

CHAPTER 9530
DEPARTMENT OF HUMAN SERVICES
CHEMICAL DEPENDENCY PROGRAMS

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9530.6405 DEFINITIONS.

[For text of subs 1 to 7, see M.R.]

Subp 7a **Chemical dependency treatment.** "Chemical dependency treatment" means treatment of a substance use disorder, including the 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 by a qualified professional. The goal of treatment is to assist or support the client's efforts to recover from substance use disorder.

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

[For text of subp 9, see M.R.]

Subp. 10: **Co-occurring or co-occurring client.** "Co-occurring" or "co-occurring client" means a diagnosis that indicates a client suffers from a substance use disorder and a mental health problem.

[For text of subs 11 to 17, see M.R.]

Subp 17a **Student intern.** "Student intern" means a person who is enrolled in an alcohol and drug counselor education program at an accredited school or educational program and is earning a minimum of nine semester credits per calendar year toward the completion of an associate's, bachelor's, master's, or doctorate degree requirements. Degree requirements must include an additional 18 semester credits or 270 hours of alcohol and drug counseling related course work and 440 hours of practicum.

Subp 17b. **Substance.** "Substance" means a "chemical" as defined in subpart 7.

Subp. 17c. **Substance use disorder.** "Substance use disorder" means a pattern of substance use as defined in the Diagnostic and Statistical Manual of Mental Disorders-IV-TR.

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(DSM), et seq The DSM-IV-TR is incorporated by reference The DSM was published by the American Psychiatric Association in 1994, in Washington D C , and is not subject to frequent change The DSM-IV-TR is available through the Minitex interlibrary loan system

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

Subp 19 [Repealed, 32 SR 2268]

[For text of subps 20 and 21, see M.R]

Statutory Authority: *MS s 241 021, 245A 03, 245A 09, 254A 03, 254B 03, 254B 04*

History: *32 SR 2268*

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 provide chemical dependency treatment services to an individual who has a substance use disorder unless licensed by the commissioner

[For text of subp 2, see M R]

Subp 3 **Certain hospitals excluded from license requirement.** Parts 9530 6405 to 9530 6505 do not apply to chemical 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 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

[For text of subp 4, see M.R]

Statutory Authority: *MS s 241 021, 245A 03, 245A 09; 254A 03; 254B 03, 254B 04*

History: *32 SR 2268*

9530.6415 LICENSING REQUIREMENTS.

[For text of subps 1 and 2, see M R]

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 whether the license holder provides services specified in parts 9530 6485 to 9530 6505;
- (3) a change in location, or
- (4) a change in capacity if the license holder meets the requirements of part 9530 6505

[For text of item B, see M R]

Statutory Authority: *MS s 241 021, 245A.03, 245A 09, 254A.03, 254B 03, 254B 04*

History: *32 SR 2268*

9530.6420 INITIAL SERVICES PLAN.

The license holder must complete an initial services plan during or immediately following the intake interview The plan must address the client's immediate health and safety

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concerns, identify the issues to be addressed in the first treatment sessions, and make treatment suggestions for the client during the time between intake and completion of the treatment plan. The initial services plan must include a determination whether a client is a vulnerable adult as defined in Minnesota Statutes, section 626.5572, subdivision 21. All adult clients of a residential program are vulnerable adults. An individual abuse prevention plan, according to Minnesota Statutes, sections 245A.65, subdivision 2, paragraph (b), and 626.557, subdivision 14, paragraph (b), is required for all clients who meet the definition of "vulnerable adult."

Statutory Authority: *MS s 241.021, 245A.03, 245A.09; 254A.03, 254B.03, 254B.04*

History: *32 SR 2268*

9530.6422 COMPREHENSIVE ASSESSMENT.

Subpart 1 **Comprehensive assessment of substance use disorder.** A comprehensive assessment of the client's substance use disorder must be coordinated by an alcohol and drug counselor and completed within three calendar days after service initiation for a residential program or three sessions of the client's initiation to services for all other programs. The alcohol and drug counselor may rely on current information provided by a referring agency or other sources as a supplement when information is available. Information gathered more than 45 days before the date of admission is not current. If the comprehensive assessment cannot be completed in the time specified, the treatment plan must indicate how and when it will be completed. The assessment must include sufficient information to complete the assessment summary according to subpart 2 and part 9530.6425. The comprehensive assessment must include information about the client's problems that relate to chemical use and personal strengths that support recovery, including

[For text of items A to C, see MR.]

