others. Seclusion facilities must be equipped in a manner which prevents clients from harming themselves with projections, windows, electrical fixtures, or hard objects usable for self harm, and must allow the client to be readily observed without being interrupted. Seclusion must be authorized by the senior staff on duty, in accordance with written policies.

A client shall not be placed in seclusion for more than 12 hours. Clients in seclusion shall be observed every quarter hour for the duration of seclusion and shall be in continuous hearing range of program staff. Program staff shall have a process for removing the client to a more restrictive setting in the facility or the community if seclusion does not sufficiently assure client safety.

Seclusion areas may be used for other purposes, such as intensive observation, if the room meets normal standards of care for the purpose and if the room is not locked.

**Subp. 5. Physical restraint.** Physical restraint must be used only in cases where less restrictive means will not assure client safety. Clients in physical restraint shall be attended by a licensed nurse. Physical restraint must be authorized by the program director or a licensed physician prior to placing the client in restraint when possible, and within 30 minutes of initiation of restraint when the program director or a licensed physician is not present in the facility. Authorization for physical restraint must not exceed 12 hours. Restraint equipment must be designed, used, and maintained to ensure protection from self harm with minimal client discomfort. A client in restraint equipment must be checked for circulatory problems every 15 minutes. Restraint equipment must be loosened at least once every 60 minutes to allow change of position, unless the loosening would be dangerous to the client or others. If the restraints are not loosened every hour, the client's behavior that prevented loosening the restraints must be recorded in the client's file. Clients shall not remain in physical restraint for a total period of more than four hours.

**Subp. 6. Chemical restraint.** Chemical restraint must only be used in a facility with at least a supervised living facility class B license from the Minnesota Department of



Health. Chemical restraint must be implemented in accordance with the program's medication administration plan and consistent with its license from the Minnesota Department of Health. Clients under chemical restraint shall be attended by a licensed physician or by a licensed nurse who shall assess the health status of the client as directed by the authorizing physician.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

#### 9530.4350 CLIENT RECORDS.

Subpart 1. **Client records required.** License holders shall maintain a central file of client records on the program premises in which information and documents are maintained in a standardized manner. The content and format of client records must be uniform and entries in each case record must be signed and dated. Client records must be protected against loss, tampering, or unauthorized disclosure in compliance with Minnesota Statutes, section 254A.09; Code of Federal Regulations, title 42, sections 2.1 to 2.67-1, as amended through August 10, 1987; and, if applicable, Minnesota Statutes, chapter 13. License holders shall maintain a system for periodic review to ensure entries are current.

Subp. 2. **Category I client records.** Client records in Category I programs must include the following:

- A. a chemical use screening, and, if appropriate, a chemical use assessment completed in accordance with part 9530.4410, subpart 3, item B;
- B. an individual abuse prevention plan that complies with part 9555.8300; and
- C. a record of referrals made in accordance with part 9530.4370, subpart 3.

Subp. 3. **Category II, III, and IV client records.** Client records in Category II, III, and IV programs must include the following:

- A. a chemical use evaluation, completed in accordance with part 9530.4410, subpart 3, item B;
- B. an individual abuse prevention plan that complies with part 9555.8300;
- C. short-term goals established in accordance with part 9530.4410, subpart 1;
- D. an individual treatment plan, completed in accordance with part 9530.4410, subpart 3;
- E. progress notes, in accordance with part 9530.4410, subpart 4;
- F. an aftercare plan, written in accordance with part 9530.4410, subpart 6; and
- G. a discharge summary, written in accordance with part 9530.4410, subpart 5.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

#### 9530.4370 CATEGORY I CLIENT SERVICES.

Subpart 1. **Chemical use assessment.** Each Category I license holder shall screen each client admitted to its program to determine if the client is chemically dependent or a chemical abuser. Each Category I license holder shall provide or arrange for the provision of a chemical use assessment for each client admitted to its program who is determined to be chemically dependent or a chemical abuser. The chemical use assessment shall be conducted by a qualified assessor, as defined in part 9530.6605, subpart 4. Information obtained in the assessment and the findings of the assessor shall be recorded in the client's case file, and must include the following:

- A. the client's chemical use, including amounts of chemical use, frequency of use, and periods of voluntary abstinence;
- B. the client's age, sex, cultural background, sexual preference, and the geographic location of the client's home;

C. specific behaviors exhibited by the client when under the influence of chemicals, such as verbal or physical fights, impaired social relationships, criminal behaviors, and other antisocial behaviors;

D. the client's current family status; the client's family history including history of or presence of neglect, or emotional, physical, or sexual abuse; the client's level of family support; the effects of the client's chemical use on other family members and significant others; and chemical use, abuse, or dependency among other family members and significant others and its effect on the client;

E. previous assessments or attempts at treatment of the client for chemical abuse or dependency, or mental illness;

F. the client's mental disorders, documented by a psychiatrist, licensed consulting psychologist, or licensed psychologist, which may have contributed to the problem brought on by chemical misuse, or which in combination with chemical use, abuse, or dependency present serious health risks;

G. the client's arrests or legal interventions related to chemical use;

H. the ability of the client to seek, obtain, be trained for, or function appropriately in a work setting relative to the use, abuse, or dependency on chemicals;

I. the ability of the client to function in an educational setting, and changes in the client's level of functioning relative to use, abuse, or dependency; and

J. the appropriateness of an involuntary referral through the civil commitment process.

Subp. 2. **Client education.** The license holder of a Category I program shall provide clients with written materials concerning the effects of chemical abuse, and assistance regarding chemical abuse and chemical dependency problems.

Subp. 3. **Category I client referral.** A Category I license holder shall provide referrals to chemical dependency services to clients served in the detoxification program as indicated by the client's chemical use assessment. Referrals may also be made for economic, social, and health services as the individual client may require. Each referral must:

A. be individualized and part of a comprehensive plan for service based on the chemical use assessment;

B. recognize geographical, economic, educational, and employment status as factors affecting treatment planning; and

C. be fully recorded in the individual client file.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

### **9530.4380 CATEGORY II CLIENT SERVICES.**

Each client in a Category II program shall be provided with a minimum of 30 hours per week of the rehabilitative services specified in items A to E. The services shall be provided to each client in the amount specified in the client's individual treatment plan under part 9530.4410, subpart 3.

A. Individual and group counseling to assist the client in identifying and addressing problems related to chemical use and developing strategies for avoiding inappropriate chemical use after treatment.

B. Family counseling to assist the client in identifying the impact of inappropriate chemical use on others and to assist the client and family in identifying and changing behaviors that contribute to inappropriate chemical use.

C. Client education to provide information to the client concerning strategies for avoiding inappropriate chemical use and to provide the client with information concerning health problems related to chemical use and the changes in life style necessary for the client to regain and maintain health.

D. Therapeutic recreation to provide the client with an opportunity to participate in recreational activities without the use of mood altering chemicals and to

learn to plan and select leisure activities that do not involve the inappropriate use of chemicals.

E. Health and medical services to assist the client in reaching and maintaining an acceptable level of health and physical fitness.

Other rehabilitative services may be provided as indicated in the client's individual treatment plan. Self-help groups may not be included in the required 30 hours of rehabilitative service.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

#### 9530.4390 CATEGORY III CLIENT SERVICES.

Each client in a Category III program shall be provided with an average of 15 hours per week of the rehabilitative services specified in items A to F. The services shall be provided to each client in the amount specified in the client's individual treatment plan under part 9530.4410, subpart 3.

A. Individual and group counseling to assist the client in identifying and addressing problems related to chemical use and developing strategies for avoiding inappropriate chemical use after treatment.

B. Family counseling to assist the client in identifying the impact of inappropriate chemical use on others and to assist the client and family in identifying and changing behaviors that contribute to inappropriate chemical use.

C. Client education to provide information to the client concerning strategies for avoiding inappropriate chemical use and to provide the client with information concerning health problems related to chemical use and the necessary changes in life style to regain and maintain health.

D. Therapeutic recreation to provide the client with an opportunity to participate in recreational activities without the use of mood altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals.

E. Health and medical services to assist the client in reaching and maintaining an acceptable level of health and physical fitness.

F. Living skills development to assist the client in learning basic skills necessary for independent living.

Other rehabilitative services may be provided as indicated in the client's individual treatment plan. Self-help groups may not be included in the required 15 hours of rehabilitative service.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

#### 9530.4400 CATEGORY IV CLIENT SERVICES.

Each client in a Category IV program shall be provided with a minimum of five hours per week of the rehabilitative services specified in items A to G. The services shall be provided to each client in the amount specified in the client's individual treatment plan under part 9530.4410, subpart 3.

A. Individual and group counseling to assist the client in identifying and addressing problems related to chemical use and developing strategies for avoiding inappropriate chemical use after treatment.

B. Family counseling to assist the client in identifying the impact of inappropriate chemical use on others and to assist the client and family in identifying and changing behaviors that contribute to inappropriate chemical use.

C. Client education to provide information to the client concerning strategies for avoiding inappropriate chemical use and to provide the client with information concerning health problems related to chemical use and the necessary changes in life style to regain and maintain health.

D. Therapeutic recreation to provide the client with an opportunity to participate in recreational activities without the use of mood altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals.

E. Health and medical services to assist the client in reaching and maintaining an acceptable level of health and physical fitness.

F. Living skills development to assist the client in learning basic skills necessary for independent living.

G. Employment or educational services to assist the client in becoming financially independent.

Other rehabilitative services may be provided as indicated in the client's individual treatment plan. Self-help groups may not be included in the required five hours of rehabilitative service.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

### **9530.4410 INDIVIDUAL TREATMENT PLANS FOR CATEGORY II, III, AND IV CLIENTS.**

Subpart 1. **Individual short-term goals.** Short-term goals shall be written by a chemical dependency counselor or the staff member who admits a client. The short-term goals must be written in cooperation with the client. The client's short-term goals must be written within three days of the client's admission to the program. The short-term goals must address the client's immediate needs.

Subp. 2. **Individual treatment plans.** The chemical dependency counselor must complete an individual treatment plan with the client in a Category II, III, or IV program. The individual treatment plan must be completed within ten days of the client's admission in a Category II program and within 21 days of the client's admission in a Category III or IV program. The plan must be developed with information from the client, the program staff, appropriate representatives from outside social service and criminal justice agencies, and other appropriate resources. The plan must provide for involvement of the client's family at the earliest opportunity.

The client shall have an opportunity to have active, direct involvement in developing the individual treatment plan. The individual treatment plan must be signed by the client and the chemical dependency counselor, and the participation of others must be noted in the plan. The individual treatment plan and documentation related to it must be kept at the facility in the client's case file.

Subp. 3. **Plan contents.** An individual treatment plan must include items A to F.

A. Documentation, if the client is receiving public assistance, that the client has received a chemical use assessment according to parts 9530.6600 to 9530.6655 prior to admission.

B. An evaluation of the client's chemical use problems. The evaluation must be completed within three days of admission. The evaluation shall be recorded in the individual client file, and must include consideration of the following:

(1) The client's chemical use history.

(2) The client's history, including the client's use of social services; cultural background; vocational and educational history, including reading ability; family relationship information; need for parenting skills education; and use of leisure time.

(3) The client's susceptibility to abuse or neglect according to part 9555.8300.

(4) The evaluation results written by a chemical dependency counselor and based on subitems (1), (2), and (3). If the evaluation information does not support a determination that the client is chemically dependent, or that the program services do

not meet the client's assessed needs, the client shall be discharged and informed of any other services needed, as indicated by the evaluation.

C. A list of all health services required by the client, the frequency of health services to be provided, and the staff person or outside resource responsible for providing the health services.

D. Specific problems to be resolved by the client.

E. Specific, time limited client goals in order of priority, and measurable objectives for meeting those goals.

F. Specific methods and resources, including which of the rehabilitative services in parts 9530.4380 to 9530.4400 will be provided and in what amount, to assist the client to achieve the desired outcome.

Subp. 4. **Plan review.** The program director shall assure the review of the client's progress in achieving individual treatment plan objectives. Progress notes must be entered in a client's file at least twice per week in Category II programs, and at least weekly in Category III and IV programs. Progress notes must indicate the type and amount of each rehabilitative service the client has received and must indicate whether the services have had the desired impact. All entries in client records must be legible, signed, and dated.

A client's progress in achieving each individual treatment plan objective must be reviewed with the client, and the client's participation in the review must be documented in his or her case file. Clients must be notified of the right to access plan reviews.

