

CHAPTER 9530
DEPARTMENT OF HUMAN SERVICES
CHEMICAL DEPENDENCY PROGRAMS

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NOTE Parts 9530 6405 to 9530 6590 are effective January 1, 2005

Parts 9530 4100 to 9530 6400 are repealed effective January 1, 2005

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9530.6405 DEFINITIONS.

Subpart 1. **Scope.** As used in parts 9530.6405 to 9530.6505, the following terms have the meanings given to them:

Subp. 1a. **Administration of medications.** "Administration of medications" means performing a task to provide medications to a client, and includes the following tasks, performed in the following order:

- A. checking the client's medication record;
- B. preparing the medication for administration;
- C. administering the medication to the client;
- D. documenting the administration, or the reason for not administering medications as prescribed; and
- E. reporting information to a licensed practitioner or a nurse regarding problems with the administration of the medication or the client's refusal to take the medication.

Subp. 2 **Adolescent.** "Adolescent" means an individual under 18 years of age.

Subp 3 **Alcohol and drug counselor.** “Alcohol and drug counselor” has the meaning given in Minnesota Statutes, section 148C.01, subdivision 2

Subp 4 **Applicant.** “Applicant” means an individual, corporation, partnership, voluntary association, controlling individual, or other organization that has applied for licensure under this chapter

Subp 5 **Capacity management system.** “Capacity management system” means a database operated by the Department of Human Services to compile and make information available to the public about the waiting list status and current admission capability of each program serving intravenous drug abusers.

Subp 6. **Central registry.** “Central registry” means a database maintained by the department that collects identifying information from two or more programs about individuals applying for maintenance treatment or detoxification treatment for addiction to opiates for the purpose of avoiding an individual’s concurrent enrollment in more than one program

Subp 7 **Chemical.** “Chemical” means alcohol, solvents, controlled substances as defined by Minnesota Statutes, section 152.01, subdivision 4, and other mood altering substances.

Subp 8 **Client.** “Client” means an individual accepted by a license holder for assessment or treatment of chemical use problems. An individual remains a client until the license holder no longer provides or plans to provide the individual with treatment services.

Subp 9 **Commissioner.** “Commissioner” means the commissioner of the Department of Human Services or the commissioner’s designee.

Subp 10 **Co-occurring or co-occurring client.** “Co-occurring” or “co-occurring client” means a diagnosis that indicates a client suffers both chemical abuse or dependency and a mental health problem

Subp 11 **Department.** “Department” means the Department of Human Services

Subp 12. **Direct client contact.** “Direct client contact” has the meaning given for “direct contact” in Minnesota Statutes, section 245C.02, subdivision 11.

Subp. 13. **License.** “License” means a certificate issued by the commissioner authorizing the license holder to provide a specific program for a specified period of time in accordance with the terms of the license and the rules of the commissioner

Subp. 14 **License holder.** “License holder” means an individual, corporation, partnership, voluntary organization, or other organization that is legally responsible for the operation of the program, has been granted a license by the commissioner under this chapter, and is a controlling individual

Subp. 14a. **Licensed practitioner.** “Licensed practitioner” means a person who is authorized to prescribe as defined in Minnesota Statutes, section 151.01, subdivision 23

Subp 15. **Licensed professional in private practice.** “Licensed professional in private practice” means an individual who meets the following criteria.

A is licensed under Minnesota Statutes, chapter 148C, or is exempt from licensure under that chapter but is otherwise licensed to provide alcohol and drug counseling services,

B practices solely within the permissible scope of the individual’s license as defined in the law authorizing licensure, and

C does not affiliate with other licensed or unlicensed professionals for the purpose of providing alcohol and drug counseling services. Affiliation does not include conferring with other professionals or making client referrals

Subp 15a **Nurse.** “Nurse” means a person licensed and currently registered to practice professional or practical nursing as defined in Minnesota Statutes, section 148.171, subdivisions 14 and 15

Subp 16 **Paraprofessional.** “Paraprofessional” means an employee, agent, or independent contractor of the license holder who performs tasks in support of the

provision of treatment services Paraprofessionals may be referred to by a variety of titles including technician, case aide, or counselor assistant An individual may not be a paraprofessional employed by the license holder if the individual is a client of the license holder.

Subp. 17 **Program serving intravenous drug abusers.** "Program serving intravenous drug abusers" means a program whose primary purpose is providing agonist medication-assisted therapy to clients who are narcotic dependent, regardless of whether the client's narcotic use was intravenous or by other means

Subp 18 **Target population.** "Target population" means individuals experiencing problems with chemical use having the specified characteristics that a license holder proposes to serve

Subp 19 **Treatment.** "Treatment" means a process of assessment of a client's needs, development of planned interventions or services to address those needs, provision of services, facilitation of services provided by other service providers, and reassessment The goal of treatment is to assist or support the client's efforts to alter the client's harmful pattern of chemical use

Subp 20 **Treatment director.** "Treatment director" means an individual who meets the qualifications specified under part 9530.6450, subparts 1 and 3, and is designated by the license holder to be responsible for all aspects of the delivery of treatment services

Subp. 21 **Treatment service.** "Treatment service" means a therapeutic intervention or series of interventions

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6410 APPLICABILITY.

Subpart 1 **Applicability.** Except as provided in subparts 2 and 3, no person, corporation, partnership, voluntary association, controlling individual, or other organization may, in any one week, provide treatment services to five or more individuals who exhibit a pattern of chemical abuse or chemical dependency unless licensed by the commissioner

Subp 2 **Activities exempt from license requirement.** Parts 9530.6405 to 9530.6505 do not apply to organizations whose primary functions are information, referral, diagnosis, case management, and assessment for the purposes of placement, education, support group services, or self-help programs Parts 9530.6405 to 9530.6505 do not apply to the activities of licensed professionals in private practice which are not paid for by the consolidated chemical dependency treatment fund

Subp 3 **Certain hospitals excluded from license requirement.** Parts 9530.6405 to 9530.6505 do not apply to chemical abuse or dependency treatment provided by hospitals licensed under Minnesota Statutes, chapter 62J, or under Minnesota Statutes, sections 144.50 to 144.56, unless the hospital accepts funds for chemical abuse or dependency treatment under the consolidated chemical dependency treatment fund under Minnesota Statutes, chapter 254B, medical assistance under Minnesota Statutes, chapter 256B, MinnesotaCare or health care cost containment under Minnesota Statutes, chapter 256L, or general assistance medical care under Minnesota Statutes, chapter 256D

Subp 4 **Applicability of chapter 2960.** Beginning July 1, 2005, residential adolescent chemical dependency treatment programs must be licensed according to chapter 2960.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6415 LICENSING REQUIREMENTS.

Subpart 1 **General application and license requirements.** An applicant for a license to provide treatment must comply with the general requirements in parts 9543.1000 to 9543.1060, Minnesota Statutes, chapters 245A and 245C, and Minnesota Statutes, sections 626.556 and 626.557

Subp 2' **Contents of application.** Prior to issuance of a license, an applicant must submit, on forms provided by the commissioner, any documents the commissioner requires to demonstrate the following:

A compliance with parts 9530.6405 to 9530.6505,

B compliance with applicable building, fire and safety codes, health rules, zoning ordinances, and other applicable rules and regulations or documentation that a waiver has been granted. The granting of a waiver does not constitute modification of any requirement of parts 9530.6405 to 9530.6505;

C completion of an assessment of need for a new or expanded program according to part 9530.6800, and

D insurance coverage, including bonding, sufficient to cover all client funds, property, and interests

Subp 3. **Changes in license terms.**

A. A license holder must notify the commissioner before one of the following occurs and the commissioner must determine the need for a new license:

(1) a change in the Department of Health's licensure of the program;

(2) a change in the types of treatment services provided by the program,

or

(3) a change in location

B A license holder must notify the commissioner and must apply for a new license if there is a change in program ownership

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

9530.6420 INITIAL SERVICES PLAN.

Upon service initiation and prior to the first treatment session, the license holder must develop the client's initial service plan. The plan must address the client's immediate health, safety, and preliminary service needs, and be based on available information from the client and the referral source

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

9530.6422 COMPREHENSIVE ASSESSMENT.

Subpart 1. **Comprehensive assessment of client's chemical use problems.** A comprehensive assessment of the client's chemical use problems must be coordinated by an alcohol and drug counselor and completed within three calendar days after service initiation for a residential program or three sessions of the client's initiation to services for all other programs. The alcohol and drug counselor may rely on information provided by a referring agency or other sources when information is available. If the comprehensive assessment cannot be completed in the time specified, the treatment plan must indicate how and when it will be completed. The comprehensive assessment must include information about the client's problems that relate to chemical use and personal strengths that support recovery, including:

A age, sex, cultural background, sexual orientation, living situation, economic status, and level of education,

B circumstances of service initiation;

C. previous attempts at treatment for chemical use or dependency, compulsive gambling, or mental illness,

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D chemical use history including amounts and types of chemicals used, frequency of use, and period of abstinence,

E. specific problem behaviors exhibited by the client when under the influence of chemicals;

F. current family status, family history, including history or presence of physical or sexual abuse, level of family support, and chemical use, abuse, or dependency among family members and significant others,

G physical concerns or diagnoses that may influence the treatment plan,

H. mental health history and current psychiatric status, including symptoms, disability, current treatment supports, and psychotropic medication needed to maintain stability,

I arrests and legal interventions related to chemical use,

J ability to function appropriately in a work and educational setting,

K ability to understand written treatment materials, including rules and client rights;

L. risk-taking behavior, including behavior that puts the client at risk of exposure to blood borne or sexually transmitted diseases;

M. social network in relation to expected support for recovery and leisure time activities that have been associated with chemical use; and

N a determination whether a client is a vulnerable adult as defined in Minnesota Statutes, section 626 5572, subdivision 21. An individual abuse prevention plan is required for all clients who meet the definition of "vulnerable adult."

