

CHAPTER 9530

DEPARTMENT OF HUMAN SERVICES

CHEMICAL DEPENDENCY PROGRAMS

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9530.0100 [Repealed, 12 SR 1451]

9530.0200 [Repealed, 12 SR 1451]

9530.0300 [Repealed, 12 SR 1451]

9530.0400 [Repealed, 12 SR 1451]

9530.0500 [Repealed, 12 SR 1451]

9530.0600 [Repealed, 12 SR 1451]

9530.0700 [Repealed, 12 SR 1451]

9530.0800 [Repealed, 12 SR 1451]

9530.0900 [Repealed, 12 SR 1451]

MINNESOTA RULES 2007

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9530.1000 [Repealed, 12 SR 1451]

9530.1100 [Repealed, 12 SR 1451]

9530.1200 [Repealed, 12 SR 1451]

9530.1300 [Repealed, 12 SR 1451]

9530.1400 [Repealed, 12 SR 1451]

9530.1500 [Repealed, 12 SR 1451]

9530.1600 [Repealed, 12 SR 1451]

9530.1700 [Repealed, 12 SR 1451]

9530.2500 [Repealed, 12 SR 1451]

9530.2600 [Repealed, 12 SR 1451]

9530.2700 [Repealed, 12 SR 1451]

9530.2800 [Repealed, 12 SR 1451]

9530.2900 [Repealed, 12 SR 1451]

9530.3000 [Repealed, 12 SR 1451]

9530.3100 [Repealed, 12 SR 1451]

9530.3200 [Repealed, 12 SR 1451]

9530.3300 [Repealed, 12 SR 1451]

9530.3400 [Repealed, 12 SR 1451]

9530.3500 [Repealed, 12 SR 1451]

9530.3600 [Repealed, 12 SR 1451]

9530.3700 [Repealed, 12 SR 1451]

9530.3800 [Repealed, 12 SR 1451]

9530.3900 [Repealed, 12 SR 1451]

9530.4000 [Repealed, 12 SR 1451]

9530.4100 [Repealed, 29 SR 129]

9530.4110 [Repealed, 29 SR 129]

9530.4120 Subpart 1. [Repealed, 29 SR 129]

Subp. 2. [Repealed, 18 SR 2748]

Subp. 3. [Repealed, 29 SR 129]

Subp. 4. [Repealed, 18 SR 2748]

Subp. 5. [Repealed, 29 SR 129]

Subp. 6. [Repealed, 29 SR 129]

Subp. 7. [Repealed, 18 SR 2748]

9530.4130 [Repealed, 18 SR 2748]

9530.4200 [Repealed, 29 SR 129]

9530.4210 [Repealed, 29 SR 129]

9530.4220 [Repealed, 18 SR 2748]

9530.4230 [Repealed, 29 SR 129]