Subp. 5. **Aftercare plan.** A chemical dependency counselor shall develop a written aftercare plan for each client who completes the program before the client is discharged. The aftercare plan must:

A. include a brief review of the client's problems, strengths, and needs while a client of the program, including program services provided;

B. address the client's progress in achieving each of the goals identified in the individual treatment plan;

C. identify the individuals, including at least the client and the chemical dependency counselor, who participated in the development of the aftercare plan;

D. identify client goals and objectives for services following discharge, with specific timelines; and

E. identify individuals or agencies who will be working with the client after transfer or discharge. A copy of the aftercare plan must be given to the client and, when allowed by state and federal data privacy laws and regulations, other relevant individuals or agencies at the time of the client's discharge.

Subp. 6. **Discharge summary.** A chemical dependency counselor shall write a discharge summary for each client who leaves against staff or medical advice. The summary must be completed within five days of the client's discharge and include at least the following information:

A. a brief review of the client's problems, strengths, and needs while a client of the program, including program services provided; and

B. the client's progress in achieving each of the goals identified in the individual treatment plan.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451*

#### 9530.4450 ADDITIONAL REQUIREMENTS FOR PROGRAMS SERVING ADOLESCENTS.

Subpart 1. **Programs serving adolescents.** In addition to the requirements of parts 9530.4100 to 9530.4410, all license holders of Category II, III, and IV programs that serve adolescents must meet the requirements of subparts 2 to 8.

Subp. 2. **Chemical dependency counselor qualifications.** In addition to the requirements specified under part 9530.4270, subparts 1 and 4, the personnel file of a chemical dependency counselor providing rehabilitation services to adolescents must document:

A. that the individual has had an additional 30 hours of classroom instruction in adolescent development; and

B. that the individual has had at least 150 hours of supervised experience as an adolescent chemical dependency counselor, either as a student or as an employee.

Subp. 3. **Staffing ratios.** A Category II license holder serving adolescents shall have at least one chemical dependency counselor for each eight adolescent clients. A Category III or IV license holder serving adolescents shall have at least one chemical dependency counselor for each ten adolescent clients.

When a Category II, III, or IV license holder provides services to both adolescent and adult clients, the number of chemical dependency counselors that the license holder must provide must be determined as follows:

A. When a Category II license holder provides services to both adolescents and adults at the same time, the number of staff persons necessary to meet the staff ratio of part 9530.4280, subpart 5, and the staff ratio of subpart 3 must be determined by making the following computation:

- (1) multiply the number of adults being served by the program by .083;
- (2) multiply the number of adolescents being served by the program by .125;
- (3) add the two figures that result from the multiplication in subitems (1) and (2);
- (4) the sum of subitems (1) and (2) is the number of full-time equivalent chemical dependency counselors the license holder must provide.

B. When a Category III or IV license holder provides services to both adolescents and adults at the same time, the number of staff persons necessary to meet the staff ratio of part 9530.4280, subpart 6, and the staff ratio of subpart 3 must be determined by making the following computation:

- (1) multiply the number of adults being served by the program by .042;
- (2) multiply the number of adolescents being served by the program by .100;
- (3) add the two figures that result from the multiplication in subitems (1) and (2);
- (4) the sum of subitems (1) and (2) is the number of full-time equivalent chemical dependency counselors the license holder must provide.

Subp. 4. **Academic program requirements.** License holders who serve adolescent clients must provide an academic program for a minimum of 172 days per year as specified under item A or B.

A. The license holder shall enter into a cooperative agreement with the local school district for the provision of academic services to the adolescent clients in the program. The agreement must be included in the application for licensure, and shall include the following:

- (1) a provision, meeting the requirements of Code of Federal Regulations, title 42, sections 2.1 to 2.67-1, as amended through August 10, 1987, between the program staff and the staff of the local school district regarding the sharing of client records and information;
- (2) a description of the methods to be used to ensure the coordination of individual treatment plans and individual academic plans;
- (3) a description of the space and equipment to be made available by the program or the school district for the academic instruction of clients;

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(4) the amount of time the program will make available for academic instruction and the specific schedule of when academic instruction will be provided; and

(5) a description of the methods to be used to ensure that the staff of the local school district know and understand the license holder's policies and procedures developed in compliance with parts 9530.4310 and 9530.4340.

B. License holders who do not make academic instruction available through the local school district, as specified in item A, must provide an academic program for adolescent clients that meets the Minnesota Department of Education requirements for private schools. Documentation that these requirements have been met must be included in the application for licensure.

Subp. 5. **Individual treatment plan requirements.** In addition to the requirements specified under part 9530.4410, subpart 2, individual treatment plans for adolescent clients must include the following:

A. objectives for improving the client's academic performance, including at least ten hours per week of supervised academic instruction; and

B. objectives for learning leisure activities that do not include chemical use.

Subp. 6. **Aftercare plan requirements.** In addition to the requirements specified under part 9530.4410, subpart 5, the aftercare plan for an adolescent client must address the client's progress in achieving academic objectives, and must include plans for participation in a self-help group.

**Statutory Authority:** *MS s 245A.09 subd 1*

**History:** *12 SR 1451; L 1995 1Sp3 art 16 s 13; L 2003 c 130 s 12*

**NOTE:** This part is repealed at 28 SR 211, effective July 1, 2005.

## OUTPATIENT ALCOHOL AND DRUG TREATMENT PROGRAMS

### 9530.5000 STATUTORY AUTHORITY.

Parts 9530.5000 to 9530.6500 are promulgated pursuant to Minnesota Statutes, sections 62A.149; 245A.01 to 245A.16; 254A.02, subdivision 2; 254A.03, subdivision 1; and 254A.10.

**Statutory Authority:** *MS s 245A.09; 254A.10*

**History:** *L 1987 c 333 s 22*

### 9530.5100 PURPOSE.

The purpose of parts 9530.5000 to 9530.6500 is to establish a basis for approving or licensing outpatient treatment programs for people with alcohol and other drug problems.

**Statutory Authority:** *MS s 245A.09; 254A.10*

### 9530.5200 DEFINITIONS.

Subpart 1. **Applicant.** "Applicant" means any person, agency, or organization applying for a license or renewal license under parts 9530.5000 to 9530.6500.

Subp. 2. **Client.** "Client" means an individual whose physical, social, or psychological status allows him/her to function in the usual community environment, but whose alcohol and/or drug related behavior causes problems to himself/herself and/or others in the home, employment, or community setting and who is receiving services in an outpatient treatment program covered by parts 9530.5000 to 9530.6500. This may include the family of and/or others significant to that person.

Subp. 3. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or a designated representative of the commissioner.

Subp. 4. **Department.** "Department" means the Department of Human Services.

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Subp. 5. **Direct counseling staff.** "Direct counseling staff" means all staff employed by the facility and who provide treatment and/or related services to clients.

Subp. 6. **License.** "License" means the certificate issued by the commissioner that validates compliance with parts 9530.5000 to 9530.6500 and authorizes the applicant to operate an outpatient treatment program.

Subp. 7. **Outpatient treatment program.** "Outpatient treatment program" means a treatment program with a defined regimen serving at one time five or more persons experiencing problems related to alcohol or other drugs for the main purpose of providing primary or postprimary treatment care. The regimen must provide a minimum of ten hours of total service time scheduled at a minimum of one hour per week and must provide time-limited therapeutic services on a nonresidential basis employing individual treatment plans to clients.

Programs not covered by parts 9530.5000 to 9530.6500 are those whose primary functions are: information and referral, diagnosis, education, support group services, self-help groups.

Subp. 8. **Program director.** "Program director" means the applicant staff member responsible for planning, implementing, and directing the operation of all aspects of the program.

**Statutory Authority:** *MS s 245A.09; 254A.10*

**History:** *L 1984 c 654 art 5 s 58*

### 9530.5300 LICENSURE.

Subpart 1. **Requirement.** Outpatient treatment programs must be licensed under parts 9543.1000 to 9543.1060. The program must submit for department approval additions or deletions of services provided by the program which affect the implementation of the individual treatment plans. Additions or deletions must be submitted for approval by the department within 60 days after implementation.

Subp. 2. [Repealed, 18 SR 2748]

Subp. 3. [Repealed, 18 SR 2748]

Subp. 4. [Repealed, 18 SR 2748]

Subp. 5. [Repealed, 18 SR 2748]

Subp. 6. [Repealed, 18 SR 2748]

Subp. 7. [Repealed, 18 SR 2748]

Subp. 8. [Repealed, 18 SR 2748]

Subp. 9. [Repealed, 18 SR 2748]

Subp. 10. **Discrimination prohibited.** Each applicant must provide assurance that no person shall be discriminated against in relation to admission, discharge, or treatment on the basis of sex, race, creed, color, national origin, religion, disability, or sexual preference.

Subp. 11. [Repealed, 18 SR 2748]

**Statutory Authority:** *MS s 245A.09; 254A.10; 254B.03*

**History:** *L 1984 c 654 art 5 s 58; 12 SR 53; L 1987 c 333 s 22, c 384 art 2 s 1; 18 SR 2748*

**9530.5400** [Repealed, 18 SR 2748]

### 9530.5500 CONFIDENTIALITY.

No information regarding a client shall be released to any person or agency, except pursuant to applicable state and federal regulations.

There shall be a written plan describing methods and procedures used to ensure confidentiality of case records.



This written plan shall include but not be limited to methods and procedures for release of information to and obtaining information from outside agencies and resources, as governed by appropriate state or federal statute regulations.

**Statutory Authority:** *MS s 245A.09; 254A.10*

**9530.5600** [Repealed, 18 SR 2748]

**9530.5700 DIRECTOR.**

Every outpatient program shall have a director who shall:

- A. be at least 18 years of age; and
- B. document three years of general work experience in administration and/or personnel supervision, and
  - (1) at least one year experience in direct service to persons with alcohol and other drug problems or
  - (2) one year of experience in the management or administration of direct services to people with alcohol or other drug problems; or
- C. document holding of bachelor's degree, and
  - (1) at least one year experience in direct service to persons with alcohol and other drug problems or
  - (2) one year of experience in the management or administration of direct services to people with alcohol or other drug problems; and
- D. have no current problems related to alcohol or other drugs which negatively affects his/her job or program performance.

**Statutory Authority:** *MS s 245A.09; 254A.10*

**9530.5800 STAFFING REQUIREMENTS.**

Programs must demonstrate staffing capability to provide services at the levels identified within the program plan. To this end the following minimal requirements must be satisfied:

- A. For each one hour of individual, group, or family unit counseling and each admission and discharge interview, a minimum of 1.25 hours of counselor time must be allocated.
- B. Direct counseling staff must be at least 18 years of age.
- C. Staff must not have current problems related to alcohol or other drugs which negatively affects their job or performance.
- D. Direct counseling staff must have at least one year experience/or education in behavioral health or human services.
- E. Direct counseling staff must have at least one year supervised clinical experience in a residential primary treatment, outpatient treatment, or aftercare setting.
- F. Personnel files of all direct counseling staff must include documentation of individual competencies in the following areas:
  - (1) designing individualized treatment plans based on the needs of each client;
  - (2) conducting an assessment interview and listing the client's specific strengths and problems related to chemical use, physical and emotional functioning, family, and other cultural issues;
  - (3) implementing individualized treatment plans utilizing internal and/or external program services including: vocational, education, spiritual, family, financial, recreational, health, legal, chemical;
  - (4) maintaining client record keeping systems;
  - (5) developing evaluative outcome criteria for each problem area identified in the individualized treatment plan;

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(6) identifying the variety of chemical use problems that exist in the community to be served by the program:

(a) pharmacological and behavioral effects of various chemicals;

(b) age and cultural aspects;

(c) short- and long-term treatment implications of units (a) and (b);

and

(7) staff may be subject to an interview by the licensing authority regarding documentation.

G. Volunteers acting as direct counseling staff must meet the requirements of this part.

**Statutory Authority:** *MS s 245A.09; 254A.10*

**9530.5900** [Repealed, 18 SR 2748]

### **9530.6000 MEDICAL SERVICES.**

Subpart 1. **Physician or nurse.** Documentation of availability of a licensed physician and/or nurse practitioner or registered nurse for necessary medical care, emergency medical services, and medical reporting for all clients of the program.

Subp. 2. **Psychiatrist or psychologist.** Documentation of availability of board-certified or board-eligible psychiatrist and/or licensed consulting psychologist who shall provide at the discretion of the director, when needed, psychiatric and psychological evaluation services for clients admitted to the program.