D. chemical use history including amounts and types of chemicals used, frequency and duration of use, periods of abstinence, and circumstances of relapse, if any. For each chemical used within the previous 30 days, the information must include the date and time of the most recent use and any previous experience with withdrawal,

[For text of items E and F, see MR.]

G. physical concerns or diagnoses, the severity of the concerns, and whether or not the concerns are being addressed by a health care professional,

[For text of items H to M, see MR.]

N. whether the client is pregnant and if so, the health of the unborn child and current involvement in prenatal care,

O. whether the client recognizes problems related to substance use and is willing to follow treatment recommendations.

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 narrative summary of the comprehensive assessment results must meet the requirements of items A and B:

A. An assessment summary must be prepared by an alcohol and drug counselor and include

- (1) a risk description according to part 9530.6622 for each dimension listed in item B,
- (2) narrative supporting the risk descriptions, and
- (3) a determination of whether the client meets the DSM criteria for a person with a substance use disorder.

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B Contain information relevant to treatment planning and recorded in the dimensions in subitems (1) to (6)

(1) Dimension 1, acute intoxication/withdrawal potential The license holder must consider the client's ability to cope with withdrawal symptoms and current state of intoxication

(2) Dimension 2, biomedical conditions and complications The license holder must consider the degree to which any physical disorder would interfere with treatment for substance abuse, and the client's ability to tolerate any related discomfort The license holder must determine the impact of continued chemical use on the unborn child if the client is pregnant

(3) Dimension 3, emotional, behavioral, and cognitive conditions and complications. The license holder must determine the degree to which any condition or complications are likely to interfere with treatment for substance abuse or with functioning in significant life areas and the likelihood of risk of harm to self or others

(4) Dimension 4, readiness for change The license holder must also consider the amount of support and encouragement necessary to keep the client involved in treatment

(5) Dimension 5, relapse, continued use, and continued problem potential The license holder must consider the degree to which the client recognizes relapse issues and has the skills to prevent relapse of either substance use or mental health problems

(6) Dimension 6, recovery environment The license holder must consider the degree to which key areas of the client's life are supportive of or antagonistic to treatment participation and recovery

Statutory Authority: *MS s 241 021, 245A 03; 245A 09, 254A 03, 254B 03, 254B 04*

History: *32 SR 2268*

9530.6425 INDIVIDUAL TREATMENT PLANS.

Subpart 1 **General.** Individual treatment plans for clients in treatment must be completed within seven calendar days of completion of the assessment summary. Treatment plans 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 ongoing assessment in each of the six dimensions according to part 9530 6422, subpart 2 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 The individual treatment plan may be a continuation of the initial services plan required in part 9530 6420

Subp 2. **Plan contents.** An individual treatment plan must be recorded in the six dimensions listed in part 9530 6422, subpart 2, item B, and address each problem identified in the assessment summary, and include:

A 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,

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

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

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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 be recorded and address each of the six dimensions listed in part 9530.6422, subpart 2, item B. Progress notes must

[For text of subitems (1) to (5), see M.R.]

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;

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

(4) include a review and evaluation of the individual abuse prevention plan according to Minnesota Statutes, section 245A 65.

[For text of item C, see M.R.]

Subp 3a. **Documentation.** Progress notes and plan review do not require separate documentation if the information in the client file meets the requirements of subpart 3, items A and B.

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 be recorded in the six dimensions listed in part 9530.6422, subpart 2, item B, and 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;

(3) reasons for and circumstances of service termination, and

(4) risk description according to part 9530.6622

[For text of item B, see M.R.]

Statutory Authority: *MS s 241 021, 245A.03; 245A 09, 254A.03, 254B 03, 254B 04*

History: *32 SR 2268*

9530.6430 TREATMENT SERVICES.

Subpart 1 Treatment services offered by license holder.

A. A license holder must offer the following treatment services unless clinically inappropriate and the justifying clinical rationale is documented:

[For text of subitems (1) and (2), see M.R.]

(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,

(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 substance use disorder. 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, and

(5) service coordination to help the client obtain the services and to support the client's need to establish a lifestyle free of the harmful effects of substance use disorder.