- 9530.4250** [Repealed, 29 SR 129]
- 9530.4260** [Repealed, 29 SR 129]
- 9530.4270** [Repealed, 29 SR 129]
- 9530.4280** [Repealed, 29 SR 129]
- 9530.4300** [Repealed, 29 SR 129]
- 9530.4310** [Repealed, 29 SR 129]
- 9530.4320** [Repealed, 29 SR 129]
- 9530.4330** [Repealed, 29 SR 129]
- 9530.4340** [Repealed, 29 SR 129]
- 9530.4350** [Repealed, 29 SR 129]
- 9530.4370** [Repealed, 29 SR 129]
- 9530.4380** [Repealed, 29 SR 129]
- 9530.4390** [Repealed, 29 SR 129]
- 9530.4400** [Repealed, 29 SR 129]
- 9530.4410** [Repealed, 29 SR 129]
- 9530.4450** [Repealed, 28 SR 211; 29 SR 129]
- 9530.5000** [Repealed, 29 SR 129]
- 9530.5100** [Repealed, 29 SR 129]
- 9530.5200** [Repealed, 29 SR 129]
- 9530.5300** Subpart 1. [Repealed, 29 SR 129]
 - Subp. 2. [Repealed, 18 SR 2748]
 - Subp. 3. [Repealed, 18 SR 2748]
 - Subp. 4. [Repealed, 18 SR 2748]
 - Subp. 5. [Repealed, 18 SR 2748]
 - Subp. 6. [Repealed, 18 SR 2748]
 - Subp. 7. [Repealed, 18 SR 2748]
 - Subp. 8. [Repealed, 18 SR 2748]
 - Subp. 9. [Repealed, 18 SR 2748]
 - Subp. 10. [Repealed, 29 SR 129]
 - Subp. 11. [Repealed, 18 SR 2748]
- 9530.5400** [Repealed, 18 SR 2748]
- 9530.5500** [Repealed, 29 SR 129]
- 9530.5600** [Repealed, 18 SR 2748]
- 9530.5700** [Repealed, 29 SR 129]
- 9530.5800** [Repealed, 29 SR 129]
- 9530.5900** [Repealed, 18 SR 2748]
- 9530.6000** [Repealed, 29 SR 129]
- 9530.6100** [Repealed, 29 SR 129]
- 9530.6200** [Repealed, 29 SR 129]

9530.6300 [Repealed, 29 SR 129]

9530.6400 [Repealed, 29 SR 129]

CHEMICAL DEPENDENCY LICENSED TREATMENT FACILITIES

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 opera-

tion 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 pro-

grams. 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;
- 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.

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

(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 ac-

ording 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;

(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.

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 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 developmental disabilities, 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 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; L 2005 c 56 s 2*

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;

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 state-

ment 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 Developmental Disabilities; 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; L 2005 c 56 s 2*

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 [Repealed, 18 SR 2748]

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 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.

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 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 criterium may be admitted only at the request of the county of fiscal responsibility, as determined according to Minnesota 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;
- 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 Developmental Disabilities. The grievance policy must be made available to former clients of the program.

Statutory Authority: *MS s 245A.09*

History: *29 SR 129; L 2005 c 56 s 2*

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, inhaled, 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;

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;

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

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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; L 2005 c 56 s 2*

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.

Subp. 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*

CHEMICAL DEPENDENCY CARE FOR PUBLIC ASSISTANCE RECIPIENTS

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

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

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

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

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

History: *11 SR 1005; 12 SR 53; 16 SR 391; L 2003 1Sp14 art 11 s 11*

9530.6605 DEFINITIONS.

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

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

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

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

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

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

Subp. 7. **Chemical dependency.** "Chemical dependency" means a pattern of pathological use as defined in subpart 20, accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use. Chemical dependency includes a pattern of pathological use as defined in subpart 20, accompanied by the physical manifestations of increased tolerance to the

chemical or chemicals being used or withdrawal syndrome following cessation of chemical use, which has been interrupted by a period of incarceration or hospitalization.

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

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

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

Subp. 10a. **Combination inpatient/outpatient treatment.** “Combination inpatient/outpatient treatment” means 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.

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

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

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

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

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

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

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

Subp. 15. **Extended care.** “Extended care” means 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.

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

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

icals. 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.

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

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

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

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

- A. daily use required for adequate functioning;
- B. an inability to abstain from use;
- C. repeated efforts to control or reduce excessive use;
- D. binge use, such as remaining intoxicated throughout the day for at least two days at a time;
- E. amnesic periods for events occurring while intoxicated;
- F. continuing use despite a serious physical disorder that the individual knows is exacerbated by continued use; or
- G. continued use of chemicals by a woman after she has been informed that she is pregnant and that continued use may harm her unborn child.

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

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

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

Subp. 23. Primary rehabilitation in a hospital setting. "Primary rehabilitation in a hospital setting" means a licensed chemical dependency rehabilitation program that has 24-hour nursing surveillance and physician availability and that provides intensive therapeutic services following detoxification in an acute care facility. At least 30 hours a week per

individual of chemical dependency services must be provided, including group and individual counseling, client education, and other services specific to chemical dependency rehabilitation.