Subp. 3. **Prescriptions.** Prescription medication when administered on the premises of the program shall be administered by qualified personnel as specified by the Minnesota Department of Health.

**Statutory Authority:** *MS s 245A.09; 254A.10*

### **9530.6100 STAFF DEVELOPMENT.**

Each program shall provide documentation of a written staff development program for direct service and supervisory personnel. There shall be a minimum of 12 hours per year for each full-time equivalent staff. The program shall include orientation and training of all staff, continuing development of staff skills and abilities through a defined in-service program, and/or participation in other training programs. If volunteers are utilized, they shall be included in staff development programs. The person responsible for the staff development program shall be identified. This plan shall be reviewed annually.

**Statutory Authority:** *MS s 245A.09; 254A.10*

### **9530.6200 PROGRAM EVALUATION.**

All programs shall develop procedures to monitor how well their program's administration and service goals (see part 9530.6300, item B) are being met.

For each objective specified in the application, there shall be a separate procedure for monitoring progress towards reaching that objective. These procedures shall be specified to the department at time of application.

For each objective specified in the application, there shall be a separate statement of actual progress made towards reaching the objective, determined by using the procedure specified above. These statements of actual progress shall be submitted to the department with the application for renewal of license.

Program shall submit information to the commissioner for evaluative purposes upon request.

Program shall provide documentation verifying integration of evaluation outcomes into the program operation.

**Statutory Authority:** *MS s 245A.09; 254A.10*

**9530.6300 ADMINISTRATION AND MANAGEMENT.**

Every outpatient treatment program shall have written administrative and management policies governing the administration and supervision of the operations, the program, and the duration of the program. Such documentation shall include:

A. Policies and criteria for admission and discharge, including a definition of when a client is considered active in the program. The admission procedure shall include:

(1) A description of the process by which a client is accepted or rejected by the program and disposition of client if not accepted.

(2) A procedure for determining the necessity of a medical evaluation, which is developed in conjunction with a physician, nurse practitioner, or registered nurse. Procedures for determining the necessity of the psychological evaluation shall be developed in conjunction with the consultant required under part 9530.6000, subpart 2.

(3) Assessment that includes the chemical use history, a psychosocial history including utilization of relevant human services, cultural background, vocational and educational history, family relationships, socioeconomic status, and determination of current physical and emotional state.

B. A written description of program design and methodology.

C. A written delineation of the interrelationship of the program and other appropriate public and private service providers.

D. The program must develop an annualized projection of individual and/or family counseling hours, group counseling hours, admission and discharge interviews, and discharge and/or aftercare planning to be provided by the program. Program must also develop annualized projection of counseling hours available to provide these services based on number of staff positions and equivalent counselor time (see part 9530.5800, item A). Annual projections of service hours and equivalent counselor time must be reviewed, updated, and submitted to the commissioner with each application for renewal.

E. The program shall have a written referral policy and procedure for client referral between the program's components and/or between the program and other community service providers which includes:

(1) conditions under which referrals are made;

(2) means by which the program will assist in the referral of those individuals who are seeking services that the program does not provide;

(3) documentation of at least one contact with the referral agency within a designated time period; and

(4) current and confidential log of all referrals that the program initiates and receives.

F. An individual record for each client of the program which includes:

(1) Demographic characteristics of the client, including age, sex, ethnic/cultural group, income, method of payment, and source of referral into the program.

(2) Documentation of determination of the necessity of a physical and/or psychological assessment and the resulting referral when appropriate.

(3) Documentation of a psychosocial assessment, which shall include the nature and history of the client's chemical use, the nature and history of the problems associated with the client's chemical use, and the nature and history of the client's previous contacts with chemical dependency services, mental health services, the criminal justice system, or other social, vocational, educational, or financial services.

(4) A written individual treatment plan which identifies client needs and problems, based on the psychosocial assessment, and if deemed necessary, the medical evaluation which:

(a) specifies services planned for meeting the client's needs;

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- (b) includes referrals for services not available within the program;
  - (c) describes the client's participation in development of the treatment plan, and is signed by the client and a staff member; and
  - (d) documents progress and changes at least weekly.
- (5) All entries must be legible, dated, and signed.
- (6) Written consent of the client or guardian for any release of information to persons not otherwise authorized to receive it pursuant with state and federal regulations.
- (7) Documentation, signed by the client, that the client has received a copy of the program rules and the client's rights and responsibilities while participating in the program.
- (8) A discharge summary which evaluates the client's progress toward goals and objectives set forth in the treatment plan and describes the joint program/client's plans for future activities to maintain effective functioning and the program's plans for follow-up of the aftercare plan.
- (9) Each program shall provide a written individualized aftercare/discharge plan for each client which is designed to establish continuing contact, ensure utilization of other appropriate resources in the community, and record progress against prestated goals.

G. Follow-up data, obtained within three to six months after the client discontinues the program (those who are either discharged at completion of the program, and those who leave the program before completion), shall be collected from no less than 50 clients drawn randomly, or 100 percent of the discontinued clients, whichever number is less, served in the 12 months since issuance or last renewal of the license and discharged before January 1, 1993. Documentation of efforts to locate clients for follow-up shall be made on a client by client basis. Follow-up contacts should ascertain, for each client:

- (1) the client's present chemical use patterns;
- (2) whether problems originally associated with the client's chemical use are improved or have become worse;
- (3) whether the client is engaged in appropriate posttreatment activities or lifestyles which are consistent with the client's treatment and/or discharge plan; and
- (4) whether the client needs or wants additional services.

The follow-up collection procedure should permit quarterly summarization of data for all clients.

H. At the time of application for licensure renewal, the applicant shall submit a report to include a summary of data collected pursuant to item G.

I. Records shall be kept on a continuing basis that accurately reflect the number and dates of clients accepted and rejected, number and dates of clients discharged, length of service, and what happens to clients upon leaving the program. Such records shall be furnished to the commissioner upon request. Such records shall be kept for a minimum period of five years for ongoing programs or for one year for defunct programs.

The program shall have a written statement of its policies and practices for handling cases of neglect and abuse of its clients.

The risks associated with the use of any therapeutic procedures shall be fully explained to the client in terms the client can understand.

**Statutory Authority:** *MS s 245A.09; 254A.03; 254A.10; 254B.03*

**History:** *17 SR 2914; 18 SR 2748*

**9530.6400 ADDITIONAL REQUIREMENTS FOR PROGRAMS SERVING ADOLESCENTS.**

Outpatient treatment programs serving adolescents must meet the above requirements and in addition each program must:

A. Provide a written rationale for its approach to the treatment of adolescents, demonstrating that within the context of its adult/adolescent population, the program can provide appropriate services to adolescent clients.

B. Provide counselor(s) with knowledge in adolescent chemical dependency behavior, adolescent behavior, and direct counseling experience with adolescents. Personnel files of these counselors must document that the qualifications and expertise of identified staff is sufficient to meet the needs of the clients.

C. Provide for each one hour of individual, group, or family unit counseling and each admission and discharge interview, a minimum of 1.5 hours of counselor time must be allocated. This section supersedes part 9530.5800, item A.

D. Provide in-service training of direct counseling staff in areas specific to the treatment of chemically dependent adolescents, including training on incest, sexual and physical abuse, family dynamics, independent living skills, habilitation vs. rehabilitation, experimentation, and decision making.

E. Document attempts to obtain the active participation of the adolescent's family or family surrogate in the treatment process. If, despite reasonable effort, participation of a functioning family or family surrogate unit cannot be obtained or if the client chooses not to permit their involvement, it is then the obligation of the program to involve the anticipated provider of aftercare services in discharge planning.

F. Document appropriate educational opportunities. Treatment and discharge planning must occur in coordination with the client's ongoing educational setting. The program shall assist in identifying to responsible educational facilities the client's need for special learning and behavior problem teachers, tutors, classroom teaching, vocational education, etc., as appropriate.

G. Provide treatment, literature, lectures, etc. which are easily comprehensible to, and appropriate for, the age level of adolescents served.

H. Provide a recreational rehabilitation program to clients. Activities should be planned to develop constructive leisure time activity skills and should be documented in each individualized treatment plan.

I. Develop a discharge plan which reflects consideration of aftercare provisions unique to adolescents to include leisure time, education, specialized adolescent services, role of family or family surrogate. The plan should be developed cooperatively by the client, program staff, referring agency, family (or surrogate), and the anticipated provider of aftercare services (when appropriate), and signed by the client.

**Statutory Authority:** *MS s 245A.09; 254A.10*

**9530.6500** [Repealed, 18 SR 2748]

**CHEMICAL DEPENDENCY CARE FOR PUBLIC ASSISTANCE RECIPIENTS****9530.6600 CHEMICAL DEPENDENCY CARE FOR PUBLIC ASSISTANCE RECIPIENTS; GENERAL PROVISIONS.**

Subpart 1. **Applicability.** Parts 9530.6600 to 9530.6655 establish criteria that counties shall apply to determine the appropriate level of chemical dependency care for a client seeking treatment for chemical dependency and abuse problems which requires the expenditure of public funds for treatment. Parts 9530.6600 to 9530.6655 do not apply to court commitments under Minnesota Statutes, chapter 253B, or section 526.10.

Subp. 2. **Programs governed.** Parts 9530.6600 to 9530.6655 apply to counties and chemical dependency or abuse treatment programs licensed to provide chemical dependency or chemical abuse related services under parts 9530.4100 to 9530.4450, and 9530.5000 to 9530.6500, or similar programs located in acute care hospitals.

Subp. 3. **Funding sources governed.** All financial resources allocated for chemical abusing or dependent individuals under Minnesota Statutes, chapters 246, 254B, 256B, and 256D, shall be expended in accordance with parts 9530.6600 to 9530.6655.

**Statutory Authority:** *MS s 245B.03; 254A.03; 254B.03; 256E.05*

**History:** *11 SR 1005; 12 SR 53; 16 SR 391; L 2003 ISP14 art 11 s 11*

#### 9530.6605 DEFINITIONS.

Subpart 1. **Scope.** For the purpose of parts 9530.6600 to 9530.6655 the following terms have the meanings given them.

Subp. 2. **Adolescent.** “Adolescent” means an individual under 18 years of age, defined as a child under Minnesota Statutes, section 260B.007, subdivision 3.

Subp. 3. **Arrest or legal intervention related to chemical use.** “Arrest or legal intervention related to chemical use” means an arrest or legal intervention for a crime that took place while the individual was under the influence of chemicals, took place in order to obtain chemicals, or took place in order to obtain money to purchase chemicals. When the client is an adolescent, arrest or legal intervention related to chemical use also means contact with law enforcement personnel as a result of a crime that meets this definition but for which no arrest took place, and status offenses and petitions of incorrigibility in which behavior resulting from chemical use played a significant role.

Subp. 4. **Assessor.** “Assessor” means an individual qualified under part 9530.6615, subpart 2 to perform an assessment of chemical use.

Subp. 5. **Chemical.** “Chemical” means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, chapter 152.

Subp. 6. **Chemical abuse.** “Chemical abuse” means a pattern of inappropriate and harmful chemical use as defined in subpart 18. “Chemical abuse” includes inappropriate and harmful patterns of chemical use that are linked to specific situations in an individual’s life such as loss of a job, death of a loved one, or sudden change in life circumstances. Chemical abuse does not involve a pattern of pathological use, but it may progress to pathological use.

Subp. 7. **Chemical dependency.** “Chemical dependency” means a pattern of pathological use as defined in subpart 20, accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use. Chemical dependency includes a pattern of pathological use as defined in subpart 20, accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use, which has been interrupted by a period of incarceration or hospitalization.

Subp. 8. **Chemical use assessment.** “Chemical use assessment” means an assessment interview and written listing of the client’s specific problems related to chemical use which enables the assessor to determine a level of chemical involvement rating according to part 9530.6620, subpart 2.

Subp. 9. **Client.** “Client” means an individual who is eligible for chemical dependency treatment funded under Minnesota Statutes, chapters 246, 256B, and 256D, and who has requested chemical dependency assessment services or for whom chemical dependency assessment services have been requested from a county.

Subp. 10. **Collateral contact.** “Collateral contact” means an oral or written communication initiated by an assessor for the purpose of gathering information from an individual or agency, other than the client, to verify or supplement information provided by the client during an assessment under part 9530.6615. Collateral contact includes contacts with family members, criminal justice agencies, educational institutions, and employers.