[For text of item B, see M R]

Subp 2 **Additional treatment services.** A license holder may provide or arrange the following additional treatment services as a part of the individual treatment plan:

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

B 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;

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

D living skills development to help the client learn basic skills necessary for independent living;

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

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

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

[For text of subp 3, see M R]

Subp 4 **Location of service provision.** 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, except that services under subpart 1, item A, subitems (3) and (5), and subpart 2, items B and E, may be provided in another suitable location

Statutory Authority: *MS s 241 021; 245A 03, 245A 09, 254A 03, 254B 03, 254B 04*

History: 32 SR 2268

9530.6435 MEDICAL SERVICES.

[For text of subpart 1, see M R]

Subp 1a **Procedures.** The applicant or license holder must have written procedures for obtaining medical interventions when needed for a client, that are approved in writing by a physician who is licensed under Minnesota Statutes, chapter 147, unless.

A. the license holder does not provide services under part 9530 6505; and

B. all medical interventions are referred to 911, the emergency telephone number, or the client's physician

Subp. 2 **Consultation services.** 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, or

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(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

[For text of subitems (1) to (5), see M.R.]

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

[For text of subitems (7) to (9), see M.R.]

[For text of subp 4, see M.R.]

Statutory Authority: *MS s 241.021, 245A.03; 245A.09; 254A.03, 254B.03, 254B.04*

History: *32 SR 2268*

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. 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 Code of Federal Regulations, title 45, parts 160 to 164, and, if applicable, Minnesota Statutes, chapter 13.

[For text of subp 2, see M.R.]

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

[For text of item A, see M.R.]

- B an initial services plan completed according to part 9530.6420;
- C a comprehensive assessment completed according to part 9530.6422,
- D an assessment summary completed according to part 9530.6422, subpart 2,
- E an individual abuse prevention plan that complies with Minnesota Statutes, sections 245A.65, subdivision 2, and 626.557, subdivision 14; when applicable,
- F an individual treatment plan, as required under part 9530.6425, subparts 1 and 2;
- G progress notes, as required in part 9530.6425, subpart 3, and
- H a summary of termination of services, written according to part 9530.6425, subpart 4

[For text of subp 4, see M.R.]

Statutory Authority: *MS s 241.021; 245A.03, 245A.09; 254A.03, 254B.03, 254B.04*

History: *32 SR 2268*

9530.6445 STAFFING REQUIREMENTS.

[For text of subps 1 and 2, see M.R.]

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 and Minnesota Statutes, sections 245A.65, 626.556, 626.557, and 626.5572.

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 during any 30 consecutive calendar days. 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. The license holder must maintain a record that documents compliance with this subpart.

[For text of subp 5, see M R.]

Statutory Authority: *MS s 241.021; 245A.03; 245A.09, 254A.03; 254B.03; 254B.04*

History: *32 SR 2268*

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 chemical use problem for purposes of this subpart is a problem listed by the license holder in the personnel policies and procedures according to part 9530.6460, subpart 1, item E.

[For text of items A and B, see M R.]

[For text of subp 2, see M.R.]

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 and Minnesota Statutes, chapter 245A, and sections 626.556, 626.557, and 626.5572. A treatment director must

[For text of items A and B, see M.R.]

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:

[For text of items A and B, see M R.]

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

[For text of subs 5 to 7, see M R.]

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. Student interns must meet the requirements in subpart 1, item A, and receive the orientation and training required in part 9530.6460, subpart 1, item G, and subpart 2.

Subp. 9 **Individuals with temporary permit.** Individuals with a temporary permit from the Board of Behavioral Health and Therapy may provide chemical dependency treatment services under the conditions in either item A or B.

A. The individual is supervised by a licensed alcohol and drug counselor assigned by the license holder. The licensed alcohol and drug counselor must document the amount and type of supervision at least weekly. The supervision must relate to clinical practices. One licensed alcohol and drug counselor may not supervise more than three individuals with temporary permits, according to Minnesota Statutes, section 148C.01, subdivision 12a.

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B The individual is supervised by a clinical supervisor approved by the Board of Behavioral Health and Therapy. The supervision must be documented and meet the requirements of Minnesota Statutes, section 148C 044, subdivision 4.