Subp 2 Assessment summary. An alcohol and drug counselor must prepare an assessment summary within three calendar days for a residential program or within three treatment sessions of service initiation. The summary of the comprehensive assessment results:

A. must be prepared by an alcohol and drug counselor, and

B. contain information relevant to treatment planning including:

- (1) acute intoxication and withdrawal potential;
- (2) biomedical conditions and complications,
- (3) emotional and behavioral conditions and complications,
- (4) treatment acceptance and resistance;
- (5) relapse and continued use potential, and
- (6) recovery environment

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6425 INDIVIDUAL TREATMENT PLANS.

Subpart 1 General. Individual treatment plans for clients in treatment must continually be updated, based on new information gathered about the client's condition and on whether planned treatment interventions have had the intended effect. Treatment planning must include a cycle, repeating until service termination, of assessment, priority setting, planning, implementation, and reassessment based on progress, revised priorities, and revised plan. The plan must provide for the involvement of the client's family and those people selected by the client as being important to the success of the treatment experience at the earliest opportunity, consistent with the client's treatment needs and written consent. The plan must be developed after completion of the comprehensive assessment and is subject to amendment until services to the client are terminated. The client must have an opportunity to have active, direct involvement in selecting the anticipated outcomes of the treatment process and in developing the individual treatment plan. The individual treatment plan must be signed by the client and the alcohol and drug counselor.

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Subp 2. **Plan contents.** An individual treatment plan must include

A. treatment goals addressing each problem identified in the assessment summary prepared according to part 9530 6422, subpart 2, item B,

B specific methods to be used to address identified problems, including amount, frequency, and anticipated duration of treatment service. The methods must be appropriate to the client's language, reading skills, cultural background, and strengths,

C resources to which the client is being referred for problems when problems are to be addressed concurrently by another provider, and

D. goals the client must reach to complete treatment and have services terminated

Subp 3 **Progress notes and plan review.**

A. Progress notes must be entered in a client's file weekly or after each treatment service, whichever is less frequent, by the staff person providing the service. The note must reference the treatment plan. Progress notes must:

(1) be entered immediately following any significant event. Significant events include those events which have an impact on the client's relationship with other clients, staff, the client's family, or the client's treatment plan,

(2) indicate the type and amount of each treatment service the client has received,

(3) include monitoring of any physical and mental health problems and the participation of others in the treatment plan,

(4) document the participation of others; and

(5) document that the client has been notified of each treatment plan change and that the client either does or does not agree with the change.

B. Treatment plan review must

(1) occur weekly or after each treatment service, whichever is less frequent;

(2) address each goal in the treatment plan that has been worked on since the last review, and

(3) address whether the strategies to address the goals are effective, and if not, must include changes to the treatment plan.

C. All entries in a client's record must be legible, signed, and dated. Late entries must be clearly labeled "late entry." Corrections to an entry must be made in a way in which the original entry can still be read.

Subp 4 **Summary at termination of services.** An alcohol and drug counselor must write a discharge summary for each client. The summary must be completed within five days of the client's service termination or within five days from the client's or program's decision to terminate services, whichever is earlier.

A. The summary at termination of services must include the following information:

(1) client's problems, strengths, and needs while participating in treatment, including services provided,

(2) client's progress toward achieving each of the goals identified in the individual treatment plan, and

(3) reasons for and circumstances of service termination.

B. For clients who successfully complete treatment, the summary must also include

(1) living arrangements upon discharge,

(2) continuing care recommendations, including referrals made with specific attention to continuity of care for mental health problems, as needed,

(3) service termination diagnosis, and

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(4) client's prognosis

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6430 TREATMENT SERVICES.

Subpart 1. Treatment services provided by license holder.

A A license holder must provide treatment services including.

(1) individual and group counseling to help the client identify and address problems related to chemical use and develop strategies to avoid inappropriate chemical use after discharge,

(2) client education strategies to avoid inappropriate chemical use and health problems related to chemical use and the necessary changes in lifestyle to regain and maintain health Client education must include information concerning the human immunodeficiency virus, according to Minnesota Statutes, section 245A 19, other sexually transmitted diseases, drug and alcohol use during pregnancy, hepatitis, and tuberculosis,

(3) transition services to help the client integrate gains made during treatment into daily living and to reduce reliance on the license holder's staff for support; and

(4) services to address issues related to co-occurring mental illness, including education for clients on basic symptoms of mental illness, the possibility of comorbidity, and the need for continued medication compliance while working on recovery from chemical abuse or dependency Groups must address co-occurring mental illness issues, as needed When treatment for mental health problems is indicated, it is integrated into the client's treatment plan.

B. Treatment services provided to individual clients must be provided according to the individual treatment plan and must address cultural differences and special needs of all clients

Subp 2 **Additional treatment services.** A license holder may provide or arrange the following additional treatment services.

A. case management services to help the client obtain the services and support the client needs to establish a lifestyle free of the harmful effects of chemical abuse or dependency,

B relationship counseling provided by a qualified professional to help the client identify the impact of inappropriate chemical use on others and to help the client and persons in the client's support structure identify and change behaviors that contribute to inappropriate chemical use,

C 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;

D. stress management and physical well-being to help the client reach and maintain an acceptable level of health, physical fitness, and well-being,

E. living skills development to help the client learn basic skills necessary for independent living,

F employment or educational services to help the client become financially independent,

G socialization skills development to help the client live and interact with others in a positive and productive manner; and

H room, board, and supervision provided at the treatment site to give the client a safe and appropriate environment in which to gain and practice new skills

Subp. 3. **Counselors to provide treatment services.** Treatment services, including therapeutic recreation, must be provided by alcohol and drug counselors qualified according to part 9530 6450, unless the individual providing the service is specifically

qualified according to the accepted standards of that profession. Therapeutic recreation does not include planned leisure activities.

Subp 4 **Location of service provision.** Except for services under subpart 2, items A, C, and F, a client of a license holder may only receive services at any of the license holder's licensed locations or at the client's home.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6435 MEDICAL SERVICES.

Subpart 1. **Health care services description.** An applicant or license holder must maintain a complete description of the health care services, nursing services, dietary services, and emergency physician services offered by the license holder.

Subp 2. **Consultation services.** In addition to the requirements under subpart 1, the applicant or license holder must have a written procedure approved by a physician licensed under Minnesota Statutes, chapter 147, for obtaining medical interventions when needed for any client. The license holder must have access to and document the availability of a licensed mental health professional to provide diagnostic assessment and treatment planning assistance.

Subp 3 **Administration of medications and assistance with self-medication.** A license holder must meet the requirements in items A and B if services include medication administration.

A A staff member, other than a licensed practitioner or nurse, who is delegated by a licensed practitioner or a registered nurse the task of administration of medication or assistance with self-medication must:

(1) document that the staff member has successfully completed a medication administration training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution. Completion of the course must be documented in writing and placed in the staff member's personnel file;

(2) be trained according to a formalized training program which is taught by a registered nurse and offered by the license holder. Completion of the course must be documented in writing and placed in the staff member's personnel records; or

(3) demonstrate to a registered nurse competency to perform the delegated activity.

B. A registered nurse must be employed or contracted to develop the policies and procedures for medication administration or assistance with self-administration of medication or both. A registered nurse must provide supervision as defined in part 6321.0100. The registered nurse supervision must include monthly on-site supervision or more often as warranted by client health needs. The policies and procedures must include:

(1) a provision that delegations of administration of medication are limited to administration of those medications which are oral, suppository, eye drops, ear drops, inhalant, or topical;

(2) a provision that each client's file must include documentation indicating whether staff will be administering medication or the client will be doing self-administration or a combination of both;

(3) a provision that clients may carry emergency medication such as nitroglycerin as instructed by their physician;

(4) a provision for medication to be self-administered when a client is scheduled not to be at the facility;

(5) a provision that if medication is to be self-administered at a time when the client is present in the facility, medication will be self-administered under observation of a trained staff person;

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(6) a provision that if the license holder serves clients who are parents with children, the parent must administer medication to the child under staff supervision,

(7) requirements for recording the client's use of medication, including staff signatures with date and time,

(8) guidelines for when to inform a registered nurse of problems with self-administration, including failure to administer, client refusal of a medication, adverse reactions, or errors; and

(9) procedures for acceptance, documentation, and implementation of prescriptions, whether written, verbal, telephonic, or electronic.

Subp 4. **Control of drugs.** A license holder must have in place and implement written policies and procedures developed by a registered nurse that contains the following provisions.

A a requirement that all drugs must be stored in a locked compartment. Schedule II drugs, as defined by Minnesota Statutes, section 152.02, must be stored in a separately locked compartment, permanently affixed to the physical plant or medication cart;

B. a system which accounts for all scheduled drugs each shift;

C. a procedure for recording the client's use of medication, including the signature of the administrator of the medication with the time and date,

D a procedure for destruction of discontinued, outdated, or deteriorated medications;

E a statement that only authorized personnel are permitted to have access to the keys to the locked drug compartments; and

F. a statement that no legend drug supply for one client will be given to another client.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6440 CLIENT RECORDS.

Subpart 1 **Client records required.** A license holder must maintain a file of current client records on the premises where the treatment services are provided or coordinated. The content and format of client records must be uniform and entries, in each case must be signed and dated by the staff member making the entry. The license holder must maintain a record that documents compliance with part 9530.6445, subpart 4. 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, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and, if applicable, Minnesota Statutes, chapter 13.

Subp 2. **Records retention.** Records of discharged clients must be retained by a license holder for seven years. License holders that cease to provide treatment services must retain client records for seven years from the date of facility closure and must notify the commissioner of the location of the records and the name of a person responsible for maintaining the records.