Subp. 10a. **Combination inpatient/outpatient treatment.** “Combination inpatient/outpatient treatment” means chemical dependency primary rehabilitation licensed as Category II under parts 9530.4100 to 9530.4450 of seven to 14 days duration followed by outpatient chemical dependency treatment licensed under parts 9530.5000 to 9530.6500 of three or more weeks duration. The duration requirements may be altered if specified in a host county agreement.

Subp. 11. **Commissioner.** “Commissioner” means the commissioner of the Department of Human Services or the commissioner’s designated representative.

Subp. 12. **County.** “County” means the county of financial responsibility as defined under Minnesota Statutes, section 256G.02, subdivision 4, or the county designee.

Subp. 13. **Culturally specific programs.** “Culturally specific programs” means programs or subprograms:

A. designed to address the unique needs of individuals who share a common language, racial, ethnic, or social background;

B. governed with significant input from individuals of that specific background; and

C. that employ individuals to provide individual or group therapy, at least 50 percent of whom are of that specific background.

Subp. 14. **Department.** “Department” means the Department of Human Services.

Subp. 15. **Extended care.** “Extended care” means a licensed chemical dependency rehabilitation program that offers a long-term combination of in house chemical dependency services and community ancillary resources. Extended care programs must provide at least 15 hours a week per individual of chemical dependency services including group and individual counseling, client education, and other services specific to chemical dependency rehabilitation.

Subp. 15a. **Facility that controls access to chemicals.** “Facility that controls access to chemicals” means a residential facility licensed by the commissioner of corrections, health, or human services that meets the following, or any residence which the county can document meets the following:

A. has rules prohibiting residents from bringing chemicals into the facility;

B. has rules prohibiting residents from using chemicals while residing in the facility; and

C. has penalties that are imposed upon violation of these rules.

A facility that controls access to chemicals does not include a program licensed according to parts 9530.5000 to 9530.6500.

Subp. 16. **Family support.** “Family support” means an individual has a parent, child, sibling, spouse, or significant other who is willing to assist the individual in achieving individual treatment goals.

Subp. 17. **Halfway house.** “Halfway house” means a licensed chemical dependency rehabilitation program that offers a transitional semi-independent living arrangement with an emphasis on aftercare, community ancillary services, and securing employment. Halfway house programs must provide at least five hours a week of chemical dependency rehabilitation services which may include group counseling, employment counseling, individual counseling, or self-help groups.

Subp. 18. **Inappropriate and harmful use.** “Inappropriate and harmful use” means use of a chemical which exceeds social or legal standards of acceptability, the outcome of which is characterized by three or more of the following:

A. weekly use to intoxication;

B. inability to function in a social setting without becoming intoxicated;

C. driving after consuming sufficient chemicals to be considered legally impaired under Minnesota Statutes, section 169A.20, whether or not an arrest takes place;

D. excessive spending on chemicals that results in an inability to meet financial obligations;

E. loss of friends due to behavior while intoxicated;

F. chemical use that prohibits one from meeting work, school, family, or social obligations; or

G. continued use of chemicals by a woman after she has been informed that she is pregnant and that continued use may harm her unborn child.

**Subp. 19. Outpatient treatment.** “Outpatient treatment” means a licensed treatment program, the main purpose of which is to provide primary or postprimary treatment care, with a defined regimen that serves five or more individuals at one time who are experiencing problems related to chemical use. The regimen must provide a minimum of ten hours of total service time scheduled at a minimum of one hour per week and must provide time-limited therapeutic services on a nonresidential basis employing individual treatment plans to individuals receiving treatment.

**Subp. 20. Pathological use.** “Pathological use” means the compulsive use of a chemical characterized by three or more of the following:

A. daily use required for adequate functioning;

B. an inability to abstain from use;

C. repeated efforts to control or reduce excessive use;

D. binge use, such as remaining intoxicated throughout the day for at least two days at a time;

E. amnesic periods for events occurring while intoxicated;

F. continuing use despite a serious physical disorder that the individual knows is exacerbated by continued use; or

G. continued use of chemicals by a woman after she has been informed that she is pregnant and that continued use may harm her unborn child.

**Subp. 21. Physical deterioration.** “Physical deterioration” means a history of chemically related seizures, delirium tremens, pancreatitis, hepatitis, brain damage, or other medical problems associated with chemical use.

**Subp. 21a. Prepaid health plan.** “Prepaid health plan” means an organization that contracts with the department to provide medical services, including chemical dependency treatment services, to enrollees in exchange for a prepaid capitation rate; and that uses funds authorized under Minnesota Statutes, chapters 256B and 256D.

**Subp. 22. Primary rehabilitation in a free standing facility.** “Primary rehabilitation in a free standing facility” means a licensed chemical dependency rehabilitation program that is not located in an acute care hospital, and that provides intensive therapeutic services following detoxification. At least 30 hours a week per individual of chemical dependency services must be provided, including group and individual counseling, client education, and other services specific to chemical dependency rehabilitation.

**Subp. 23. Primary rehabilitation in a hospital setting.** “Primary rehabilitation in a hospital setting” means a licensed chemical dependency rehabilitation program that has 24-hour nursing surveillance and physician availability and that provides intensive therapeutic services following detoxification in an acute care facility. At least 30 hours a week per individual of chemical dependency services must be provided, including group and individual counseling, client education, and other services specific to chemical dependency rehabilitation.

**Subp. 24. Rehabilitation program.** “Rehabilitation program” means a program of chemical dependency rehabilitation provided in a residential program as defined in Minnesota Statutes, section 245A.02, subdivision 14.



Subp. 25. **Significant other.** "Significant other" means an individual not related by blood or marriage on whom another individual relies for emotional support.

**Statutory Authority:** *MS s 14.388; 245B.03; 254A.03; 254B.03; 256E.05*

**History:** *11 SR 1005; 12 SR 53; 13 SR 1448; 16 SR 391; L 1999 c 139 art 4 s 2; 24 SR 951; L 2000 c 478 art 2 s 7; L 2003 1SP14 art 11 s 11*

#### 9530.6610 COMPLIANCE PROVISIONS.

Subpart 1. **Assessment responsibility.** The county shall provide a chemical use assessment as provided in part 9530.6615 for all clients who seek treatment or for whom treatment is sought for chemical abuse or dependency. The assessor shall complete an assessment summary on a form prescribed by the commissioner for each client assessed for chemical dependency treatment services. The form shall be maintained in the client's case record.

Organizations contracting with the department to provide a prepaid health plan that includes the provision of chemical dependency services to enrollees, and that utilizes funds authorized under Minnesota Statutes, chapters 256B and 256D, shall provide a chemical use assessment for enrollees who seek treatment or for whom treatment is sought as provided in part 9530.6615, and shall place enrollees in accordance with the criteria established in parts 9530.6625 to 9530.6650.

Subp. 2. **County records.** The commissioner shall ensure compliance with parts 9530.6600 to 9530.6655 by requiring each county to have available for review records that include the following information:

A. documentation of compliance with parts 9530.6600 to 9530.6655 for all clients seeking treatment for chemical abuse or dependency, including copies of placement policies and procedures;

B. documentation of the qualifications of assessors in accordance with the standards established under part 9530.6615, subpart 2; and

C. documentation that all assessors annually complete eight hours of in-service training or continuing education concerning or related to assessment skills, treatment resources, or unique assessment and treatment needs of special populations.

Subp. 3. **County designee.** The county may contract with public, nonprofit, or proprietary agencies or individuals identified for the provision of assessments by a qualified assessor. An assessor under contract with the county shall have no direct shared financial interest or referral relationship resulting in shared financial gain with a treatment provider identified under part 9530.6600, subpart 2.

Subp. 4. **Exceptions.** The county may contract with a county designee that does not meet the criteria under subpart 3 if the county documents that the conditions under item A or B exist. This documentation must be maintained at the local agency's offices and be current within the last two years.

A. A culturally specific service provider, or a service provider with a program designed to treat individuals of a specific age, sex, or sexual preference is available in the county and the service provider employs a qualified assessor.

B. The county does not employ a sufficient number of qualified assessors and the only qualified assessors available in the county have a direct shared financial interest or a referral relationship resulting in shared financial gain with a treatment provider.

A county designee providing assessments under the exceptions in this subpart shall not place clients in treatment. The county designee shall gather information required under part 9530.6620 and provide the local agency with the documentation required under part 9530.6615, subpart 4, items A to D. The local agency must make all placement decisions for clients assessed by a county designee on contract under the exceptions in this subpart.

Subp. 5. [Repealed, 20 SR 2474]

**Statutory Authority:** *MS s 254A.03; 256E.05*

**History:** *11 SR 1005; 20 SR 2747; L 2003 ISP14 art 11 s 11*

**9530.6615 CHEMICAL USE ASSESSMENTS.**

**Subpart 1. Assessment mandate.** The county shall provide a chemical use assessment for each client seeking treatment or for whom treatment is sought for chemical dependency or chemical abuse problems before the client is placed in a program identified in part 9530.6600, subpart 2. The assessment must be done in a language understandable to the client and must be completed within the time limits specified. The county shall provide interpreters for the hearing impaired and foreign language interpretive services when necessary.

**Subp. 2. Staff performing assessment.** Chemical use assessments must be conducted by qualified staff of the county or their designee in a manner that complies with parts 9530.6600 to 9530.6655. An individual is qualified to perform chemical use assessments if he or she annually completes a minimum of eight hours of in-service training or continuing education, documented under part 9530.6610, subpart 2, item C, and meets the criteria in one of the items listed below:

A. The individual has successfully completed 30 hours of classroom instruction on chemical dependency assessments, has successfully completed one year of work experience in chemical dependency assessments, either as an intern or as an employee, and has successfully completed two additional years of work experience in chemical dependency assessments or treatment before July 1, 1987.

B. The individual has successfully completed 270 hours of classroom instruction in the subject area of chemical dependency, including 30 hours on chemical dependency assessments, and has successfully completed a one year internship or one year of work experience in chemical dependency assessments.

C. The individual has at least a baccalaureate degree in social work, nursing, sociology, human services, or psychology, has successfully completed 30 hours of classroom instruction on chemical dependency assessments, and has successfully completed a one year internship or one year of work experience in chemical dependency assessments.

D. The individual has completed the classroom training requirements in item B or C, and is supervised by an individual who meets the criteria in item A, B, or C.

**Subp. 3. Method of assessment.** The method of assessment must include a personal interview with the client in order to make a finding about the extent of the problem with chemical use. It must also include collateral contacts and a review of relevant records or reports regarding the client consistent with confidentiality and data privacy provisions in Minnesota Statutes, chapter 13; sections 144.343 and 254A.09; and Code of Federal Regulations, title 42, sections 2.1 to 2.67. If an assessor is unable to make collateral contacts, the assessor must include in the client's case record an explanation of why collateral contacts were not made.

**Subp. 4. Required documentation of assessment.** The client's record shall contain the following:

A. applicable placement information gathered in compliance with part 9530.6620, subpart 1;

B. rating level of chemical involvement as defined in part 9530.6620, subpart 2;

C. information gathered from collateral contacts, or documentation of why collateral contacts were not made;

D. a copy of the form completed by the assessor under part 9530.6610, subpart 1;

E. the desired outcome of the placement;

F. a record of referrals, if other than a placement under parts 9530.6625 to 9530.6650; and

G. a record of reports made in compliance with Minnesota Statutes, sections 626.556 and 626.557.

**Statutory Authority:** *MS s 245B.03; 254A.03; 256E.05*

**History:** *11 SR 1005; 16 SR 391; L 2003 ISP14 art 11 s 11*

### 9530.6620 PLACEMENT INFORMATION.

**Subpart 1. Level of care determination.** The information in items A to I must be considered when determining the level of care for a client. If a treatment provider identifies additional information that indicates that a client has not been placed in the most appropriate level of care, the treatment provider shall, in compliance with confidentiality and data privacy provisions in Minnesota Statutes, chapter 13; sections 144.343 and 254A.09; and Code of Federal Regulations, title 42, sections 2.1 to 2.67, provide the county with the additional information for the county to consider in determining whether the placement was made at the appropriate level of care and whether an alternative placement must be made.

A. The client's chemical use, including amounts of chemical use, frequency of use, and periods of voluntary abstinence.

B. The client's age, sex, cultural background, sexual preference, the geographic location of the client's home, and other factors which determine whether exceptions under part 9530.6650 apply.

C. Specific behaviors exhibited by the client when under the influence of chemicals, such as verbal or physical fights, impaired social relationships, criminal behaviors, and other antisocial behaviors.