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

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

Statutory Authority: *MS s 14.388; 245A.09; 245B.03; 254A.03; 254B.03; 256E.05*

History: *11 SR 1005; 12 SR 53; 13 SR 1448; 16 SR 391; L 1999 c 139 art 4 s 2; 24 SR 951; L 2000 c 478 art 2 s 7; L 2003 1Sp14 art 11 s 11; 29 SR 129*

9530.6610 COMPLIANCE PROVISIONS.

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

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

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

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

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

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

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

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

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

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

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

Subp. 5. [Repealed, 20 SR 2474]

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

History: *11 SR 1005; 20 SR 2747; L 2003 1Sp14 art 11 s 11*

9530.6615 CHEMICAL USE ASSESSMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

E. the desired outcome of the placement;

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

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

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

History: *11 SR 1005; 16 SR 391; L 2003 1Sp14 art 11 s 11*

9530.6620 PLACEMENT INFORMATION.

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

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

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

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

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

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

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

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

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

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

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

A. Level 0: no apparent problem.

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

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

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

(3) at least two instances of blackouts; or

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

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

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

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

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

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

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

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

9530.6625 PLACEMENT CRITERIA FOR OUTPATIENT TREATMENT.

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

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

- (1) an arrest or legal intervention related to chemical use in the past year;
- (2) loss or impairment of employment or education due to chemical use; or
- (3) deterioration of family relationships due to chemical use.

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

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

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

History: *11 SR 1005; 16 SR 391*

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

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

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

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

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

- (1) loss or impairment of employment or education due to chemical use;
- (2) lack of family support;
- (3) an arrest or legal intervention related to chemical use in the past year; or
- (4) the client has participated in a chemical dependency treatment program within the past year.

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

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

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

9530.6631 PLACEMENT CRITERIA FOR COMBINATION INPATIENT/OUTPATIENT TREATMENT.

A client shall be placed in combination inpatient/outpatient treatment when the client meets the criteria in part 9530.6630, subpart 1, and the client has abstained from chemical use

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outside a residential facility that controls access to chemicals for at least 30 consecutive days in the past 180 days.

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

History: *16 SR 391*

9530.6635 PLACEMENT CRITERIA FOR PRIMARY REHABILITATION IN A HOSPITAL SETTING.

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

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

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

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

History: *11 SR 1005; 12 SR 53*

9530.6640 PLACEMENT CRITERIA FOR EXTENDED CARE.

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

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

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

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

D. The client lacks family support.

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

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

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

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

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

9530.6641 REPEAT RESIDENTIAL PLACEMENTS.

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

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

History: *16 SR 391; L 2003 1Sp14 art 11 s 11*

9530.6645 PLACEMENT CRITERIA FOR A HALFWAY HOUSE.

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

A. the client is unable to avoid chemical use related problems outside a facility that controls access to chemicals;

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

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

History: *11 SR 1005; 12 SR 53*

9530.6650 EXCEPTIONS TO PLACEMENT CRITERIA.

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

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

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

- A. the adolescent client has participated in an outpatient treatment program within the past year, and outpatient treatment proved insufficient to meet the needs of the client;
- B. the adolescent client has a mental disorder documented by a psychiatrist, licensed consulting psychologist, or licensed psychologist which in combination with chemical abuse or dependency presents serious health risks; or
- C. the adolescent client meets the criteria under part 9530.6630.

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

Subp. 3. [Repealed, 16 SR 391]

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

- A. the client is pregnant or a single custodial parent;
- B. the client:
 - (1) has a physical or mental health diagnosis that negatively affects the client's ability to benefit from treatment and that was not recognized at the time of the client's most recent placement; and
 - (2) is being referred to a program that offers specific services that address the client's physical or emotional condition; or
- C. the client has voluntarily left a treatment program within the seven days preceding assessment and is being referred to the same program.