Subp 3. **Client records, contents.** Client records must contain the following

A. documentation that the client was given information on client rights, responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided an orientation to the program abuse prevention plan as required under Minnesota Statutes, section 245A 65, subdivision 2, paragraph (a)(4),

B. a comprehensive assessment completed according to part 9530.6422,

C an individual abuse prevention plan that complies with Minnesota Statutes, sections 245A 65, subdivision 2, and 626 557, subdivision 14, when applicable,

D. an individual treatment plan, as required under part 9530.6425, subparts 1 and 2,

E. progress notes, as required in part 9530.6425, subpart 3; and

F. a summary of termination of services, written according to part 9530.6425, subpart 4

Subp. 4 **Electronic records.** A license holder who intends to use electronic record keeping or electronic signatures to comply with parts 9530.6405 to 9530.6505 must first obtain written permission from the commissioner. The commissioner must grant permission after the license holder provides documentation demonstrating the license holder's use of a system for ensuring security of electronic records. Use of electronic record keeping or electronic signatures does not alter the license holder's obligations under state or federal law, regulation, or rule.

Statutory Authority: *MS s 245A.09*

History: 29 SR 129

9530.6445 STAFFING REQUIREMENTS.

Subpart 1 **Treatment director required.** A license holder must have a treatment director

Subp. 2 **Alcohol and drug counselor supervisor requirements.** A license holder must employ an alcohol and drug counselor supervisor who meets the requirements under part 9530.6450, subpart 4. An individual may be simultaneously employed as a treatment director, alcohol and drug counselor supervisor, and an alcohol and drug counselor if the individual meets the qualifications for each position. If an alcohol and drug counselor is simultaneously an alcohol and drug counselor supervisor or treatment director, that individual must be considered a 0.5 full-time equivalent alcohol and drug counselor for purposes of meeting the staffing requirements under subpart 4

Subp. 3 **Responsible staff person.** A treatment director must designate a staff member who, when present in the facility, is responsible for the delivery of treatment services. A license holder must have a designated staff person during all hours of operation. A license holder providing room and board and treatment at the same site must have a responsible staff person on duty 24 hours a day. The designated staff person must know and understand the implications of parts 9530.6405 to 9530.6505, 9543.1000 to 9543.1060, and Minnesota Statutes, sections 245A.65, 626.556, and 626.557.

Subp. 4. **Staffing requirements.** At least 25 percent of a counselor's scheduled work hours must be allocated to indirect services, including documentation of client services, coordination of services with others, treatment team meetings, and other duties. A counseling group shall not exceed an average of 16 clients. It is the responsibility of the license holder to determine an acceptable group size based on the client's needs. A counselor in a program treating intravenous drug abusers must not supervise more than 50 clients

Subp. 5. **Medical emergencies.** When clients are present, a license holder must have at least one staff person on the premises who has a current American Red Cross standard first aid certificate or an equivalent certificate and at least one staff person on the premises who has a current American Red Cross community, American Heart Association, or equivalent CPR certificate. A single staff person with both certifications satisfies this requirement

Statutory Authority: *MS s 245A.09*

History: 29 SR 129

9530.6450 STAFF QUALIFICATIONS.

Subpart 1. **Qualifications of all staff members with direct client contact.** All staff members who have direct client contact must be at least 18 years of age. At the time of hiring, all staff members must meet the qualifications in item A or B

A. Treatment directors, supervisors, nurses, counselors, and other professionals must be free of chemical use problems for at least the two years immediately preceding their hiring and must sign a statement attesting to that fact.

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B Paraprofessionals and all other staff members with direct client contact must be free of chemical use problems for at least one year immediately preceding their hiring and must sign a statement attesting to that fact

Subp 2. **Continuing freedom from chemical use problems employment requirement.** Staff members with direct client contact must be free from chemical use problems as a condition of employment, but are not required to sign additional statements Staff members with direct client contact who are not free from chemical use problems must be removed from any responsibilities that include direct client contact for the time period specified in subpart 1 The time period begins to run on the date the employee begins receiving treatment services or the date of the last incident as described in the list developed according to part 9530.6460, subpart 1, item E

Subp 3. **Treatment director qualifications.** In addition to meeting the requirements of subpart 1, a treatment director must know and understand the implications of parts 9530.6405 to 9530.6505, 9543.1000 to 9543.1060, and Minnesota Statutes, chapter 245A, and sections 626.556, 626.557, and 626.5572 A treatment director must

A have 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 service to individuals with chemical use problems; and

B. have a baccalaureate degree or three years of work experience in administration or personnel supervision in human services.

Subp. 4. **Alcohol and drug counselor supervisor qualifications.** In addition to meeting the requirements of subpart 1, an alcohol and drug counselor supervisor must meet the following qualifications:

A. the individual is competent in the areas specified in subpart 5,

B the individual has three or more years of experience providing individual and group counseling to chemically dependent clients except that, prior to January 1, 2005, an individual employed in a program formerly licensed under parts 9530.5000 to 9530.6400 is required to have one or more years experience; and

C the individual knows and understands the implications of parts 9530.6405 to 9530.6505, 9543.1000 to 9543.1060, and Minnesota Statutes, sections 245A.65, 626.556, 626.557, and 626.5572

Subp 5. **Alcohol and drug counselor qualifications.** In addition to meeting the requirements of subpart 1, an alcohol and drug counselor must be either licensed or exempt from licensure under Minnesota Statutes, chapter 148C An alcohol and drug counselor must document competence in screening for and working with clients with mental health problems, through education, training, and experience

A Alcohol and drug counselors licensed under Minnesota Statutes, chapter 148C, must comply with rules adopted under Minnesota Statutes, chapter 148C

B Counselors exempt under Minnesota Statutes, chapter 148C, must be competent, as evidenced by one of the following:

(1) completion of at least a baccalaureate degree with a major or concentration in social work, nursing, sociology, human services, or psychology, or licensure as a registered nurse, successful completion of a minimum of 120 hours of classroom instruction in which each of the core functions listed in Minnesota Statutes, chapter 148C, is covered, and successful completion of 440 hours of supervised experience as an alcohol and drug counselor, either as a student or as a staff member;

(2) completion of 270 hours of alcohol and drug counselor training in which each of the core functions listed in Minnesota Statutes, chapter 148C, is covered, and successful completion of 880 hours of supervised experience as an alcohol and drug counselor, either as a student, or as a staff member,

(3) current certification as an alcohol and drug counselor or alcohol and drug counselor reciprocal, through the evaluation process established by the International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse, Inc, and published in the Case Presentation Method Trainer's Manual, copyright 1993. The

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manual is incorporated by reference. It is available at the State Law Library, Judicial Center, 25 Reverend Dr. Martin Luther King Jr. Blvd., St. Paul, Minnesota 55155;

(4) completion of a bachelor's degree including 480 hours of alcohol and drug counseling education from an accredited school or educational program and 880 hours of alcohol and drug counseling practicum, or

(5) employment in a program formerly licensed under parts 9530.5000 to 9530.6400 and successful completion of 6,000 hours of supervised work experience in a licensed program as an alcohol and drug counselor prior to January 1, 2005.

Subp. 6. **Paraprofessional qualifications and duties.** A paraprofessional must comply with subpart 1 and have knowledge of client rights, outlined in part 4747.1500, and of staff responsibilities. A paraprofessional may not admit, transfer, or discharge clients but may be the person responsible for the delivery of treatment services as required in part 9530.6445, subpart 3.

Subp. 7. **Volunteers.** Volunteers may provide treatment services when they are supervised and can be seen or heard by a staff member meeting the criteria in subpart 4 or 5, but may not practice alcohol and drug counseling unless qualified under subpart 5.

Subp. 8. **Student interns.** A qualified staff person must supervise and be responsible for all treatment services performed by student interns and must review and sign all assessments, progress notes, and treatment plans prepared by the intern.

Statutory Authority: *MS s 245A 09*

History: 29 SR 129

9530.6455 PROVIDER POLICIES AND PROCEDURES.

License holders must develop a written policy and procedures manual. The manual must contain the following materials:

A. assessment and treatment planning policies, which include screening for mental health concerns, and the inclusion of treatment objectives related to identified mental health concerns in the client's treatment plan,

B. policies and procedures regarding HIV that comply with Minnesota Statutes, section 245A.19;

C. the methods and resources used by the license holder to provide information on tuberculosis and tuberculosis screening to all clients and to report known cases of tuberculosis infection according to Minnesota Statutes, section 144.4804;

D. personnel policies that comply with part 9530.6460,

E. policies and procedures that protect client rights as required under part 9530.6470;

F. a medical services plan that complies with part 9530.6435;

G. emergency procedures that comply with part 9530.6475;

H. policies and procedures for maintaining client records under part 9530.6440;

I. procedures for reporting the maltreatment of minors under Minnesota Statutes, section 626.556, and vulnerable adults under Minnesota Statutes, sections 245A.65, 626.557, and 626.5572;

J. a description of treatment services including the amount and type of client services provided,

K. the methods used to achieve desired client outcomes; and

L. the hours of operation and target population served.

Statutory Authority: *MS s 245A 09*

History: 29 SR 129

9530.6460 PERSONNEL POLICIES AND PROCEDURES.

Subpart 1 **Policy requirements.** License holders must have written personnel policies and must make them available to each staff member. The policies must:

A assure that staff member retention, promotion, job assignment, or pay are not affected by a good faith communication between a staff member and the Department of Health, the Department of Human Services, the ombudsman for mental health and mental retardation, law enforcement, or local agencies for the investigation of complaints regarding a client's rights, health, or safety;

B contain job descriptions for each position specifying responsibilities, degree of authority to execute job responsibilities, and qualifications,

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

D describe behavior that constitutes grounds for disciplinary action, suspension or dismissal, including policies that address chemical use problems and meet the requirements of part 9530.6450, subpart 1, policies prohibiting personal involvement with clients in violation of Minnesota Statutes, chapter 148A, and policies prohibiting client abuse as specified under Minnesota Statutes, sections 245A.65, 626.556, 626.557, and 626.5572,

E list behaviors or incidents that are considered chemical use problems. The list must include:

(1) receiving treatment for chemical use within the period specified for the position in the staff qualification requirements;

(2) chemical use that has a negative impact on the staff member's job performance,

(3) chemical use that affects the credibility of treatment services with clients, referral sources, or other members of the community, and

(4) symptoms of intoxication or withdrawal on the job;

F include a chart or description of the organizational structure indicating lines of authority and responsibilities, and

G include 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 staff member was hired, policies and procedures, and client needs.