D. The client's current family status; the client's family history, including history or presence of neglect, or emotional, physical, or sexual abuse; the client's level of family support, the effects of the client's chemical use on other family members and significant others, and chemical use, abuse, or dependency among family members and significant others and its effects on the client.

E. Previous assessments or attempts at treatment of the client for chemical abuse or dependency, or mental illness.

F. The client's physical disorders documented by a physician or a mental disorder documented by a psychiatrist, licensed consulting psychologist, or licensed psychologist which may have contributed to the problems brought on by chemical misuse, or which in combination with chemical use, abuse, or dependency present serious health risks.

G. The client's arrests or legal interventions related to chemical use.

H. The ability of the client to seek, obtain, be trained for, and function appropriately in a work setting relative to the use, abuse, or dependency on chemicals.

I. The ability of the client to function in an educational setting, and changes in the client's level of functioning relative to use, abuse, or dependency on chemicals.

**Subp. 2. Rating level of chemical involvement.** Assessors shall consider the information gathered in accordance with subpart 1, rate the level of chemical involvement for each client as described in this subpart, and record a summary of this information as required under part 9530.6610, subpart 1. The level of chemical involvement must be used to determine the appropriate level of care for each client.

A. Level 0: no apparent problem.

B. Level 1: risk status. While demonstrating no current pattern of pathological use, the individual's behavior suggests that he or she is at risk of developing future problems associated with chemical use as evidenced by two or more of the following:

(1) family or peer group glamorizes chemical use or tolerates chemical use related deviance;

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(2) time, money, and relationships are predominantly associated with chemical use;

(3) at least two instances of blackouts; or

(4) a history of alcoholism in one or more of the birth parents.

C. Level 2: chemical abuse. A pattern of inappropriate and harmful chemical use.

Chemical abuse includes inappropriate and harmful patterns of chemical use that are linked to specific situations in a client's life such as loss of a job, death of a loved one, or sudden change in life circumstances.

Chemical abuse does not involve a pattern of pathological use, but it may progress to pathological use.

D. Level 3: chemical dependency. A pattern of pathological use accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use.

Chemical dependency includes a pattern of pathological use accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use which has been interrupted by a period of incarceration or hospitalization.

**Statutory Authority:** *MS s 245B.03; 254A.03; 256E.05*

**History:** *11 SR 1005; 16 SR 391; L 1994 c 465 art 1 s 62; L 1994 c 631 s 31*

### 9530.6625 PLACEMENT CRITERIA FOR OUTPATIENT TREATMENT.

A client shall be referred to outpatient treatment when the client is assessed as capable of functioning in the usual community environment in spite of the existing chemical use and meets the criteria in item A, B, or C.

A. The client has been assessed as a chemical abuser under part 9530.6620, subpart 2, and is experiencing one or more of the following:

(1) an arrest or legal intervention related to chemical use in the past year;

(2) loss or impairment of employment or education due to chemical use;

or

(3) deterioration of family relationships due to chemical use.

B. The client has been assessed as chemically dependent under part 9530.6620, subpart 2.

C. The client has been assessed as meeting the criteria in part 9530.6630, subpart 1, and the client will be residing in a residential facility that controls access to chemicals.

**Statutory Authority:** *MS s 245B.03; 254A.03; 256E.05*

**History:** *11 SR 1005; 16 SR 391*

### 9530.6630 PLACEMENT CRITERIA FOR PRIMARY REHABILITATION OR COMBINATION INPATIENT/OUTPATIENT TREATMENT.

Subpart 1. **Criteria for placement.** A client shall be placed in primary rehabilitation or in combination inpatient/outpatient treatment when the client meets the criteria in items A, B, and C.

A. The client has been assessed as chemically dependent under part 9530.6620, subpart 2.

B. The client is unable to abstain from chemical use for fewer than seven consecutive days during the 30 days preceding assessment while the client has been outside a facility that controls access to chemicals.

C. The client is experiencing one or more of the following:

(1) loss or impairment of employment or education due to chemical use;

(2) lack of family support;

(3) an arrest or legal intervention related to chemical use in the past year;

or

(4) the client has participated in a chemical dependency treatment program within the past year.

Subp. 2. **Type of placement.** The county may choose between a placement in primary rehabilitation in a free standing facility or hospital setting or in combination inpatient/outpatient treatment unless the client meets the criteria in part 9530.6631 or 9530.6635. A client meeting the criteria in part 9530.6631 shall be placed in combination inpatient/outpatient treatment. A client meeting the criteria in part 9530.6635 shall be placed in primary rehabilitation in a hospital setting.

**Statutory Authority:** *MS s 245B.03; 254A.03; 254B.03; 256E.05*

**History:** *11 SR 1005; 12 SR 53; 16 SR 391*

#### **9530.6631 PLACEMENT CRITERIA FOR COMBINATION INPATIENT/OUTPATIENT TREATMENT.**

A client shall be placed in combination inpatient/outpatient treatment when the client meets the criteria in part 9530.6630, subpart 1, and the client has abstained from chemical use outside a residential facility that controls access to chemicals for at least 30 consecutive days in the past 180 days.

**Statutory Authority:** *MS s 245B.03; 254A.03*

**History:** *16 SR 391*

#### **9530.6635 PLACEMENT CRITERIA FOR PRIMARY REHABILITATION IN A HOSPITAL SETTING.**

A client assessed as a chemical abuser or as chemically dependent under part 9530.6620, subpart 2, and meeting the criteria of item A or B shall be placed in primary rehabilitation in a hospital setting.

A. The client has a physical complication documented by a physician which requires more than detoxification, or brief or episodic nursing care.

B. The client has a mental disorder documented by a psychiatrist, licensed consulting psychologist, or licensed psychologist which requires more than brief or episodic nursing care, but which does not otherwise prevent the client from participating in and benefiting from chemical dependency treatment.

**Statutory Authority:** *MS s 254A.03 subd 3; 254B.03 subd 5; 256E.05*

**History:** *11 SR 1005; 12 SR 53*

#### **9530.6640 PLACEMENT CRITERIA FOR EXTENDED CARE.**

A client shall be placed in extended care if the client is assessed as chemically dependent under part 9530.6620, subpart 2, and the client is experiencing four or more of the following:

A. The client has participated in primary rehabilitation within the past two years or has participated in Category II, III, or IV programs for a total of three or more times in the client's lifetime.

B. The client has a previous arrest or legal intervention related to chemical use in the past year.

C. The client has a history of physical deterioration due to chemical use documented by a physician.

D. The client lacks family support.

E. The client has a loss of employment or has experienced suspension or expulsion from school due to chemical use.

F. The client lacks recognition of the need to change harmful behaviors.

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G. The client has a history of a mental disorder which is now under control as documented by a psychiatrist, licensed consulting psychologist, or licensed psychologist.

**Statutory Authority:** *MS s 245B.03; 254A.03; 254B.03; 256E.05*

**History:** *11 SR 1005; 12 SR 53; 16 SR 391*

### 9530.6641 REPEAT RESIDENTIAL PLACEMENTS.

A client who has participated in extended care under part 9530.6640 for 21 consecutive days within the past 24 months shall not be placed in Category II or III treatment. The client shall be provided with other appropriate social services. These services may include outpatient treatment, halfway house services, case management, and housing referral.

**Statutory Authority:** *MS s 245B.03; 254A.03*

**History:** *16 SR 391; L 2003 1SP14 art 11 s 11*

### 9530.6645 PLACEMENT CRITERIA FOR A HALFWAY HOUSE.

A client shall be placed in a halfway house if the client has been assessed as chemically dependent under part 9530.6620, subpart 2; has either been discharged from a detoxification, primary rehabilitation, or extended care program, or is currently participating in an outpatient program; and has experienced three or more of the following:

- A. the client is unable to avoid chemical use related problems outside a facility that controls access to chemicals;
- B. the client lacks family support;
- C. the client has a loss of employment or education due to chemical use;
- D. the client has an absence of friends and associates who advocate treatment and are willing to assist the client in achieving program goals; or
- E. the client has a history of a mental disorder that is now under control as documented by a psychiatrist, licensed consulting psychologist, or licensed psychologist.

**Statutory Authority:** *MS s 254A.03 subd 3; 254B.03 subd 5; 256E.05*

**History:** *11 SR 1005; 12 SR 53*

### 9530.6650 EXCEPTIONS TO PLACEMENT CRITERIA.

Subpart 1. **General exceptions.** Clients may be placed in a program even though they do not meet the criteria established under parts 9530.6625 to 9530.6650 if one of the following exceptions applies:

- A. outpatient treatment is not available within a 50-mile radius of the client's home, and the assessor and the client agree on an alternative placement;
- B. the client and the assessor agree on placement in a culturally specific program, a culturally specific program at the appropriate level of care is not available, and the assessor and the client agree on placement in a culturally specific program at a different level;
- C. a program is available to treat individuals of a specific age, sex, or sexual preference, and the client and the assessor agree on placement in that program;
- D. the client is placed by a committing court as defined in Minnesota Statutes, section 253B.02, subdivision 4; or
- E. the funding source available to the client does not reimburse for the appropriate level of care, and the assessor and the client agree on an alternative placement.

Subp. 2. **Adolescent exceptions to placement criteria.** An adolescent client assessed as a chemical abuser or as chemically dependent under part 9530.6620, subpart 2, may be placed in primary rehabilitation when one or more of the following items can be documented:

A. the adolescent client has participated in an outpatient treatment program within the past year, and outpatient treatment proved insufficient to meet the needs of the client;

B. the adolescent client has a mental disorder documented by a psychiatrist, licensed consulting psychologist, or licensed psychologist which in combination with chemical abuse or dependency presents serious health risks; or

C. the adolescent client meets the criteria under part 9530.6630.

When an adolescent client is assessed as a chemical abuser or as chemically dependent under part 9530.6620, subpart 2, and three or more of items A to G in part 9530.6640 can be documented, the adolescent client may be placed in extended care.

Subp. 3. [Repealed, 16 SR 391]

Subp. 3a. **Exceptions to part 9530.6641.** A client meeting the criteria in part 9530.6641 shall be exempt from its provisions when the client meets one of the following:

A. the client is pregnant or a single custodial parent;

B. the client:

(1) has a physical or mental health diagnosis that negatively affects the client's ability to benefit from treatment and that was not recognized at the time of the client's most recent placement; and

(2) is being referred to a program that offers specific services that address the client's physical or emotional condition; or

C. the client has voluntarily left a treatment program within the seven days preceding assessment and is being referred to the same program.

Subp. 4. **Exception to halfway house criteria.** A client who meets the criteria for placement in a halfway house under part 9530.6645 need not be placed in a halfway house if appropriate services are available in the community to meet the posttreatment needs of the client and the client has sufficient resources to use those services.

**Statutory Authority:** *MS s 245B.03; 254A.03; 254B.03; 256E.05*

**History:** *11 SR 1005; 12 SR 53; 16 SR 391*

### 9530.6655 APPEALS.

Subpart 1. **Client's right to a second assessment.** A client who has been assessed under part 9530.6615, and who disagrees with the level of chemical dependency care proposed by the assessor, shall have the right to request a second chemical use assessment. The county or the prepaid health plan shall inform the client in writing of the right to request a second assessment at the time the client is assessed for a program placement. The county or the prepaid health plan shall also inform the client that the client's request must be in writing or on a form approved by the commissioner, and must be received by the county or the prepaid health plan within five working days of completion of the original assessment or before the client enters treatment, whichever occurs first.

The county or the prepaid health plan shall provide a second chemical use assessment by a different qualified assessor within five working days of receipt of a request for reassessment. If the client agrees with the second level of care determination, the county or the prepaid health plan shall place the client in accordance with parts 9530.6625 to 9530.6650 and the second assessment.

Subp. 2. **Client's right to appeal.** A client has the right to a fair hearing under Minnesota Statutes, section 256.045, if the client:

A. is denied an assessment under part 9530.6615;

B. is denied a second assessment under subpart 1;

C. is denied placement;

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D. disagrees before services begin with the level of chemical dependency care or the length of placement that the county or the prepaid health plan proposes to authorize; or

E. is receiving authorized services and is denied additional services that would extend the length of the current placement beyond the end date specified in the placement authorization.

Notice of the right to appeal must be given. Clients who are enrolled in a prepaid health plan and clients who are not enrolled in a prepaid health plan have the same appeal rights.