Subp. 4. **Exception to halfway house criteria.** A client who meets the criteria for placement in a halfway house under part 9530.6645 need not be placed in a halfway house if

appropriate services are available in the community to meet the posttreatment needs of the client and the client has sufficient resources to use those services.

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

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

9530.6655 APPEALS.

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

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

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

- A. is denied an assessment under part 9530.6615;
- B. is denied a second assessment under subpart 1;
- C. is denied placement;
- D. disagrees before services begin with the level of chemical dependency care or the length of placement that the county or the prepaid health plan proposes to authorize; or
- E. is receiving authorized services and is denied additional services that would extend the length of the current placement beyond the end date specified in the placement authorization.

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

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

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

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

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

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

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

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

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

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

History: *11 SR 1005; 12 SR 53; 16 SR 391; L 2003 1Sp14 art 11 s 11*

9530.6660 EFFECTIVE DATE.

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

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

History: *11 SR 1005*

CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUND**9530.6800 ASSESSMENT OF NEED FOR CHEMICAL DEPENDENCY TREATMENT PROGRAMS.**

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

If the county board fails to submit a statement to the commissioner within 60 days of the county board's receipt of the written request from an applicant, as required under part 9530.6810, the commissioner shall determine the need for the applicant's proposed chemical dependency treatment program based on the documentation submitted by the applicant at the time of application.

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

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

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

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

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

History: *12 SR 53*

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

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

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

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

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

History: *12 SR 53*

9530.7000 DEFINITIONS.

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

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

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

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

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

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

Subp. 7. **Commissioner.** “Commissioner” means the commissioner of the Minnesota Department of Human Services or the commissioner’s designated representative.

Subp. 8. **Consolidated chemical dependency treatment fund.** “Consolidated chemical dependency treatment fund” means money appropriated for payment of chemical dependency treatment services under Minnesota Statutes, chapter 254B.

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

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

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

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

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

A. weekly use to intoxication;

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

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

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

E. loss of friends due to behavior while intoxicated; or

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

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

A. cash payments for wages or salaries;

B. cash receipts from nonfarm or farm self-employment, minus deductions allowed by the federal Internal Revenue Service for business or farm expenses;

C. regular cash payments from social security, railroad retirement, unemployment compensation, workers’ union funds, veterans’ benefits, the Minnesota family investment program, Supplemental Security Income, General Assistance, training stipends, alimony, child support, and military family allotments;

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

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

F. periodic cash receipts from estates or trusts.

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

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

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

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

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

A. daily use required for adequate functioning;

B. an inability to abstain from use;

C. repeated efforts to control or reduce excessive use;

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

E. amnesic periods for events occurring while intoxicated; and

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

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

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

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

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

Subp. 21. **Vendor.** “Vendor” means a licensed provider of chemical dependency treatment services that meets the criteria established in Minnesota Statutes, section 254B.05, and that has applied according to part 9505.0195 to participate as a provider in the medical assistance program.

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

History: *12 SR 53; 13 SR 1448; 15 SR 1540; 16 SR 391; L 2000 c 478 art 2 s 7; L 2006 c 212 art 1 s 25*

9530.7005 SCOPE AND APPLICABILITY.

Parts 9530.7000 to 9530.7030 govern the administration of the consolidated chemical dependency treatment fund, establish the criteria to be applied by local agencies to determine a client’s eligibility under the consolidated chemical dependency treatment fund, and establish a client’s obligation to pay for chemical dependency treatment services.

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

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

History: *12 SR 53*

9530.7010 COUNTY RESPONSIBILITY TO PROVIDE CHEMICAL DEPENDENCY TREATMENT SERVICES.

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

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

History: *12 SR 53*

9530.7012 VENDOR AGREEMENTS.

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

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

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

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

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

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

Statutory Authority: *MS s 254B.03*

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

9530.7015 CLIENT ELIGIBILITY UNDER THE CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUND.

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 4. Client ineligible to have treatment paid for from the consolidated chemical dependency treatment fund. A client who meets the criteria in item A, B, C, or D shall be ineligible to have chemical dependency treatment services paid for with consolidated chemical dependency treatment funds.