Subp. 2. Staff development. A license holder must ensure that each staff person has the training required in items A to E.

A. All staff must be trained every two years in client confidentiality rules and regulations and client ethical boundaries

B. All staff must be trained every two years in emergency procedures and client rights as specified in part 4747 1500 and Minnesota Statutes, sections 144.651 and 253B 03

C. All staff with direct client contact must be trained every year on mandatory reporting as specified under Minnesota Statutes, sections 245A 65, 626.556, 626.5561, 626.5563, 626 557, and 626 5572, including specific training covering the facility's policies concerning obtaining client releases of information.

D. All staff with direct client contact must receive training upon hiring and annually thereafter on the human immunodeficiency virus minimum standards according to Minnesota Statutes, section 245A.19.

E. Treatment directors, supervisors, nurses, and counselors must obtain 12 hours of training in co-occurring mental health problems and chemical abuse or dependency that includes competencies related to philosophy, screening, assessment, diagnosis and treatment planning, documentation, programming, medication, collaboration, mental health consultation, and discharge planning. Staff employed by a license holder on the date this rule is adopted must obtain the training within 12 months of the date of adoption. New staff who have not obtained such training must obtain it within

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12 months of the date this rule is adopted or within six months of hire, whichever is later Staff may request, and the license holder may grant credit for, relevant training obtained prior to January 1, 2005

Subp. 3 **Personnel files.** The license holder must maintain a separate personnel file for each staff member At a minimum, the personnel file must be maintained to meet the requirements under parts 9530 6405 to 9530 6505 and contain the following

A. a completed application for employment signed by the staff member and containing the staff member's qualifications for employment;

B. documentation related to the applicant's background study data, as defined in Minnesota Statutes, chapter 245C;

C. for staff members who will be providing psychotherapy services, employer names and addresses for the past five years for which the staff member provided psychotherapy services, and documentation of an inquiry made to these former employers regarding substantiated sexual contact with a client as required by Minnesota Statutes, chapter 148A,

D. documentation of completed orientation and training,

E. documentation demonstrating compliance with parts 9530 6450 and 9530.6485, subpart 2; and

F. documentation demonstrating compliance with part 9530 6435, subpart 3, for staff members who administer medications.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6465 SERVICE INITIATION AND SERVICE TERMINATION POLICIES.

Subpart 1. **Service initiation policy.** A license holder must have a written service initiation policy containing service initiation preferences which comply with this rule and Code of Federal Regulations, title 45, part 96 131, and specific service initiation criteria The license holder must not initiate services for individuals who do not meet the service initiation criteria The service initiation criteria must be either posted in the area of the facility where services for clients are initiated, or given to all interested persons upon request Titles of all staff members authorized to initiate services for clients must be listed in the services initiation and termination policies A license holder that serves intravenous drug abusers must have a written policy that provides service initiation preference as required by Code of Federal Regulations, title 45, part 96 131

Subp 2 **Individuals not served by license holder.** A license holder has specific responsibilities when terminating services or denying treatment service initiation to clients for reasons of health, behavior, or criminal activity

A. The license holder must have and comply with a written protocol for assisting clients in need of care not provided by the license holder, and for clients who pose a substantial likelihood of harm to themselves or others, if the behavior is beyond the behavior management capabilities of the staff All service terminations and denials of service initiation which pose an immediate threat to the health of any individual or require immediate medical intervention must be referred to a medical facility capable of admitting the individual.

B. All service termination policies and denials of service initiation that involve the commission of a crime against a license holder's staff member or on a license holder's property, as provided under Code of Federal Regulations, title 42, section 2 12(c)(5), must be reported to a law enforcement agency with proper jurisdiction.

Subp 3 **Service termination and transfer policies.** A license holder must have a written policy specifying the conditions under which clients must be discharged The policy must include.

A. procedures for individuals whose services have been terminated under subpart 2;

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B a description of client behavior that constitutes reason for a staff-requested service termination and a process for providing this information to clients;

C. procedures consistent with Minnesota Statutes, section 253B.16, subdivision 2, that staff must follow when a client admitted under Minnesota Statutes, chapter 253B, is to have services terminated,

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,

E. procedures for communicating staff-approved service termination criteria to clients, including the expectations in the client's individual treatment plan according to part 9530.6425, and

F. titles of staff members authorized to terminate client services must be listed in the service initiation and termination policies

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6470 POLICIES AND PROCEDURES THAT PROTECT CLIENT RIGHTS.

Subpart 1 **Client rights; explanation.** Clients provided room and board in an acute care inpatient facility or a supervised living facility have the rights identified in Minnesota Statutes, sections 144.651 and 253B.03. All clients have the rights identified in part 4747.1500. The license holder must give each client upon service initiation a written statement of client's rights and responsibilities. Staff must review the statement with clients at that time.

Subp. 2 **Grievance procedure.** Upon service initiation, the license holder must explain the grievance procedure to the client or their representative. The grievance procedure must be posted in a place visible to clients, and made available upon a client's request. The grievance procedure must also be made available to former clients upon request. The grievance procedure must require that:

A. staff help the client develop and process a grievance,

B. telephone numbers and addresses of the Department of Human Services, licensing division, the Office of Ombudsman for Mental Health and Mental Retardation, the Minnesota Department of Health, office of alcohol and drug counselor licensing program, and office of health facilities complaints; when applicable, be made available to clients, and

C. a license holder be obligated to respond to the client's grievance within three days of a staff member's receipt of the grievance, and must permit the client to bring the grievance to the highest level of authority in the program if not resolved by other staff members.

Subp 3 **Photographs of client.** All photographs, video tapes, and motion pictures of clients taken in the provision of treatment services are considered client records. 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.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6475 EMERGENCY PROCEDURES.

A. A license holder or applicant must have written procedures that staff must follow when responding to a client who exhibits behavior that is threatening to the safety of the client or others. The procedures must include:

(1) a plan designed to prevent the client from hurting themselves or others,

- (2) contact information for emergency resources that staff must consult when a client's behavior cannot be controlled by the procedures established in the plan,
- (3) types of procedures that may be used,
- (4) circumstances under which emergency procedures may be used, and
- (5) staff members authorized to implement emergency procedures.

B. Emergency procedures must not be used to enforce facility rules or for the convenience of staff. Emergency procedures must not be part of any client's treatment plan, or used at any time for any reason except in response to specific current behaviors that threaten the safety of the client or others. Emergency procedures may not include seclusion or restraint.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6480 EVALUATION.

Subpart 1 **Participation in drug and alcohol abuse normative evaluation system.** License holders must participate in the drug and alcohol abuse normative evaluation system by submitting information about each client to the commissioner on forms specified by the commissioner. The information must include demographic data about the client, including the client's chemical use history, previous treatment services related to chemical use, other problems associated with chemical use, and status at the time of service termination.

Subp 2 **Commissioner requests.** A license holder must submit additional information requested by the commissioner that is necessary to meet statutory or federal funding requirements.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6485 ADDITIONAL REQUIREMENTS FOR LICENSE HOLDERS SERVING ADOLESCENTS.

Subpart 1. **License holders serving adolescents.** A residential treatment program that serves persons under 18 years of age must be licensed as a residential program for children in out-of-home placement by the department unless the license holder is exempt under Minnesota Statutes, section 245A 03, subdivision 2.

Subp 2 **Alcohol and drug counselor qualifications.** In addition to the requirements specified in part 9530 6450, subparts 1 and 5, an alcohol and drug counselor providing treatment services to adolescents must have

A. an additional 30 hours of classroom instruction or one three-credit semester college course in adolescent development. This training need only be completed one time, and

B. at least 150 hours of supervised experience as an adolescent counselor, either as a student or as a staff member.

Subp. 3 **Staffing ratios.** At least 25 percent of a counselor's scheduled work hours must be allocated to indirect services, including documentation of client services, coordination of services with others, treatment team meetings, and other duties. A counseling group consisting entirely of adolescents must not exceed 16 clients. It is the responsibility of the license holder to determine an acceptable group size based on the needs of the clients.

Subp. 4 **Academic program requirements.** Clients who are required to attend school must be enrolled and attending an educational program that has been approved by the Minnesota Department of Education.

Subp. 5. **Program requirements.** In addition to the requirements specified in the client's treatment plan under part 9530 6425, programs serving adolescents must include the following:

- A. coordination with the school system to address the client's academic needs,

B when appropriate, a plan that addresses the client's leisure activities without chemical use; and

C. a plan that addresses family involvement in the adolescent's treatment.

Statutory Authority: *MS s 245A 09*

History: 29 SR 129

9530.6490 ADDITIONAL REQUIREMENTS FOR LICENSE HOLDERS SERVING CLIENTS WITH CHILDREN.

Subpart 1. **Health license requirements.** In addition to the requirements of parts 9530.6405 to 9530.6480, all license holders that offer supervision of children of clients are subject to the requirements of this part. License holders providing room and board for clients and their children must have an appropriate facility license from the Minnesota Department of Health.