**Subp. 3. Services during appeal of additional services.** Appealing under subpart 2, item E, does not entitle a client to continue receiving services beyond the end date specified in the placement authorization while the appeal is being decided. A provider may continue services to the client beyond the end date specified in the placement authorization while the appeal is being decided, but the conditions in items A and B govern payment for the continued services.

A. The provider shall be financially responsible for all hours or days of service in excess of the amount of service to which an appeals referee determines the client is entitled.

B. The provider shall not charge the client for any services provided beyond the end date specified in the placement authorization.

**Subp. 4. Considerations in granting or denying additional services.** The county or the prepaid health plan shall take into consideration the following factors in determining whether to grant or deny additional services:

A. the usual and customary length of placement for the level of care received by the client;

B. whether the client has achieved the objectives stated in the client's individual treatment plan;

C. whether the client is making satisfactory progress toward achieving the objectives stated in the client's individual treatment plan; and

D. whether there is an aftercare plan that reasonably addresses the client's needs for continued service.

**Statutory Authority:** *MS s 245B.03; 254A.03; 254B.03; 256E.05*

**History:** *11 SR 1005; 12 SR 53; 16 SR 391; L 2003 ISP14 art 11 s 11*

### **9530.6660 EFFECTIVE DATE.**

Parts 9530.6600 to 9530.6655 are effective January 1, 1987, unless otherwise specified.

**Statutory Authority:** *MS s 254A.03 subd 3; 256E.05*

**History:** *11 SR 1005*

## **CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUND**

### **9530.6800 ASSESSMENT OF NEED FOR CHEMICAL DEPENDENCY TREATMENT PROGRAMS.**

**Subpart 1. Assessment of need required for licensure.** Before a license or a provisional license may be issued, the need for the chemical dependency treatment or rehabilitation program must be determined by the commissioner. Need for an additional or expanded chemical dependency treatment program must be determined, in part, based on the recommendation of the county board of commissioners of the county in which the program will be located and the documentation submitted by the applicant at the time of application.

If the county board fails to submit a statement to the commissioner within 60 days of the county board's receipt of the written request from an applicant, as required



under part 9530.6810, the commissioner shall determine the need for the applicant's proposed chemical dependency treatment program based on the documentation submitted by the applicant at the time of application.

Subp. 2. **Documentation of need requirements.** An applicant for licensure under parts 9530.2500 to 9530.4000 and 9530.5000 to 9530.6500 must submit the documentation in items A and B to the commissioner with the application for licensure:

A. The applicant must submit documentation that it has requested the county board of commissioners of the county in which the chemical dependency treatment program will be located to submit to the commissioner both a written statement that supports or does not support the need for the program and documentation of the rationale used by the county board to make its determination.

B. The applicant must submit a plan for attracting an adequate number of clients to maintain its proposed program capacity, including:

- (1) a description of the geographic area to be served;
- (2) a description of the target population to be served;
- (3) documentation that the capacity or program designs of existing programs are not sufficient to meet the service needs of the chemically abusing or chemically dependent target population if that information is available to the applicant;
- (4) a list of referral sources, with an estimation as to the number of clients the referral source will refer to the applicant's program in the first year of operation; and
- (5) any other information available to the applicant that supports the need for new or expanded chemical dependency treatment capacity.

**Statutory Authority:** *MS s 254B.03 subd 5*

**History:** *12 SR 53*

### **9530.6810 COUNTY BOARD RESPONSIBILITY TO REVIEW NEED FOR NEW OR EXPANDED CHEMICAL DEPENDENCY TREATMENT PROGRAMS.**

When an applicant for licensure under parts 9530.2500 to 9530.4000 or 9530.5000 to 9530.6500 requests a written statement of support for a proposed chemical dependency treatment program from the county board of commissioners of the county in which the proposed program is to be located, the county board, or the county board's designated representative, shall submit a statement to the commissioner that either supports or does not support the need for the applicant's program. The county board's statement must be submitted in accordance with items A and B:

A. the statement must be submitted within 60 days of the county board's receipt of a written request from the applicant for licensure; and

B. the statement must include the rationale used by the county board to make its determination.

**Statutory Authority:** *MS s 254B.03 subd 5*

**History:** *12 SR 53*

### **9530.7000 DEFINITIONS.**

Subpart 1. **Scope.** For the purposes of parts 9530.7000 to 9530.7030, the following terms have the meanings given them.

Subp. 2. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, chapter 152.

Subp. 3. **Chemical abuse.** "Chemical abuse" means a pattern of inappropriate and harmful use as defined in subpart 12. Chemical abuse includes inappropriate and harmful patterns of chemical use that are linked to specific situations in an individual's life, such as loss of a job, death of a loved one, or sudden changes in life circumstances. Chemical abuse does not involve a pattern of pathological use, but it may progress to pathological use.

Subp. 4. **Chemical dependency.** "Chemical dependency" means a pattern of pathological use as defined in subpart 17, accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use. Chemical dependency includes a pattern of pathological use as defined in subpart 17, accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use, which has been interrupted by a period of incarceration or hospitalization.

Subp. 5. **Chemical dependency treatment services.** "Chemical dependency treatment services" means licensed outpatient chemical dependency treatment programs and licensed chemical dependency rehabilitation programs.

Subp. 6. **Client.** "Client" means an individual who has requested chemical abuse or dependency services, or for whom chemical abuse or dependency services have been requested, from a local agency.

Subp. 7. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Human Services or the commissioner's designated representative.

Subp. 8. **Consolidated Chemical Dependency Treatment Fund.** "Consolidated Chemical Dependency Treatment Fund" means money appropriated for payment of chemical dependency treatment services under Minnesota Statutes, chapter 254B.

Subp. 9. **Copayment.** "Copayment" means the amount an insured person is obligated to pay before the person's third-party payment source is obligated to make a payment, or the amount an insured person is obligated to pay in addition to the amount the person's third-party payment source is obligated to pay.

Subp. 9a. **Custodial parent.** "Custodial parent" means a birth or adoptive parent who has physical custody or joint physical custody as defined in Minnesota Statutes, section 518.003, subdivision 3, paragraph (c) or (d) of a minor child at the time of assessment.

Subp. 10. **Drug and Alcohol Abuse Normative Evaluation System or DAANES.** "Drug and Alcohol Abuse Normative Evaluation System" or "DAANES" means the client information system operated by the department's Chemical Dependency Program Division.

Subp. 11. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 12. **Inappropriate and harmful use.** "Inappropriate and harmful use" means use of a chemical that exceeds social or legal standards of acceptability, the outcome of which is characterized by three or more of the following:

- A. weekly use to intoxication;
- B. inability to function in a social setting without becoming intoxicated;
- C. driving after consuming sufficient chemicals to be considered legally impaired under Minnesota Statutes, section 169A.20, whether or not an arrest takes place;
- D. excessive spending on chemicals that results in an inability to meet financial obligations;
- E. loss of friends due to behavior while intoxicated; or
- F. chemical use that prohibits one from meeting work, school, family, or social obligations.

Subp. 13. **Income.** "Income" means the total amount of cash received by an individual from the following sources:

- A. cash payments for wages or salaries;
- B. cash receipts from nonfarm or farm self-employment, minus deductions allowed by the federal Internal Revenue Service for business or farm expenses;
- C. regular cash payments from social security, railroad retirement, unemployment compensation, workers' union funds, veterans' benefits, Aid to Families with

Dependent Children, Supplemental Security Income, General Assistance, training stipends, alimony, child support, and military family allotments;

D. cash payments from private pensions, government employee pensions, and regular insurance or annuity payments;

E. cash payments for dividends, interest, rents, or royalties; and

F. periodic cash receipts from estates or trusts.

Income does not include capital gains; any cash assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; tax refunds, gifts, lump sum inheritances, one time insurance payments, or compensation for injury; court-ordered child support or health insurance premium payments made by the client or responsible relative; and noncash benefits such as health insurance, food or rent received in lieu of wages, and noncash benefits from programs such as Medicare, Medical Assistance, Food Stamps, school lunches, and housing assistance. Annual income is the amount reported and verified by an individual as current income calculated prospectively to cover one year.

Subp. 14. **Local agency.** "Local agency" means the county or multicounty agency authorized under Minnesota Statutes, sections 254B.01, subdivision 5, and 254B.03, subdivision 1, to make placements and submit state invoices under the Consolidated Chemical Dependency Treatment Fund.

Subp. 15. **Minor child.** "Minor child" means an individual under the age of 18 years.

Subp. 16. **Negotiated rate.** "Negotiated rate" means a payment amount for halfway house clients that includes room and board and treatment costs that is either set by or negotiated by the state or local agency.

Subp. 17. **Pathological use.** "Pathological use" means the compulsive use of a chemical characterized by three or more of the following:

A. daily use required for adequate functioning;

B. an inability to abstain from use;

C. repeated efforts to control or reduce excessive use;

D. binge use, such as remaining intoxicated throughout the day for at least two days at a time;

E. amnesic periods for events occurring while intoxicated; and

F. continuing use despite a serious physical disorder the individual knows is exacerbated by continued use.

Subp. 17a. **Policyholder.** "Policyholder" means a person who has a third-party payment policy under which a third-party payment source has an obligation to pay all or part of a client's treatment costs.

Subp. 18. **Rehabilitation program.** "Rehabilitation program" means a program of chemical dependency rehabilitation defined in part 9530.4100, subpart 22, as a category II, III, or IV program licensed under parts 9530.4100 to 9530.4450 and Minnesota Statutes, chapter 245A.

Subp. 19. **Responsible relative.** "Responsible relative" means a person who is a member of the client's household and is a client's spouse or the parent of a minor child who is a client.

Subp. 20. **Third-party payment source.** "Third-party payment source" means a person, entity, or public or private agency other than medical assistance or general assistance medical care that has a probable obligation to pay all or part of the costs of a client's chemical dependency treatment.

Subp. 21. **Vendor.** "Vendor" means a licensed provider of chemical dependency treatment services that meets the criteria established in Minnesota Statutes, section

254B.05, and that has applied according to part 9505.0195 to participate as a provider in the medical assistance program.

**Statutory Authority:** *MS s 245B.03; 254A.03; 254B.03*

**History:** *12 SR 53; 13 SR 1448; 15 SR 1540; 16 SR 391; L 2000 c 478 art 2 s 7*

#### **9530.7005 SCOPE AND APPLICABILITY.**

Parts 9530.7000 to 9530.7030 govern the administration of the Consolidated Chemical Dependency Treatment Fund, establish the criteria to be applied by local agencies to determine a client's eligibility under the Consolidated Chemical Dependency Treatment Fund, and establish a client's obligation to pay for chemical dependency treatment services.

These parts must be read in conjunction with Minnesota Statutes, chapter 254B, and parts 9530.6600 to 9530.6655.

**Statutory Authority:** *MS s 254B.03 subd 5*

**History:** *12 SR 53*

#### **9530.7010 COUNTY RESPONSIBILITY TO PROVIDE CHEMICAL DEPENDENCY TREATMENT SERVICES.**

The local agency shall provide chemical dependency treatment services to eligible clients residing within the county who have been assessed and placed by the county in accordance with parts 9530.6600 to 9530.6655.

**Statutory Authority:** *MS s 254B.03 subd 5*

**History:** *12 SR 53*

#### **9530.7012 VENDOR AGREEMENTS.**

When a local agency enters into an agreement with a vendor of chemical dependency treatment services, the agreement must distinguish client per unit room and board costs from per unit rehabilitation services costs.

For purposes of this part, "rehabilitation services costs" are costs, including related administrative costs, of services that meet the criteria in items A to C:

A. The services are provided within a category II, III, or IV rehabilitation program as those categories are defined in part 9530.4100, subpart 22.

B. The services meet the definition of rehabilitation services in part 9530.4100, subpart 23.

C. The services meet the applicable service standards for categories II, III, and IV rehabilitation programs specified in parts 9530.4320, 9530.4330, 9530.4380, 9530.4390, and 9530.4400.

This part does not apply when a county contracts for chemical dependency services in an acute care inpatient hospital licensed by the Department of Health under chapter 4640.

**Statutory Authority:** *MS s 254B.03*

**History:** *15 SR 1540; L 2003 1Sp14 art 11 s 11*

#### **9530.7015 CLIENT ELIGIBILITY UNDER THE CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUND.**

Subpart 1. **Client eligibility to have treatment totally paid under the Consolidated Chemical Dependency Treatment Fund.** A client who meets the criteria established in item A, B, C, or D shall be eligible to have chemical dependency treatment paid for totally with funds from the Consolidated Chemical Dependency Treatment Fund.