Statutory Authority: *MS s 241 021, 245A 03, 245A 09, 254A 03; 254B 03, 254B 04*

History: 32 SR 2268

9530.6455 PROVIDER POLICIES AND PROCEDURES.

License holders must develop a written policy and procedures manual indexed according to Minnesota Statutes, section 245A 04, subdivision 14, paragraph (c), so that staff may have immediate access to all policies and procedures and so that consumers of the services and other authorized parties may have access to all policies and procedures. The manual must contain the following materials:

[For text of items A to L, see M R]

Statutory Authority: *MS s 241 021, 245A.03, 245A 09; 254A 03, 254B 03, 254B.04*

History: 32 SR 2268

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:

[For text of items A to E, see M R.]

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

G include orientation within 24 working hours of starting 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, client confidentiality, the human immunodeficiency virus minimum standards, and client needs, and

H. policies outlining the license holder's response to staff members with behavior problems that interfere with the provision of treatment services.

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

[For text of items A to D, see M R]

E Treatment directors, supervisors, nurses, and counselors must obtain 12 hours of training in co-occurring mental health problems and substance use disorder 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.

[For text of subp 3, see M R]

Statutory Authority: *MS s 241 021, 245A.03, 245A 09, 254A 03, 254B 03; 254B 04*

History: 32 SR 2268

9530.6465 SERVICE INITIATION AND TERMINATION POLICIES.

[For text of subpart 1, see M R.]

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.

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[For text of item A, see M.R.]

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), and Code of Federal Regulations, title 45, parts 160 to 164, must be reported to a law enforcement agency with proper jurisdiction.

[For text of subp 3, see M.R.]

Statutory Authority: *MS s 241 021, 245A 03, 245A 09; 254A 03, 254B 03; 254B 04*

History: *32 SR 2268*

9530.6470 POLICIES AND PROCEDURES THAT PROTECT CLIENT RIGHTS.

Subpart 1 **Client rights; explanation.** Clients have the rights identified in part 4747.1500 and Minnesota Statutes, sections 144.651 and 253B.03, as applicable. The license holder must give each client upon service initiation a written statement of client's rights and responsibilities. Staff must review the statement with clients at that time.

[For text of subps 2 and 3, see M.R.]

Statutory Authority: *MS s 241 021, 245A 03, 245A 09, 254A.03, 254B 03, 254B 04*

History: *32 SR 2268*

9530.6475 BEHAVIORAL EMERGENCY PROCEDURES.

[For text of item A, see M.R.]

B. Behavioral emergency procedures must not be used to enforce facility rules or for the convenience of staff. Behavioral 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. Behavioral emergency procedures may not include the use of seclusion or restraint.

Statutory Authority: *MS s 241 021, 245A 03; 245A 09, 254A 03, 254B 03; 254B.04*

History: *32 SR 2268*

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 in a format specified by the commissioner.

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 241 021, 245A 03, 245A.09, 254A 03, 254B.03, 254B 04*

History: *32 SR 2268*

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 substance use disorder and mental health problems must

A demonstrate that staffing levels are appropriate for treating clients with substance use disorder and mental health problems, and that there is adequate staff with mental health training,

[For text of items B and C, see M.R.]

D determine group size, structure, and content with consideration for the special needs of those with substance use disorder and mental health disorders,

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[For text of items E to I, see M R]

Statutory Authority: *MS s 241.021; 245A.03; 245A 09, 254A 03, 254B 03, 254B 04*

History: *32 SR 2268*

9530.6500 METHADONE PROGRAMS SERVING INTRAVENOUS DRUG ABUSERS.

[For text of subps 1 and 2, see M R]

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), and Code of Federal Regulations, title 45, parts 160 to 164. 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.

[For text of subp 4, see M R]

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, and Code of Federal Regulations, title 45, parts 160 to 164,

[For text of items C and D, see M R]

[For text of subp 6, see M.R]

Statutory Authority: *MS s 241 021, 245A 03, 245A 09, 254A 03, 254B 03; 254B 04*

History: *32 SR 2268*

9530.6505 REQUIREMENTS FOR LICENSED RESIDENTIAL TREATMENT.

[For text of subps 1 and 2, see M R]

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 Minnesota Statutes, section 245A 04, subdivision 13, for handling resident funds and property. In the course of client property management, license holders

[For text of items A to C, see M R]

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, and Code of Federal Regulations, title 45, parts 160 to 164,

[For text of subitems (2) and (3), see M R]

[For text of subps 4 to 7, see M.R]

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Subp. 8. **Administration of medications.** License holders must meet the administration of medications requirements of part 9530.6435, subpart 3.