Subp 2. **Supervision of children defined.** "Supervision of children" means a caregiver is within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver can intervene to protect the health and safety of the child. For the school age child it means a caregiver is available to help and care for the child so that the child's health and safety is protected

Subp. 3 **Policy and schedule required.** License holders must meet the following requirements

A. license holders must have a policy and schedule delineating the times and circumstances under which the license holder is responsible for supervision of children in the program and when the child's parents are responsible for child supervision. The policy must explain how the program will communicate its policy about child supervision responsibility to the parents, and

B license holders must have written procedures addressing the actions to be taken by staff if children are neglected or abused including while the children are under the supervision of their parents

Subp 4. **Additional licensing requirements.** During the times the license holder is responsible for the supervision of children, the license holder must meet the following standards

A child and adult ratios in part 9502.0367;

B day care training in part 9502.0385;

C behavior guidance in part 9502.0395;

D activities and equipment in part 9502.0415,

E. physical environment in part 9502.0425; and

F water, food, and nutrition in part 9502.0445, unless the license holder has a license from the Minnesota Department of Health.

Statutory Authority: *MS s 245A 09*

History: 29 SR 129

9530.6495 ADDITIONAL REQUIREMENTS FOR LICENSE HOLDERS WHO SPECIALIZE IN TREATMENT OF PERSONS WITH CHEMICAL ABUSE OR DEPENDENCY AND MENTAL HEALTH DISORDERS.

In addition to meeting the requirements of parts 9530.6405 to 9530.6490, license holders specializing in the treatment of persons with chemical abuse or dependency and mental health problems must

A. demonstrate that staffing levels are appropriate for treating clients with chemical abuse or dependency and mental health problems, and that there is adequate staff with mental health training;

B. have continuing access to a medical provider with appropriate expertise in prescribing psychotropic medications;

C have a mental health professional available for staff supervision and consultation;

D. determine group size, structure, and content with consideration for the special needs of those with chemical abuse or dependency and mental health disorders;

E have documentation of active interventions to stabilize mental health symptoms present in treatment plans and progress notes,

F have continuing documentation of collaboration with continuing care mental health providers, and involvement of those providers in treatment planning meetings;

G. have available program materials adapted to individuals with mental health problems,

H have policies that provide flexibility for clients who may lapse in treatment or may have difficulty adhering to established treatment rules as a result of a mental illness, with the goal of helping clients successfully complete treatment; and

I have individual psychotherapy and case management available during the treatment process

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6500 ADDITIONAL REQUIREMENTS FOR METHADONE PROGRAMS SERVING INTRAVENOUS DRUG ABUSERS.

Subpart 1 **Additional requirements.** In addition to the requirements of parts 9530 6405 to 9530 6505, programs serving intravenous drug abusers must comply with the requirements of this part

Subp. 2. **Capacity management and waiting list system compliance.** A program serving intravenous drug abusers must notify the department within seven days of when the program reaches both 90 and 100 percent of the program's capacity to care for clients. Each week, the program must report its capacity, current enrolled dosing clients, and any waiting list. A program reporting 90 percent of capacity must also notify the department when its census has increased or decreased from the 90 percent level.

Subp. 3 **Waiting list.** A program serving intravenous drug abusers must have a waiting list system. Each person seeking admission must be placed on the waiting list if the person cannot be admitted within 14 days of the date of application, unless the applicant is assessed by the program and found not to be eligible for admission according to parts 9530 6405 to 9530 6505, and Code of Federal Regulations, title 42, part 1, subchapter A, section 8 12(e). The waiting list must assign a unique patient identifier for each intravenous drug abuser seeking treatment while awaiting admission. An applicant on a waiting list who receives no services under part 9530.6430, subpart 1, must not be considered a "client" as defined in part 9530.6405, subpart 8.

Subp. 4. **Client referral.** Programs serving intravenous drug abusers must consult the capacity management system so that persons on waiting lists are admitted at the earliest time to a program providing appropriate treatment within a reasonable geographic area. If the patient has been referred through a public payment system and if the program is not able to serve the client within 14 days of the date of application for admission, the program must contact and inform the referring agency of any available treatment capacity listed in the state capacity management system.

Subp. 5 **Outreach.** Programs serving intravenous drug abusers must carry out activities to encourage individuals in need of treatment to undergo treatment. The program's outreach model must:

A select, train, and supervise outreach workers;

B contact, communicate, and follow up with high risk substance abusers, their associates, and neighborhood residents within the constraints of federal and state

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confidentiality requirements, including Code of Federal Regulations, title 42, sections 2.1 to 2.67;

C promote awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV; and

D recommend steps that can be taken to ensure that HIV transmission does not occur

Subp 6. Central registry. Programs serving intravenous drug abusers must comply with requirements to submit information and necessary consents to the state central registry for each client admitted, as specified by the commissioner. The client's failure to provide the information will prohibit involvement in an opiate treatment program. The information submitted must include the client's.

A. full name and all aliases,

B. date of admission,

C. date of birth;

D. social security number or INS number, if any;

E. enrollment status in other current or last known opiate treatment programs;

F. government-issued photo-identification card number; and

G. driver's license number, if any.

The information in items A to G must be submitted in a format prescribed by the commissioner, with the original kept in the client's chart, whenever a client is accepted for treatment, the client's type or dosage of a drug is changed, or the client's treatment is interrupted, resumed, or terminated.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6505 ADDITIONAL REQUIREMENTS FOR LICENSE HOLDERS ALSO PROVIDING SUPERVISED ROOM AND BOARD.

Subpart 1 Applicability. A license holder who provides supervised room and board at the licensed program site as a treatment component is defined as a residential program according to Minnesota Statutes, section 245A 02, subdivision 14, and is subject to this part

Subp 2 Visitors. Clients must be allowed to receive visitors at times prescribed by the license holder. The license holder must set and post a notice of visiting rules and hours, including both day and evening times. 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 visiting hours established by the license holder for all clients. The treatment director or designee may impose limitations as necessary for the welfare of a client provided that limitations and the reasons for them are documented in the client's file. Clients must be allowed to receive visits at all reasonable times from their personal physicians, religious advisors, county case managers, parole or probation officers, and attorneys

Subp 3. Client property management. A license holder who provides room and board and treatment services to clients in the same facility, and any license holder that accepts client property must meet the requirements in part 9543 1020, subpart 15, for handling resident funds and property. In the course of client property management, license holders:

A. may establish policies regarding the use of personal property to assure that treatment activities and the rights of other patients are not infringed;

B. may take temporary custody of property for violation of facility policies;

C. must retain the client's property for a minimum of seven days after discharge if the client does not reclaim property upon service termination, or for a minimum of 30 days if the client does not reclaim property upon service termination and has received room and board services from the license holder; and

D must return all property held in trust to the client upon service termination regardless of the client's service termination status, except:

(1) drugs, drug paraphernalia, and drug containers that are forfeited under Minnesota Statutes, section 609.5316, must be destroyed by staff or given over to the custody of a local law enforcement agency, according to Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67-1;

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

(3) medications that have been determined by a physician to be harmful after examining the client, except when the client's personal physician approves the medication for continued use

Subp. 4 Health facility license. A license holder who provides room and board and treatment services in the same facility must have the appropriate license from the Department of Health.

Subp. 5 Facility abuse prevention plan. A license holder must establish and enforce an ongoing facility abuse prevention plan consistent with Minnesota Statutes, sections 245A.65 and 626.557, subdivision 14

Subp. 6 Individual abuse prevention plan. A license holder must prepare an individual abuse prevention plan for each client as specified under Minnesota Statutes, sections 245A.65, subdivision 2, and 626.557, subdivision 14

Subp. 7 Health services. License holders must have written procedures for assessing and monitoring client health, including a standardized data collection tool for collecting health-related information about each client. The policies and procedures must be approved and signed by a registered nurse

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

9530.6510 DEFINITIONS.

Subpart 1. Scope. As used in parts 9530.6510 to 9530.6590, the following terms have the meanings given in this part

Subp. 1a. Administration of medications. "Administration of medications" means performing a task to provide medications to a client, and includes the tasks in items A to E, performed in the following order

A checking the client's medication record;

B preparing the medication for administration,

C administering the medication to the client,

D. documenting the administration, or the reason for not administering the medications as prescribed, and

E reporting information to a licensed practitioner or a nurse regarding problems with the administration of the medication or the client's refusal to take the medication.

Subp. 2 Applicant. "Applicant" means an individual, partnership, voluntary association, corporation, or other public or private organization that submits an application for licensure under parts 9530.6510 to 9530.6590

Subp. 3 Chemical. "Chemical" means alcohol, solvents, controlled substances as defined in Minnesota Statutes, section 152.01, subdivision 4, and other mood altering substances

Subp. 3a. Chemical dependency assessor. "Chemical dependency assessor" means an individual qualified under part 9530.6615, subpart 2, to perform an assessment of chemical use

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Subp 4. **Client.** "Client" means an individual who presents or is presented for admission to a detoxification program that meets the criteria in part 9530.6525.

Subp 5. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designated representative.

Subp. 6 **Department.** "Department" means the Department of Human Services.

Subp. 7 **Detoxification program.** "Detoxification program" means a licensed program that provides short-term care on a 24-hour a day basis for the purpose of detoxifying clients and facilitating access to chemical dependency treatment as indicated by an assessment of needs

Subp 8. **Direct client contact.** "Direct client contact" has the meaning given in Minnesota Statutes, section 245C.02, subdivision 11.

Subp. 8a. **Licensed practitioner.** "Licensed practitioner" means a person who is authorized to prescribe as defined in Minnesota Statutes, section 151.01, subdivision 23.

Subp 9. **Medical director.** "Medical director" means the individual, licensed under Minnesota Statutes, chapter 147, and employed or contracted by the license holder to direct and supervise health care for clients of a program licensed under parts 9530.6510 to 9530.6590

Subp 10 **Nurse.** "Nurse" means a person licensed and currently registered to practice professional or practical nursing as defined in Minnesota Statutes, section 148.171, subdivisions 14 and 15.

Subp 11 **Program director.** "Program director" means the individual who is designated by the license holder to be responsible for all operations of a detoxification program and who meets the qualifications specified in part 9530.6565, subparts 1 and 3.