A. The client is eligible for AFDC as determined under parts 9500.2000 to 9500.2880.

B. The client is eligible for medical assistance as determined under parts 9505.0010 to 9505.0150.

C. The client is eligible for general assistance, general assistance medical care, or work readiness as determined under parts 9500.1200 to 9500.1318.

D. The client's income is less than 60 percent of the state median income, as determined by the local agency under part 9530.7020, subpart 1.

Clients eligible under items A and B shall not be eligible for Consolidated Chemical Dependency Treatment Fund services, except for transitional residence, extended care programs, and culturally specific programs as defined in part 9530.6605, subpart 13, until medical assistance program waivers are secured under United States Code, title 42, section 1915(b), as authorized under Minnesota Statutes, section 254B.08, and shall continue to be eligible for Consolidated Chemical Dependency Treatment Fund services according to Minnesota Statutes, chapter 256B, until medical assistance program waivers are secured under United States Code, title 42, section 1915(b), as authorized under Minnesota Statutes, section 254B.08.

**Subp. 2. Client eligibility to have treatment initially paid for from the Consolidated Chemical Dependency Treatment Fund.** Except as provided under subpart 4, item D, a client who has an income between 60 and 115 percent of the state median income, as determined by the local agency under part 9530.7020, subpart 1, and who does not have an available third-party payment source, shall be eligible to have treatment paid for with Consolidated Chemical Dependency Treatment Funds, as follows:

A. Except when item B applies, all clients or responsible relatives shall be billed according to the sliding fee scale established under part 9530.7022, if the client's total obligation under the sliding fee scale is less than the total cost of the client's chemical dependency treatment.

B. If a client who has no responsible relatives and who is not the custodial parent of a minor child is placed in a category III or IV program, the client shall be billed under part 9530.7024, if the client's countable income is less than the sum of the negotiated rate plus the clothing and personal needs allowance and the earned income disregard allowed under Minnesota Statutes, section 256D.06, subdivisions 1 and 1b.

**Subp. 3. Client with third-party payment source eligibility to have treatment initially paid for from the Consolidated Chemical Dependency Treatment Fund.** Except as provided under subpart 4, item D, a client shall be eligible to have treatment paid for with Consolidated Chemical Dependency Treatment Funds, and the client or the responsible relative shall be billed in accordance with the sliding fee scale established under part 9530.7020, subpart 3, if the client has an income between 60 and 115 percent of the state median income, as determined by the local agency under part 9530.7020, subpart 1, and the client meets the conditions under items A and B.

A. The client does not have a third-party payment source that will cover the total cost of the client's chemical dependency treatment.

B. The client's copayment exceeds the client's total obligation under the sliding fee scale established in part 9530.7020, subpart 3.

**Subp. 4. Client ineligible to have treatment paid for from the Consolidated Chemical Dependency Treatment Fund.** A client who meets the criteria in item A, B, C, or D shall be ineligible to have chemical dependency treatment services paid for with Consolidated Chemical Dependency Treatment Funds.

A. The client has an income that exceeds 115 percent of the state median income, as determined by the local agency under part 9530.7020, subpart 1.

B. The client has an income between 60 and 115 percent of the state median income, as determined by the local agency under part 9530.7020, subpart 1, and the total cost of the client's treatment is equal to or less than the client's total obligation under the sliding fee scale established under part 9530.7020, subpart 3.

C. The client has an available third-party payment source that will pay the total cost of the client's treatment, or the client's copayment is equal to or less than the client's total obligation under the sliding fee scale established in part 9530.7020, subpart 3.

D. The client meets the criteria under subpart 2 or 3, but the county's allocation under Minnesota Statutes, section 254B.02, subdivisions 1 and 2, has been exhausted, the county's maintenance of effort has been met as required under Minnesota Statutes, section 254B.02, subdivision 3, and the local agency has been notified by the department that only clients who meet the criteria under subpart 1 are eligible to have their chemical dependency treatment services paid for under the Consolidated Chemical Dependency Treatment Fund.

**Statutory Authority:** *MS s 254B.03*

**History:** *12 SR 53; 15 SR 1540*

**9530.7020 COUNTY RESPONSIBILITY TO DETERMINE CLIENT ELIGIBILITY FOR CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUNDS AND CLIENT'S ABILITY TO PAY FOR TREATMENT.**

Subpart 1. **Local agency duty to determine client eligibility and ability to pay.** The local agency shall determine a client's eligibility for consolidated chemical dependency treatment funds and the client's or a responsible relative's ability to pay a fee at the time the client seeks treatment and is assessed under parts 9530.6600 to 9530.6655. Client eligibility and the ability to pay a fee must be determined using forms prescribed by the department. To determine a client's eligibility, the local agency must determine the client's income, the size of the client's household, the availability of a third-party payment source, and a responsible relative's ability to pay for the client's chemical dependency treatment, as specified in items A to E.

A. The local agency must determine the client's income. A client who is a minor child shall not be deemed to have income available to pay for chemical dependency treatment, unless the minor child is responsible for payment under Minnesota Statutes, section 144.347, for chemical dependency treatment services sought under Minnesota Statutes, section 144.343, subdivision 1.

B. The local agency must determine the client's household size according to subitems (1), (2), and (3).

(1) If the client is a minor child, the household size includes the following persons living in the same dwelling unit:

- (a) the client;
- (b) the client's birth or adoptive parents; and
- (c) the client's siblings who are minors.

(2) If the client is an adult, the household size includes the following persons living in the same dwelling unit:

- (a) the client;
- (b) the client's spouse;
- (c) the client's minor children; and
- (d) the client's spouse's minor children.

(3) For purposes of this item, household size includes a person listed in subitems (1) and (2) who is in out-of-home placement if a person listed in subitem (1) or (2) is contributing to the cost of care of the person in out-of-home placement.

C. The local agency must determine the availability of a third-party payment source, including the availability of total payment, partial payment, amount of copayment, and any special conditions or procedures the third-party payor requires clients and policyholders to follow.

(1) The local agency shall require the client and policyholder to:

(a) follow all special conditions or procedures established by the third-party payment source, including the third-party payment source's appeal and grievance procedure; and

(b) assign to the department his or her rights and the rights of minor children to benefits or services provided to the client.

(2) The local agency shall require the policyholder to provide verification of the client's third-party payment source's approval or refusal to pay for chemical dependency treatment services before the local agency places the client.

(a) Approvals or refusals can be obtained verbally (for example, by phone) or in writing.

(b) When the policyholder reports a refusal that was obtained verbally, the local agency must confirm the refusal by speaking with a representative of the third-party payor.

(c) The local agency must record in the client's case file the representative's name, the date and time of the conversation, the reason given for the decision not to fund, and the steps that will be taken to appeal or grieve the payor's decision not to fund.

(3) If the client or policyholder is unable to provide verification of the third-party payment source's approval or refusal, the local agency must assist the client and policyholder to obtain the verification.

(4) If the client or policyholder, with the assistance of the local agency, is still unable to obtain verification from the third-party payment source, the local agency shall place the client.

D. The local agency shall determine a responsible relative's income.

E. The local agency shall apply the information on the client's and responsible relative's income and household size to the sliding fee scale established in part 9530.7022, and determine the fee for which the client or responsible relative is liable. The local agency shall record this information on a form supplied by the department, and send the form to the department.

Subp. 1a. **Redetermination of client eligibility and ability to pay a fee.** The local agency shall reassess a client's eligibility, redetermine the client's and responsible relative's ability to pay for chemical dependency treatment services, and redetermine the client's and responsible relative's fee as specified in items A to E. For purposes of this subpart, placement of a client into more than one chemical dependency treatment program in less than ten working days, or placement of a client into a chemical dependency treatment program that is structured to provide rehabilitation services followed by outpatient chemical dependency treatment services shall be treated as a single placement.

A. Except for a client whose fee is determined under part 9530.7024, the local agency shall redetermine a client's eligibility for consolidated chemical dependency treatment funds and the client's and responsible relative's ability and obligation to pay a fee for treatment services every six months after the initial eligibility determination if the client remains in the same placement.

B. The local agency shall reassess a client's eligibility, redetermine the client's and responsible relative's ability to pay for chemical dependency treatment services, and redetermine the client's and responsible relative's fee each time a client is placed for chemical dependency treatment services. The fee for a second or subsequent placement shall be added to any unpaid fee obligation of the client or responsible relative. Payments for a second or subsequent placement shall begin in the month following the last monthly billing from the previous fee obligation.

C. When two or more clients, for whom another client or responsible relative is financially responsible, are placed for chemical dependency treatment services, the local agency shall add the total fee obligation for the second or subsequent client to the unpaid fee obligation of the client or responsible relative. The payments for the second or subsequent client shall begin in the month following the last monthly billing from the previous fee obligation.

D. If a client who has no responsible relatives and who is not the custodial parent of a minor child is placed in a category III or IV rehabilitation program licensed under parts 9530.4100 to 9530.4450, the client's obligation to make fee payments for a previous placement shall be suspended and the client's fee obligation while in the

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program shall be determined by the vendor according to part 9530.7024. The client's obligation to make payments on the fee obligation for a previous placement shall resume 30 days after the client is discharged from the program.

E. If a client who has a responsible relative or who is the custodial parent of a minor child is placed in a category III or IV rehabilitation program licensed under parts 9530.4100 to 9530.4450, the local agency shall reassess the client's and responsible relative's ability to pay for chemical dependency treatment services and redetermine the client's and responsible relative's fee obligation. The client and the responsible relative must continue to make monthly payments according to item B.

**Subp. 2. Client, responsible relative, and policyholder obligation to cooperate.** A client, responsible relative, and policyholder shall provide income or wage verification, household size verification, information on any special procedures required by the client's or policyholder's third-party payment source, and shall make an assignment of third-party payment rights under subpart 1, item C. If a client, responsible relative, or policyholder does not comply with the provisions of this subpart, the client shall be deemed to be ineligible to have Consolidated Chemical Dependency Treatment Funds pay for his or her chemical dependency treatment, and the client and responsible relative shall be obligated to pay for the full cost of chemical dependency treatment services provided to the client.

Subp. 3. [Repealed, 15 SR 1540]

Subp. 4. [Repealed, 15 SR 1540]

**Statutory Authority:** *MS s 254B.03; 254B.04 subd 2*

**History:** *12 SR 53; 12 SR 2748; 15 SR 1540*

### 9530.7021 PAYMENT AGREEMENTS.

When the local agency, the client, and the vendor agree that the vendor will accept payment from a third-party payment source for an eligible client's treatment, the local agency, the client, and the vendor shall enter into a third-party payment agreement. The agreement must stipulate that the vendor will accept, as payment in full for services provided the client, the amount the third-party payor is obligated to pay for services provided the client plus the amount of any fee owed by the client as determined under part 9530.7022. The agreement must be executed in a form prescribed by the commissioner and is not effective unless an authorized representative of each of the three parties has signed it. The local agency shall maintain a record of third-party payment agreements into which the local agency has entered.

The vendor shall notify the local agency as soon as possible and not less than one business day before discharging a client whose treatment is covered by a payment agreement under this part if the discharge is caused by disruption of the third-party payment.

**Statutory Authority:** *MS s 245B.03; 254A.03*

**History:** *16 SR 391*

### 9530.7022 PAYMENTS BY A CLIENT OR RESPONSIBLE RELATIVE; FEE SCHEDULE.

**Subpart 1. Payments by a client or responsible relative.** The fee to be paid by a client or responsible relative for chemical dependency treatment shall be determined according to this subpart and the fee schedule specified in subpart 2, and shall be redetermined according to part 9530.7020, subpart 1a.

A. A client or responsible relative whose household income falls between zero and 60 percent of the annual state median income, as defined in subpart 2, shall pay no fee.

B. A client or responsible relative whose household income falls between 60 and 115 percent of the annual state median income, as defined in subpart 2, must pay a fee to the department toward the cost of the client's chemical dependency treatment. The total amount a client or responsible relative is obligated to pay shall not exceed the



total cost of the client's chemical dependency treatment services for a treatment placement, including room and board costs.

C. A client or responsible relative whose household income is at or above 115 percent of the annual state median income is not eligible for consolidated chemical dependency fund subsidy of treatment costs, and is obligated to pay for the full cost of treatment.

Subp. 2. **Fee schedule.** The department shall develop a fee schedule and adjust it annually based on the most recent annual state median income for a four-person family published in the Federal Register by the United States Department of Health and Human Services for the current federal fiscal year.