Statutory Authority: *MS s 241.021; 245A.03, 245A 09; 254A 03; 254B.03; 254B.04*

History: *32 SR 2268*

9530.6510 DEFINITIONS.

[For text of subps 1 to 11, see M.R.]

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:

[For text of item A, see M.R.]

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

[For text of subp 13, see M.R.]

Subp. 13a **Substance.** "Substance" means "chemical" as defined in subpart 3.

Subp. 13b **Substance use disorder.** "Substance use disorder" means a pattern of substance use as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM), et seq. The DSM-IV-TR is incorporated by reference. The DSM-IV-TR was published by the American Psychiatric Association in 1994, in Washington D.C., and is not subject to frequent change. The DSM-IV-TR is available through the Minnetex interlibrary loan system.

[For text of subp 14, see M.R.]

Statutory Authority: *MS s 241 021, 245A.03, 245A 09, 254A 03, 254B 03, 254B 04*

History: *32 SR 2268*

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 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.

[For text of subps 2 and 3, see M.R.]

Statutory Authority: *MS s 241.021, 245A.03; 245A 09, 254A.03, 254B 03, 254B 04*

History: *32 SR 2268*

9530.6525 ADMISSION AND DISCHARGE POLICIES.

Subpart 1 **Admission policy.** A license holder must have a written admission policy containing specific admission criteria. The policy must describe the admission process and the point at which a person who is eligible under subpart 2 is admitted to the program. 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:

[For text of items A to E, see M.R.]

F. need to stay temporarily in a protective environment because of a crisis related to substance use disorder. Persons meeting this criterion may be admitted only at the request

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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

[For text of subs 3 and 4, see MR]

Subp 5 Establishing custody procedure. Immediately upon a person's admission to the program according to the criteria in subpart 2, the license holder obtains custody of a person under a peace officer's hold, and is responsible for all requirements of client services until the person is discharged from the facility

Statutory Authority: *MS s 241 021, 245A 03, 245A 09; 254A 03; 254B 03, 254B 04*

History: *32 SR 2268*

9530.6530 CLIENT SERVICES.

Subpart 1. Chemical use screening. A license holder must screen each client admitted to determine whether the client suffers from substance use disorder The license holder must screen clients at each admission, except if the client has already been determined to suffer from substance use disorder, 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 substance use disorder 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

[For text of subp 3, see MR]

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

A substance use disorder, including the effects of alcohol and other drugs and specific information about the effects of chemical use on unborn children,

[For text of items B and C, see MR]

Statutory Authority: *MS s 241 021, 245A 03, 245A 09, 254A 03, 254B 03, 254B.04*

History: *32 SR 2268*

9530.6535 PROTECTIVE PROCEDURES.

[For text of subpart 1, see M.R.]

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 plan must be appropriate to the type of facility and the level of staff training. The protective procedures plan must include

A approval signed and dated by the program director and medical director prior to implementation Any changes to the plan must also be approved, signed, and dated by the program director and the medical director prior to implementation,

B which protective procedures the license holder will use to prevent clients from harming self or others;

C. the emergency conditions under which the protective procedures are used, if any,

D the client's health conditions that limit the specific procedures that can be used and alternative means of ensuring safety,

E emergency resources the program staff must contact when a client's behavior cannot be controlled by the procedures established in the plan,

- F the training staff must have before using any protective procedure,
- G documentation of approved therapeutic holds; and
- H. the use of law enforcement personnel

Subp 3 **Records.** Each use of a protective procedure must be documented in the client record. The client record must include.

[For text of items A to D, see M R]

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

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,

G. documentation of reassessment of the client at least every 15 minutes to determine if seclusion, physical hold, or use of restraint equipment can be terminated,

H. the description of the physical holds or restraint equipment used in escorting a client, and

- I any injury to the client that occurred during the use of a protective 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.

[For text of items A and B, see M R]

C Seclusion must be authorized by the program director, a licensed physician, or registered nurse. If one is not present in the facility, one must be contacted and authorization obtained within 30 minutes of initiation of seclusion according to written policies.

[For text of items D to G, see M R]

Subp 5 **Physical holds or restraint equipment.** Physical holds or restraint equipment 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 The following requirements apply to the use of physical holds or restraint equipment.