Subp 12 **Protective procedure.** "Protective procedure" means an action taken by a staff member of a detoxification program to protect a client from self-harm or harm to others. Protective procedures include the following actions.

A. seclusion, which means the temporary placement of a client, without the client's consent, in an environment to prevent social contact, and

B. physical restraint, which means the restraint of a client by use of equipment to limit the movement of limbs or use of physical means to limit the body of movement.

Subp. 13 **Responsible staff person.** "Responsible staff person" means the staff member of a license holder who is on the premises and is authorized to make immediate decisions concerning client care and safety, unless the decision is expressly assigned to another person, such as a licensed physician.

Subp 14 **Technician.** "Technician" means a person who meets the standards in part 9530.6565, subpart 5.

Statutory Authority: *MS s 245A.09*

History: 29 SR 129

9530.6515 APPLICABILITY.

Parts 9530.6510 to 9530.6590 establishes minimum standards for detoxification programs with five or more beds licensed by the commissioner. Parts 9530.6510 to 9530.6590 do not apply to detoxification programs located in hospitals licensed under Minnesota Statutes, sections 144.50 to 144.581.

Detoxification programs located in hospitals licensed under Minnesota Statutes, sections 144.50 to 144.581 that choose to be licensed under parts 9530.6510 to 9530.6590, are considered in compliance with part 9530.6555.

Statutory Authority: *MS s 245A.09*

History: 29 SR 129

9530.6520 PROGRAM LICENSURE.

Subpart 1 **General application and license requirements.** An applicant for licensure as a detoxification program must comply with the general requirements in part

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9543 1000 to 9543 1060, Minnesota Statutes, chapters 245A and 245C, and Minnesota Statutes, sections 626 556 and 626 557 Detoxification programs must be located in a hospital licensed according to Minnesota Statutes, sections 144 50 to 144 581, or must be a supervised living facility with a class B license from the Minnesota Department of Health under parts 4665 0100 to 4665 9900

Subp 2. Contents of application. Prior to the issuance of a license, an applicant must submit, on forms provided by the commissioner, documentation demonstrating the following.

A compliance with the provisions of parts 9530 6510 to 9530.6590;

B compliance with applicable building, fire and safety codes, health rules, zoning ordinances, and other applicable rules and regulations or documentation that a waiver has been granted The granting of a waiver does not constitute modification of any requirement of parts 9530 6510 to 9530 6590,

C completion of an assessment of need for a new or expanded program as required by part 9530 6800; and

D. insurance coverage, including bonding, sufficient to cover all client funds, property, and interests

Subp 3. Changes in license terms.

A A license holder must notify the commissioner before one of the following occurs and the commissioner must determine the need for a new license

(1) a change in the Department of Health's licensure of the program,

(2) a change in the types of treatment services provided by the program,

or

(3) a change in program capacity

B A license holder must notify the commissioner before one of the following occurs and must apply for a new license:

(1) a change in location, or

(2) a change in program ownership.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6525 ADMISSION AND DISCHARGE POLICIES.

Subpart 1 Admission policy. A license holder must have a written admission policy containing specific admission criteria License holders must not admit individuals who do not meet the admission criteria. The admission policy must be approved and signed by the medical director of the facility and designate which staff members are authorized to admit and discharge clients. The admission policy must be posted in the area of the facility where clients are admitted, or given to all interested persons upon request

Subp 2 Admission criteria. A detoxification program may only admit persons who meet the admission criteria and who, at the time of admission:

A appear intoxicated,

B. experience physical, mental, or emotional problems due to withdrawal from alcohol or other drugs;

C are being held under apprehend and hold orders under Minnesota Statutes, section 253B 07, subdivision 2b,

D have been committed under Minnesota Statutes, chapter 253B, and need temporary placement,

E are held under emergency holds or peace and health officer holds under Minnesota Statutes, section 253B.05, subdivisions 1 and 2, or

F. need to stay temporarily in a protective environment because of a chemical dependency-related crisis Persons meeting this criterion may be admitted only at the request of the county of fiscal responsibility, as determined according to Minnesota

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Statutes, section 256G.02, subdivision 4 Persons admitted according to this provision must not be restricted to the facility

Subp 3 **Individuals denied admission by program.** A license holder must have a written plan for addressing the needs of individuals whose potential for medical problems may require acute medical care. This includes clients whose pregnancy, in combination with their presenting problem, requires services not provided by the program, and clients who pose a substantial likelihood of harm to themselves or others if their behavior is beyond the behavior management capabilities of the program and staff

Subp 4 **Discharge and transfer policies.** A license holder must have a written policy, approved and signed by the medical director, that specifies conditions under which clients may be discharged or transferred. The policy must include the following.

A guidelines for determining when a client is detoxified and whether a client is ready for discharge or transfer, and

B procedures staff must follow, including the procedures for making reports to law enforcement agencies when appropriate, when discharging a client under each of the following circumstances

(1) the client is involved in the commission of a crime against program staff or against a license holder's property,

(2) the client behaves in a manner that is dangerous to self or others and is beyond the license holder's capacity to assure safety,

(3) the client was admitted under Minnesota Statutes, chapter 253B, or

(4) the client is leaving against staff or medical advice

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6530 CLIENT SERVICES.

Subpart 1. **Chemical use screening.** A license holder must screen each client admitted to determine whether the client suffers from chemical abuse or chemical dependency as defined in part 9530 6605, subparts 6 and 7. The license holder must screen clients at each admission, except if the client has already been determined to suffer from chemical abuse or chemical dependency, the provisions in subpart 2 apply

Subp 2 **Chemical use assessment.** A license holder must provide or arrange for the provision of a chemical use assessment, according to parts 9530 6600 to 9530 6660, for each client who suffers from chemical abuse or chemical dependency at the time the client is identified. If a client is readmitted within one year of the most recent assessment, an update to the assessment must be completed. If a client is readmitted and it has been more than one year since the last assessment, a new assessment must be completed. The chemical use assessment must include documentation of the appropriateness of an involuntary referral through the civil commitment process.

Subp 3. **Referrals.** A license holder must provide referrals to appropriate chemical dependency services as indicated by the chemical use assessment. Referrals may also be made for mental health, economic assistance, social services, and prenatal care and other health services as the client may require. Each referral must

A. be individualized based on the client's chemical use assessment,

B. recognize geographical, economic, educational, religious, cultural, and employment status information as factors affecting access to services; and

C. be documented in the client's file

Subp 4. **Client education.** A license holder must provide the information for obtaining assistance regarding

A. chemical abuse and chemical dependency problems, including the effects of alcohol and other drugs and specific information about the effects of chemical use on unborn children;

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B tuberculosis and reporting known cases of tuberculosis disease to health care authorities according to Minnesota Statutes, section 144 4804; and

C HIV as required in Minnesota Statutes, section 245A 19, paragraphs (b) and (c)

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6535 PROTECTIVE PROCEDURES.

Subpart 1. Use of protective procedures.

A Protective procedures may be used only in cases where a less restrictive alternative will not protect the client or others from harm and when the client is in imminent danger of causing harm to self or to others. The procedures must end when the client is no longer dangerous

B. Protective procedures may not be used

(1) for disciplinary purposes,

(2) to enforce program rules;

(3) for the convenience of staff;

(4) as a part of any client's health monitoring plan; or

(5) for any reason except in response to specific current behaviors which threaten the safety of the client or others

Subp. 2. **Protective procedures plan.** A license holder and applicant must have a written plan that establishes the protective procedures that program staff must follow when a client's behavior threatens the safety of the client or others. The protective procedures plan and any changes to it must be approved, signed, and dated by the program director and medical director prior to implementation. The plan must include procedures that prevent clients from harming self or others, the emergency conditions under which the protective procedures are used, if any, and emergency resources. The program staff must contact when a client's behavior cannot be controlled by the procedures established in the plan. The plan must be appropriate to the type of facility and the level of staff training. The plan must include documentation of approved therapeutic holds

Subp. 3. **Records.** Each use of a protective procedure must be documented in the client record. 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 used to limit the client's behavior;

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

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

E. the physician's order authorizing the use of restraints as required by subpart 6, and

F a brief description of the purpose for using the protective procedure, including less restrictive interventions considered prior to the decision to use the protective procedure and a description of the behavioral results obtained through the use of the procedure.

Subp. 4 **Standards governing emergency use of seclusion.** Seclusion must be used only when less restrictive measures are ineffective or not feasible. The standards in items A to G must be met when seclusion is used with a client

A. Seclusion must be employed solely for the purpose of preventing a client from harming self or others.

B Seclusion facilities must be equipped in a manner that prevents clients from self-harm using projections, windows, electrical fixtures, or hard objects, and must allow the client to be readily observed without being interrupted.

C Seclusion must be authorized by the program director or a licensed physician according to written policies. Staff members must be trained in using the isolation technique and only approved holds may be utilized.

D Clients must not be placed in seclusion for more than 12 hours at any one time.

E. Clients in seclusion must be observed every quarter hour for the duration of seclusion and must always be within hearing range of program staff.

F. Program staff must have a process for removing a client to a more restrictive setting in the facility or have other resources available to the facility if seclusion does not sufficiently assure client safety.

G 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 may only be used in cases where seclusion will not assure the client's safety and must meet the requirements in items A to C.

A. Physical restraint must be ordered by the program director or a licensed physician prior to placing a client in restraint. Continued use of restraints requires compliance with subpart 6. Only approved holds may be utilized.

B Restraint equipment must be designed, used, and maintained to ensure client protection from self-harm with minimal discomfort.

C A client in restraint equipment must be checked for circulatory difficulties every 15 minutes. Restraint equipment must be loosened at least once every 60 minutes to allow change of position unless loosening the restraints 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 documented in the client's file.

Subp. 6. Physician participation.