The department shall publish the adjustments annually in the State Register on the last Monday in June.

The fee schedule shall have annual and monthly income matrixes based on household sizes ranging from one to ten persons. The annual and monthly income matrixes must begin at 60 percent of the current annual state median income and end at 115 percent of the current annual state median income.

The fee schedule shall be divided into equal steps for each \$900 increase in income between 60 percent and 115 percent of the current annual state median income. The fee is \$60 for the first step above 60 percent of the state median income for each household size matrix. The fee for each subsequent income step can be calculated by totalling items A, B, and C and multiplying the total by 104 percent to adjust for inflation:

A. the amount of the fee for the previous step;

B. \$30; and

C. 12 times the number of steps that precede the step for which the fee is being calculated.

Copies of the current fee schedule may be obtained by contacting the Minnesota Department of Human Services, Chemical Dependency Program Division, 444 Lafayette Road, Saint Paul, MN 55155-3823.

**Statutory Authority:** *MS s 254B.03*

**History:** *15 SR 1540*

#### **9530.7024 CLIENT FEES FOR CATEGORY III AND IV PROGRAMS.**

When a client who has no responsible relatives and who is not the custodial parent of a minor child is placed in a category III or IV program licensed under parts 9530.4100 to 9530.4450, the vendor shall determine the client's countable income in accordance with parts 9500.1200 to 9500.1318.

A. The vendor shall subtract the amount established as the clothing and personal needs allowance for medical assistance recipients under Minnesota Statutes, section 256B.35, subdivision 1, and the amount established as an additional earned income disregard under Minnesota Statutes, section 256D.06, subdivision 1b, from the client's countable income, whether the client's income is earned or unearned.

B. If the client is regularly contributing to the financial support of the client's natural or adopted minor child or children, the vendor shall verify the support payment and subtract the amount specified in a court order, if one exists. If no court order exists, the vendor shall determine the number of dependent children the client supports and subtract the amount paid, up to the amount specified for that number of children in the standards for aid to families with dependent children established in part 9500.2440, subpart 6. The vendor shall verify child support payments made through a bank statement, a canceled check, a receipt, or through the public agency responsible for child support enforcement. The method of verification must be recorded in the client's case record.

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C. The client's fee shall equal whichever is less: the amount of income that remains after the deductions in items A and B are subtracted or the amount of the negotiated rate.

D. The vendor shall record this information on a form supplied by the department, and send the form to the local agency. The local agency shall verify the accuracy of the information and send the form to the department. The client shall be billed and the client's fee collected according to part 9530.7031 [Emergency].

E. The vendor shall make a monthly redetermination of the countable income of a client in a category III or IV program, and the amount the client owes toward the negotiated rate according to this part.

F. The client may make expenditures from income subtracted according to Minnesota Statutes, section 256D.06, subdivision 1b, on approval of the local agency.

**Statutory Authority:** *MS s 254B.03*

**History:** *15 SR 1540*

### **9530.7025 DENIAL OF PAYMENT.**

Subpart 1. **Denial of payment when required assessment not completed.** The department shall deny payments from the Consolidated Chemical Dependency Treatment Fund to vendors for chemical dependency treatment services provided to clients who have not been assessed and placed by the county in accordance with parts 9530.6600 to 9530.6655.

Subp. 2. **Denial of state participation in Consolidated Chemical Dependency Treatment Fund payments when client found not eligible.** The department shall pay vendors from the Consolidated Chemical Dependency Treatment Fund for chemical dependency treatment services provided to clients and shall bill the county for 100 percent of the costs of chemical dependency treatment services as follows:

A. The department shall bill the county for 100 percent of the costs of a client's chemical dependency treatment services when the department determines that the client was not placed in accordance with parts 9530.6600 to 9530.6655.

B. When a county's allocation under Minnesota Statutes, section 254B.02, subdivisions 1 and 2, has been exhausted, and the county's maintenance of effort has been met as required under Minnesota Statutes, section 254B.02, subdivision 3, and the local agency has been notified by the department that the only clients who are eligible to have their treatment paid for from the Consolidated Chemical Dependency Treatment Fund are clients who are eligible under part 9530.7015, subpart 1, the department shall bill the county for 100 percent of the costs of a client's chemical dependency treatment services when the department determines that the client was not eligible under part 9350.7015, subpart 1.

**Statutory Authority:** *MS s 254B.03 subd 5*

**History:** *12 SR 53*

### **9530.7030 ELIGIBLE VENDOR'S DUTY TO PARTICIPATE IN A CLIENT INFORMATION SYSTEM.**

Subpart 1. **Participation a condition of eligibility.** To be eligible for payment under the Consolidated Chemical Dependency Treatment Fund, a vendor must participate in DAANES, or another client information system that collects data on all individuals who are served by the vendor, is approved by the commissioner, and meets the criteria in subpart 2.

Subp. 2. **Criteria for approval of a client information system.** The commissioner shall approve a vendor's participation in a client information system other than DAANES if the system collects and maintains the data identified in items A to F. The

information system must collect the data identified in items B, C, D, E, and G, on either a six month or 12 month basis.

A. demographic data, including age, race, sex, marital status, educational achievement, employment status, and county of residence if a Minnesota resident, or state or nation of residence if not a Minnesota resident;

B. chemical use history, including diagnosis at intake, frequency of chemical use, chemicals used, and longest period of abstinence from all chemical use during the six or 12-months before intake;

C. all admissions into detoxification, outpatient, primary residential, extended care, and halfway houses that occurred more than six or 12 months before intake;

D. all admissions into detoxification, outpatient, primary residential, extended care, and halfway houses that occurred during the six or 12 months before intake;

E. other problems associated with chemical use, abuse, or dependency, including psychiatric and medical hospital admissions that occurred in the six or 12 months before intake; arrests, convictions, and incarcerations that occurred in the six or 12 months before intake; and problems at work or school associated with chemical use that occurred in the six or 12 months before intake;

F. discharge information, including reasons for discharge, referrals made at discharge, length of stay or length of participation in the program, and total costs of treatment; and

G. six or 12 month follow-up information on clients discharged before January 1, 1993, including longest period of abstinence from all chemical use; which chemicals were used, if any, following discharge; hospital admissions that occurred following discharge; arrests, convictions, and incarcerations that occurred following discharge; employment status, and work or school problems associated with chemical use that occurred following discharge; and admissions to detoxification or chemical dependency treatment programs that occurred following discharge.

**Subp. 3. Data retention requirements for vendors who do not participate in DAANES.** Eligible vendors who receive payment under the Consolidated Chemical Dependency Treatment Fund must maintain the data identified in subpart 2, items A to F, on each individual admitted and discharged by the vendor. Individual data must be retained by the vendor for a period of two years.

**Subp. 4. Reporting requirements for vendors who do not participate in DAANES.** Eligible vendors who receive payment under the Consolidated Chemical Dependency Treatment Fund must provide a summary of the data identified in subpart 2, items A to F, to the department on all individuals admitted during each calendar year, beginning on July 1, 1987. The information must be received by the department by March 31 of the succeeding year. The vendor must provide cross tabular and follow-up data to the department upon request. The summary data must be submitted in the following format:

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### MINNESOTA CHEMICAL DEPENDENCY TREATMENT SURVEY

#### MINNESOTA DEPARTMENT OF HUMAN SERVICES

#### CHEMICAL DEPENDENCY PROGRAM DIVISION

Facility Name: \_\_\_\_\_

Calendar Year: \_\_\_\_\_

I. Vendors shall indicate the number of Minnesota residents and non-Minnesota residents admitted to their program during this calendar year:

	Rehabilitation	Outpatient	Combination
Minnesota Residents			
Non-Minnesota Residents			
Total			

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II. Vendors shall provide the number of clients admitted to their program during this calendar year by age, sex, and race in the appropriate box(es) below:

### REHABILITATION PROGRAM

Sex	Male							
	Race	White	Black	Indian	Hisp.	Asian	Other	Total
Age								
0-14								
15-17								
18-20								
21-30								
31-44								
45-59								
60-64								
Over 64								
Total								

Sex	Female							
	Race	White	Black	Indian	Hisp.	Asian	Other	Total
Age								
0-14								
15-17								
18-20								
21-30								
31-44								
45-59								
60-64								
Over 64								
Total								

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Vendors shall indicate the patient days of service provided by their rehabilitation program for this calendar year:

### OUTPATIENT PROGRAM

Sex	Male							
Age	Race	White	Black	Indian	Hisp.	Asian	Other	Total
0-14								
15-17								
18-20								
21-30								
31-44								
45-59								
60-64								
Over 64								
Total								

Sex	Female							
Age	Race	White	Black	Indian	Hisp.	Asian	Other	Total
0-14								
15-17								
18-20								
21-30								
31-44								
45-59								
60-64								
Over 64								
Total								

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Vendors shall indicate the patient hours of service provided by their outpatient program for this calendar year:

### COMBINATION PRIMARY REHABILITATION/OUTPATIENT PROGRAM

Sex	Male							
	Race	White	Black	Indian	Hisp.	Asian	Other	Total
Age								
0-14								
15-17								
18-20								
21-30								
31-44								
45-59								
60-64								
Over 64								
Total								

Sex	Female							
	Race	White	Black	Indian	Hisp.	Asian	Other	Total
Age								
0-14								
15-17								
18-20								
21-30								
31-44								
45-59								
60-64								
Over 64								
Total								

Vendors shall indicate the patient days of rehabilitation service and the patient hours of outpatient service provided by their program for this calendar year:

Rehabilitation Days: \_\_\_\_\_.

Outpatient Hours: \_\_\_\_\_.

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III. Vendors shall indicate the discharge status, as categorized in the following table, for all clients discharged during this calendar year separated by consolidated treatment fund clients and other clients.

	Consolidated Treatment Fund Clients	Other Clients
Completed program		
Transferred to other program		
Assessed as inappropriate for this program		
Against staff advice/patient left		
Staff requested (behavioral)		
Other		
Total		

IV. Vendors shall, based on all follow-up data collected during this calendar year, indicate the number and percent of clients who are continuously abstinent from all chemicals, as defined in Minnesota Rules, part 9530.6605, subpart 5, from date of discharge to date of follow-up. Vendors shall also indicate whether the follow-up information covers a six month or a 12 month time period. Vendors shall indicate these data by program completers and noncompleters and separate the clients by consolidated treatment fund clients and other clients.

To calculate and report these numbers and percents, the vendor shall indicate the number of clients from whom follow-up data was obtained for each of the four categories of clients and shall indicate the number of clients in each category who were abstinent from the date of discharge to the date of follow-up.

	Consolidated Treatment Fund Clients	Other Clients
	<b>Completers</b>	<b>Completers</b>
Number Abstinent		
Number Interviewed		
Percent Abstinent		
	<b>Noncompleters</b>	<b>Noncompleters</b>
Number Abstinent		
Number Interviewed		
Percent Abstinent		

Length of followup time period:

\_\_\_\_\_



## 9530.7030 CHEMICAL DEPENDENCY PROGRAMS

612

**Statutory Authority:** *MS s 245A.09; 254A.03; 254B.03*

**History:** *12 SR 53; 17 SR 2914*

### 9530.7031 VENDOR'S DUTY TO COLLECT CLIENT FEES.

A vendor shall collect client fees according to the requirements of items A to G.

A. A vendor of Category III or Category IV rehabilitation services shall determine the fee for each client who has no responsible relative and who is not the custodial parent of a minor child. The fee must be determined monthly according to part 9530.7024 for each month the client receives rehabilitation services from the vendor.

B. The vendor shall collect the fee from the client and provide the client with a receipt on a form supplied by the department.

C. A client's failure to pay a fee under this part is cause for discharge from a vendor's rehabilitation program only if the discharge is in accordance with the vendor's discharge and transfer policy specified in part 9530.4300, subpart 5. However, clients committed according to Minnesota Statutes, chapter 253B, shall be discharged only according to Minnesota Statutes, chapter 253B.

D. Within 15 days after the end of the month for which the fee was determined, the vendor shall remit to the department the client fee collected according to this part and client-identifying information on a form supplied by the commissioner.

E. The commissioner shall pay the vendor, at least quarterly, an amount equal to five percent of the client fees collected by the vendor and remitted to the commissioner.

F. The vendor's obligation to collect fees ends when the client is discharged.

G. The commissioner shall bill the client for any fee the client owes but has not paid to the vendor according to this part, based on information supplied by the vendor.

**Statutory Authority:** *MS s 245B.03; 254A.03*

**History:** *16 SR 391*