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

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

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

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

Statutory Authority: *MS s 254B.03*

History: *12 SR 53; 15 SR 1540; L 2006 c 212 art 1 s 25*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. If a client who has no responsible relatives and who is not the custodial parent of a minor child is placed in a category III or IV rehabilitation program licensed under parts 9530.4100 to 9530.4450, the client's obligation to make fee payments for a previous placement shall be suspended and the client's fee obligation while in the program shall be determined by the vendor according to part 9530.7024. The client's obligation to make payments on the fee obligation for a previous placement shall resume 30 days after the client is discharged from the program.

E. If a client who has a responsible relative or who is the custodial parent of a minor child is placed in a category III or IV rehabilitation program licensed under parts 9530.4100 to 9530.4450, the local agency shall reassess the client's and responsible relative's ability to

pay for chemical dependency treatment services, and redetermine the client's and responsible relative's fee obligation. The client and the responsible relative must continue to make monthly payments according to item B.

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

Subp. 3. [Repealed, 15 SR 1540]

Subp. 4. [Repealed, 15 SR 1540]

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

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

9530.7021 PAYMENT AGREEMENTS.

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

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

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

History: *16 SR 391*

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

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

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

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

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

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

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

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

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

- A. the amount of the fee for the previous step;
- B. \$30; and
- C. 12 times the number of steps that precede the step for which the fee is being calculated.

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

Statutory Authority: *MS s 254B.03*

History: *15 SR 1540*

9530.7024 CLIENT FEES FOR CATEGORY III AND IV PROGRAMS.

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

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

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

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

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

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

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

Statutory Authority: *MS s 254B.03*

History: *15 SR 1540*

9530.7025 DENIAL OF PAYMENT.

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

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

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

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

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

History: *12 SR 53*

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

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

Subp. 2. **Criteria for approval of a client information system.** The commissioner shall approve a vendor's participation in a client information system other than DAANES if the system collects and maintains the data identified in items A to F. The information system must collect the data identified in items B, C, D, E, and G, on either a six month or 12 month basis.

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

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

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

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

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

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

G. six or 12 month follow-up information on clients discharged before January 1, 1993, including longest period of abstinence from all chemical use; which chemicals were

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used, if any, following discharge; hospital admissions that occurred following discharge; arrests, convictions, and incarcerations that occurred following discharge; employment status, and work or school problems associated with chemical use that occurred following discharge; and admissions to detoxification or chemical dependency treatment programs that occurred following discharge.

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

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

MINNESOTA CHEMICAL DEPENDENCY TREATMENT SURVEY
MINNESOTA DEPARTMENT OF HUMAN SERVICES
CHEMICAL DEPENDENCY PROGRAM DIVISION

Facility Name: _____

Calendar Year: _____

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

	Rehabilitation	Outpatient	Combination
Minnesota Residents			
Non-Minnesota Residents			
Total			

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

REHABILITATION PROGRAM

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

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

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

OUTPATIENT PROGRAM

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

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

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

COMBINATION PRIMARY REHABILITATION/OUTPATIENT PROGRAM

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

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

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

Rehabilitation Days: _____.

Outpatient Hours: _____.

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

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

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

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

	Consolidated Treatment Fund Clients	Other Clients
	Completers	Completers
Number Abstinent		
Number Interviewed		
Percent Abstinent		
	Noncompleters	Noncompleters
Number Abstinent		
Number Interviewed		
Percent Abstinent		

Length of followup time period:

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

History: *12 SR 53; 17 SR 2914*

9530.7031 VENDOR'S DUTY TO COLLECT CLIENT FEES.

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

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

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

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

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

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

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

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

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

History: *16 SR 391*