A Initial use of restraints must be authorized by a licensed physician. If a physician is not present in the facility, a physician must be called within 30 minutes of initiating use of restraints. A physician's order must be obtained to continue use of restraints. The physician's order must specify the circumstances under which the client is to be released from restraints and the use of restraints must not exceed four hours.

B. If the client continues to be dangerous to self at the end of the initial order for restraints, the physician must conduct a face-to-face assessment of the client.

C. After a face-to-face assessment, the physician may order continued restraints or transfer to another facility.

D Additional reassessment and decisions to continue the use of restraints must be conducted by a licensed physician, or a registered nurse if authorized in the physician's order, but the client must not be restrained for more than eight hours at a time.

Subp. 7 Documentation. When emergency use of physical restraints or seclusion occurs, the license holder must document:

A the client's precipitating behavior;

B. less restrictive measures that were used unsuccessfully or that were considered but were not used because they were judged to be ineffective or not feasible;

C the start and ending time of seclusion or physical restraints,

D reassessment of the client every 15 minutes to determine if seclusion or physical restraint could be terminated,

E the names of the staff members involved in implementing the seclusion or physical restraints,

F the description of the seclusion or physical restraints used in transporting a client, and

G any injury to the client that occurred during seclusion or physical restraint, and any resulting medical treatment rendered to the client

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

9530.6540 GRIEVANCE PROCEDURES.

A license holder must have a written grievance procedure that includes:

A staff assistance in developing and processing the grievance,

B. an initial response to the client within 24 hours of the program's receipt of the grievance, and timelines for additional steps to be taken for resolving the grievance, including access to the person with the highest level of authority in the program if the grievance cannot be resolved by other staff members;

C posting of the grievance policy in a place accessible to all clients; and

D the addresses and telephone numbers of the Department of Human Services licensing division, the Minnesota Department of Health, Office of Health Facilities Complaints, the Minnesota Department of Health Alcohol and Drug Counselor Licensing Program, and the Office of the Ombudsman for Mental Health and Mental Retardation

The grievance policy must be made available to former clients of the program

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

9530.6545 CLIENT PROPERTY MANAGEMENT.

A license holder must meet the requirements for handling residential client funds and property in part 9543.1020, subpart 15, except

A a license holder may establish policies regarding the use of personal property to assure that program activities and the rights of other clients are not infringed, and may take temporary custody of personal property if these policies are violated,

B a license holder must retain the client's property for a minimum of seven days after discharge if the client does not reclaim the property after discharge; and

C. the license holder must return to the client all property held in trust at discharge, regardless of discharge status, except that

(1) chemicals must be destroyed by staff according to procedures established under chapter 4665,

(2) drug paraphernalia and drug containers that are forfeited under Minnesota Statutes, section 609.5316, must be given over to the custody of a local law enforcement agency; and

(3) weapons, explosives, and other property that may cause serious harm to self or others must be transferred to a local law enforcement agency. The client must be notified of the transfer and of the right to reclaim the property if the client has a legal right to possess the item

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

9530.6550 HEALTH SERVICES.

A License holders must have a standardized data collection tool for collecting health related information about each client. The data collection tool must be approved and signed by the medical director

B License holders must have written procedures for assessing and monitoring client health

- (1) The procedures must be approved by the medical director
- (2) If the client was intoxicated at the time services were initiated, the procedure must include a follow-up screening conducted between four and 12 hours after service initiation that collects information relating to health complaints and behavioral risk factors that the client may not have been able to communicate clearly at service initiation
- (3) The procedures must specify the physical signs and symptoms that, when present, require consultation with a registered nurse or a physician and that require transfer to an acute care medical facility
- (4) The procedures must specify those staff members responsible for monitoring client health and provide for hourly observation, and for more frequent observation if the service initiation assessment or follow-up screening indicates a need for intensive physical or behavioral health monitoring
- (5) The procedures must specify the actions to be taken to address specific complicating conditions including pregnancy or the presence of physical signs or symptoms of any other medical condition

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6555 MEDICATIONS.

Subpart 1 **Administration of medications.** A license holder must meet the requirements in items A and B if services include medication administration

A A staff member other than a licensed practitioner or nurse who is delegated by a licensed practitioner or a registered nurse the tasks of administration of medications or assistance with self-medications by a licensed practitioner or a registered nurse must

- (1) document that the staff member has successfully completed a medication administration training program through an accredited, Minnesota postsecondary educational institution. Completion of the course must be documented and placed in the staff member's personnel records,
- (2) be trained according to a formalized training program offered by the license holder that is taught by a registered nurse. Completion of the course must be documented and placed in the staff member's personnel records, or
- (3) demonstrate to a registered nurse competency to perform the delegated activity.

B A registered nurse must be employed or contracted to develop the policies and procedures for medication administration. A registered nurse must provide supervision as defined in part 6321.0100. The registered nurse supervision must include on-site supervision at least monthly or more often as warranted by the health needs of the client. The policies and procedures must include

- (1) a requirement that delegations of administration of medication are limited to administration of those medications which are oral, suppository, eye drops, ear drops, inhalant, or topical,
- (2) a provision that clients may carry emergency medication such as nitroglycerin as instructed by their physician,
- (3) requirements for recording the client's use of medication, including staff signatures with date and time,
- (4) guidelines regarding when to inform a registered nurse of problems with medication administration, including failure to administer, client refusal of a medication, adverse reactions, or errors; and
- (5) procedures for acceptance, documentation, and implementation of prescriptions, whether written, verbal, telephonic, or electronic

Subp 2. **Control of drugs.** A license holder must have in place and implement written policies and procedures developed by a registered nurse that contain the following provisions:

A. a requirement that all drugs must be stored in a locked compartment. Schedule II drugs, as defined by Minnesota Statutes, section 152.02, subdivision 3, must be stored in a separately locked compartment, permanently affixed to the physical plant or medication cart,

B. a system for accounting for all scheduled drugs each shift,

C. a procedure for recording the client's use of medication, including staff signatures with time and date,

D. a procedure for destruction of discontinued, outdated, or deteriorated medications;

E. a statement that only authorized personnel are permitted to have access to the keys to the locked drug compartments, and

F. a statement that no legend drug supply for one client may be given to another client.

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

9530.6560 STAFFING REQUIREMENTS.

Subpart 1. **Program director.** A license holder must employ or contract with a person, on a full-time basis, to serve as program director. The program director must be responsible for all aspects of the facility and the services delivered to the license holder's clients. An individual may serve as program director for more than one program owned by the same license holder.

Subp 2. **Responsible staff person.** During all hours of operation, a license holder must designate a staff member to be present and awake in the facility, and be responsible for the program. The responsible staff person must be employed by or under contract with the license holder and must have decision-making authority over the day-to-day operation of the program as well as the authority to direct the activity of or terminate the shift of any staff member who has direct client contact. The responsible staff person must have the ability to open all locks on exits in the facility. A technician who does not meet the requirements of part 9530.6565, subpart 5, must not be the designated responsible staff person.

Subp. 3. **Technician required.** A license holder must have one technician awake on duty at all times for every ten clients in the program. A license holder may assign technicians according to the clients' need for care, except that the same technician must not be responsible for more than 15 clients at one time. For purposes of establishing this ratio, all staff whose qualifications meet or exceed those for technicians under part 9530.6565, subpart 5, and who are performing the duties of a technician may be counted as technicians. The same individual may not be counted as both a technician and a chemical dependency assessor.

Subp. 4. **Registered nurse required.** A license holder must employ or contract with a registered nurse. The registered nurse must be responsible for

A. establishing and implementing procedures for the provision of nursing care and delegated medical care, including:

- (1) a health monitoring plan;
- (2) a medication control plan;
- (3) training and competency evaluation for staff performing delegated medical and nursing functions;
- (4) handling serious illness, accident, or injury to clients,
- (5) an infection control program; and
- (6) a first aid kit;

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B delegating nursing functions to other staff consistent with their education, competence, and legal authorization;

C assigning, supervising, and evaluating the performance of nursing tasks, and

D implementing condition-specific protocols in compliance with Minnesota Statutes, section 151.37, subdivision 2.

Subp. 5. Medical director required. A license holder must have a medical director available for medical supervision. The medical director is responsible for ensuring the accurate and safe provision of all health-related services and procedures. A license holder must obtain and document the medical director's annual approval of the following procedures before the procedures may be used:

A admission, discharge, and transfer criteria and procedures,

B. health services plan;

C physical indicators for physician or hospital referral and procedures for referral;

D. procedures to follow in case of accident, injury, or death of a client,

E. formulation of condition-specific protocols regarding the medications that require a withdrawal regimen that will be administered to clients,

F. infection control program;

G. protective procedures; and

H. medication control plan

Subp. 6. Assessor required. A detoxification program must provide the equivalent of one full-time assessor for every 15 clients served by the program and require a chemical use assessment according to part 9530.6530, subpart 2. The requirement may be met by part-time, full-time, or contracted staff or staff from another agency guaranteed by interagency contract.

Subp. 7. Ensuring staff-to-client ratio. The responsible staff member under subpart 2 must ensure that the program does not exceed the staff-to-client ratio in subpart 3 and must inform admitting staff of the current staffed capacity of the program for that shift. A license holder must have a written policy for documenting staff-to-client ratios for each shift and actions to take when staffed capacity is reached.

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

9530.6565 STAFF QUALIFICATIONS.

Subpart 1. Qualifications for all staff who have direct client contact. All staff who have direct client contact must be at least 18 years of age and must, at the time of hiring, document that they meet the requirements in item A or B.

A. Program directors, supervisors, nurses, assessors, and any other persons who have direct client contact must be free of chemical use problems for at least two years immediately preceding hiring and must sign a statement attesting to that fact.

B. Technicians must be free of chemical use problems for at least six months immediately prior to their hiring and must sign a statement attesting to that fact.

Subp. 2. Continuing employment requirement. License holders must require freedom from chemical use problems as a condition of continuing employment. Staff must remain free of chemical use problems although they are not required to sign statements after the initial statement required by subpart 1, item A. Staff with chemical use problems must be immediately removed from any responsibilities that include direct client contact.

Subp. 3. Program director qualifications. In addition to the requirements under subpart 1, a program director must

A. have 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 service to individuals with chemical use problems;

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B have a baccalaureate degree or three years of work experience in administration or personnel supervision in human services, and

C know and understand the implications of parts 9530.6510 to 9530.6590, 9543.1000 to 9543.1060, and Minnesota Statutes, chapter 245A, and sections 626.556, 626.557, and 626.5572

Subp 4 Responsible staff person qualifications. In addition to the requirements in subpart 1, each responsible staff person must know and understand the implications of parts 9530.6510 to 9530.6590, 9543.1000 to 9543.1060, and Minnesota Statutes, sections 245A.65, 253B.04, 253B.05, 626.556, and 626.557

Subp 5. Technician qualifications.

A. In addition to the requirements in subpart 1, a technician employed by a detoxification program must demonstrate competency in the following areas:

(1) knowledge of the client bill of rights found in part 4747.1500 and staff responsibilities outlined in Minnesota Statutes, sections 144.651 and 253B.03;

(2) knowledge of and ability to perform basic health screening procedures with intoxicated clients that consist of:

(a) blood pressure, pulse, temperature, and respiration readings,

(b) interviewing to obtain relevant medical history and current health complaints, and

(c) visual observation of a client's health status, including monitoring a client's behavior as it relates to health status;

(3) knowledge of and ability to perform basic first aid procedures, including cardiopulmonary resuscitation and first aid for seizures, trauma, and loss of consciousness, and

(4) knowledge of and ability to perform basic activities of daily living and personal hygiene

B. An individual who does not meet all the qualifications specified in this subpart may be hired as a technician only if the license holder has a written plan for providing competency training in the areas specified in item A, and the individual completes that training within 30 days of the date of hire.

Subp 6 Personal relationships. A license holder must have a written policy addressing personal relationships between clients and staff who have direct client contact. The policy must:

A. prohibit direct contact between a client and a staff member if the staff member has had a personal relationship with the client within two years prior to the client's admission to the program,

B. prohibit access to a client's clinical records by a staff member who has had a personal relationship with the client within two years prior to the client's admission, unless the client consents in writing; and

C. prohibit a clinical relationship between a staff member and a client if the staff member has had a personal relationship with the client within two years prior to the client's admission. If a personal relationship exists, the staff member must report the relationship to his or her supervisor and recuse himself or herself from the clinical relationship with that client.

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

9530.6570 PERSONNEL POLICIES AND PROCEDURES.

Subpart 1. Policy requirements. A license holder must have written personnel policies and must make them available to staff members at all times. The personnel policies must:

A. assure that staff member's retention, promotion, job assignment, or pay are not affected by a good faith communication between a staff member and the Minnesota

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Department of Human Services, Minnesota Department of Health, the ombudsman for mental health and mental retardation, law enforcement, or local agencies that investigate complaints regarding client rights, health, or safety;

B include a job description for each position that specifies responsibilities, degree of authority to execute job responsibilities, standards of job performance related to specified job responsibilities and qualifications,

C provide for written job performance evaluations for staff members of the license holder at least annually,

D describe behavior that constitutes grounds for disciplinary action, suspension, or dismissal, including policies that address chemical use problems and meet the requirements of part 9530.6565, subparts 1 and 2. The policies and procedures must list behaviors or incidents that are considered chemical abuse problems. The list must include

(1) receiving treatment for chemical use within the period specified for the position in the staff qualification requirements;

(2) chemical use that has a negative impact on the staff member's job performance,

(3) chemical use that affects the credibility of treatment services with clients, referral sources, or other members of the community, and

(4) symptoms of intoxication or withdrawal on the job;

E include policies prohibiting personal involvement with clients and policies prohibiting client maltreatment as specified under Minnesota Statutes, sections 245A.65, 626.556, 626.557, and 626.5572,

F include a chart or description of organizational structure indicating the lines of authority and responsibilities;

G. include a written plan for new staff member orientation that, at a minimum, includes training related to the specific job functions for which the staff member was hired, program policies and procedures, client needs, and the areas identified in subpart 2, items A to F, and

H include a policy on the confidentiality of client information

Subp. 2 **Staff development.** A license holder must ensure that each staff member working directly with clients receives at least 30 hours of continuing education every two years and that a written record is kept to demonstrate completion of that training. Training must be documented biannually on the subjects in items A to C, and annually on the subjects in items D to F. The following training must be completed:

A specific license holder and staff responsibilities for client confidentiality,

B standards governing use of protective procedures,

C client ethical boundaries and client rights, including the rights of clients admitted under Minnesota Statutes, chapter 253B;

D infection control procedures;

E annual training for all staff with direct client contact on mandatory reporting under Minnesota Statutes, sections 245A.65, 626.556, and 626.557, including specific training covering the facility's policies concerning obtaining client releases of information, and

F. HIV minimum standards as required in Minnesota Statutes, section 245A.19.

Any remainder of the required 30 continuing education hours must be used to gain other information useful to the performance of the individual staff person's duties

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

9530.6575 PERSONNEL FILES.

A license holder must maintain a separate personnel file for each staff member. At a minimum, the file must contain

A. a completed application for employment signed by the staff member that contains the staff member's qualifications for employment and documentation related to the applicant's background study data, as defined in Minnesota Statutes, chapter 245C;

B. documentation verifying the staff member's current professional license or registration, if relevant,

C. documentation verifying the staff member's compliance with part 9530.6565,

D. documentation of orientation; and

E. an annual job performance evaluation.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6580 POLICY AND PROCEDURES MANUAL.

A license holder must develop a written policy and procedures manual that includes

A. a description of client education services as required in part 9530.6530,

B. personnel policies that comply with part 9530.6570;

C. admission information and referral and discharge policies that comply with part 9530.6525;

D. a health monitoring plan that complies with part 9530.6550;

E. a protective procedures policy that complies with part 9530.6535, if the program elects to use protective procedures,

F. policies and procedures for assuring appropriate client to staff ratios that comply with part 9530.6560,

G. policies and procedures for assessing and documenting the susceptibility for risk of abuse to the client and using the client assessment as the basis for the abuse prevention plan required by Minnesota Statutes, section 245A.65;

H. procedures for mandatory reporting as required by Minnesota Statutes, sections 245A.65, 626.556, and 626.557,

I. a medication control plan that complies with part 9530.6555, and

J. policies and procedures regarding HIV that meet the minimum standards under Minnesota Statutes, section 245A.19.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6585 CLIENT RECORDS.

Subpart 1 Client records required. A license holder must maintain a file of current client records on the program premises where the treatment is provided. Each entry in each client case record must be signed and dated by the staff member making the entry. 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, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and Minnesota Statutes, chapter 13.

Subpart 2 Records retention. A license holder must retain the records of discharged clients for seven years, unless otherwise required by law. A license holder that ceases providing treatment or detoxification services must retain client records for seven years from the date the facility closed. The license holder must notify the commissioner of the location of the records and the name, address, and telephone number of a person responsible for maintaining the records.

Subp. 3 **Contents of records.** Client records must include the following.

A documentation of the client's presenting problem, any chemical use screening, the most recent assessment, and any updates,

B. an individual abuse prevention plan that complies with Minnesota Statutes, section 245A.65, and related rules,

C. documentation of referrals made according to part 9530.6530, and

D. documentation of observations as required by part 9530.6550.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6590 DATA COLLECTION REQUIRED.

The license holder must participate in the drug and alcohol abuse normative evaluation system by submitting, on forms provided by the commissioner, information concerning each client admitted to the program. The required information must include demographic data about the client, the client's chemical use history, previous participation in chemical use-related rehabilitation services, other problems associated with chemical use, and information about the client's status at the time of the discharge.

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*

9530.6605 DEFINITIONS.

[For text of subps 1 to 10, see MR]

Subp. 10a. **Combination inpatient/outpatient treatment.** "Combination inpatient/outpatient treatment" means inpatient chemical dependency primary rehabilitation of seven to 14 days duration followed by licensed outpatient chemical dependency treatment of three or more weeks duration. The duration requirements may be altered if specified in a host county or tribal agreement

[For text of subps 11 to 14, see MR]

Subp. 15. **Extended care.** "Extended care" means licensed chemical dependency services that include a long-term combination of in house chemical dependency treatment services and community ancillary resources for individuals residing in a facility that controls access to chemicals. Extended care provides at least 15 hours a week of chemical dependency services, which may include group and individual counseling, client education, and other services specific to chemical dependency rehabilitation, for each individual

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.

[For text of subp 16, see MR]

Subp. 17 **Halfway house.** "Halfway house" means a licensed chemical dependency program that offers treatment services emphasizing aftercare, community ancillary services, and securing employment for individuals residing in a facility that controls access to chemicals. 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, for each individual

[For text of subps 18 to 21a, see MR]

Subp. 22 **Primary rehabilitation.** "Primary rehabilitation" means a licensed chemical dependency program not located in an acute care hospital that provides intensive

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therapeutic services following detoxification for individuals residing in a facility that controls access to chemicals. At least 30 hours a week of chemical dependency services, which includes group and individual counseling, client education, and other services specific to chemical dependency rehabilitation, must be provided for each individual.

[For text of subp 23, see M R.]

Subp. 24. Rehabilitation program. "Rehabilitation program" means a program of chemical dependency rehabilitation provided to individuals residing in a facility that controls access to chemicals as defined in Minnesota Statutes, section 245A.02, subdivision 14.

[For text of subp 25, see M R.]

Statutory Authority: *MS s 245A 09*

History: *29 SR 129*