(1) a physical hold cannot be used to control a client's behavior for more than 30 minutes before obtaining authorization,

(2) the client's health concerns will be considered in deciding whether to use physical holds or restraint equipment and which holds or equipment are appropriate for the client,

(3) the use of physical holds or restraint equipment must be authorized by the program director, licensed physician, or a registered nurse,

(4) only approved holds may be utilized, and

(5) the use of restraint equipment must not exceed four hours

[For text of item B, see M.R.]

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 restraint equipment is not loosened every hour, the client's behavior that prevented loosening the restraints must be documented in the client's file.

Subp. 6 [Repealed, 32 SR 2268]

Subp. 7. [Repealed, 32 SR 2268]

Subp 8 **Use of law enforcement.**

- A Law enforcement shall only be called for a violation of the law by a client

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B If a law enforcement agent uses any force or protective procedure which is not specified in the protective procedures plan for use by trained staff members the client must be discharged, according to part 9530.6525, subpart 4

Subp 9 **Administrative review.** The license holder must keep a record of all protective procedures used and conduct a quarterly administrative review of the use of protective procedures. The record of the administrative review of the use of protective procedures must state whether

A the required documentation was recorded for each use of a protective procedure,

B the protective procedure was used according to the protective procedures plan,

C the staff who implemented the protective procedure were properly trained,

D any patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, individuals involved, or other factors associated with the use of protective procedures,

E any injuries resulting from the use of protective procedures,

F actions needed to correct deficiencies in the program's implementation of protective procedures,

G an assessment of opportunities missed to avoid the use of protective procedures, and

H proposed actions to be taken to minimize the use of protective procedures

Statutory Authority: *MS s 241.021, 245A.03, 245A.09, 254A.03, 254B.03, 254B.04*

History: *32 SR 2268*

9530.6545 CLIENT PROPERTY MANAGEMENT.

A license holder must meet the requirements for handling residential client funds and property in Minnesota Statutes, section 245A.04, subdivision 14, except

[For text of items A and B, see MR]

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

(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, and Code of Federal Regulations, title 45, parts 160 to 164, and

(2) 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 241.021; 245A.03, 245A.09, 254A.03; 254B.03, 254B.04*

History: *32 SR 2268*

9530.6560 STAFFING REQUIREMENTS.

[For text of subps 1 to 5, see MR]

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, who meets the requirements of part 9530.6615, subpart 2

[For text of subp 7, see M.R.]

Statutory Authority: *MS s 241.021, 245A.03, 245A.09, 254A.03, 254B.03; 254B.04*

History: *32 SR 2268*

9530.6565 STAFF QUALIFICATIONS.

[For text of subps 1 and 2, see M.R.]

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 substance use disorders or one year of work experience in the management or administration of direct service to individuals with substance use disorders,

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 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 and Minnesota Statutes, sections 245A.65, 253B.04, 253B.05, 626.556, 626.557, and 626.5572.

[For text of subps 5 and 6, see M.R.]

Statutory Authority: *MS s 241.021; 245A.03; 245A.09, 254A.03, 254B.03; 254B.04*

History: *32 SR 2268*

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:

[For text of items A to C, see M.R.]

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 or substance use disorder within the period specified for the position in the staff qualification requirements;

[For text of subitems (2) to (4), see M.R.]

[For text of items E to H, see M.R.]

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.

[For text of items A to D, see M.R.]

E. orientation and 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;

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

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G orientation training must include eight hours of training on the protective procedures plan in part 9530 6535, subpart 2. Each staff person must receive updated training at least every two years and the training must include

- (1) approved therapeutic holds,
 - (2) protective procedures used to prevent clients from harming self or others,
 - (3) the emergency conditions under which the protective procedures are used
- if any,
- (4) documentation standards for using protective procedures,
 - (5) the physiological and psychological impact of physical holding and seclusions, and
 - (6) how to monitor and respond to client distress

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

Subp 3 **Staff orientation.** Within 72 hours of beginning employment, all staff with direct client contact will receive orientation training that includes the topics in subpart 2, items A, C, E, and G License holders who provide more extensive training to new staff members may extend the 72-hour orientation period, if the new staff members have no direct client contact until the orientation training is complete

Statutory Authority: *MS s 241 021, 245A 03, 245A 09, 254A 03, 254B 03, 254B 04*

History: *32 SR 2268*

9530.6580 POLICY AND PROCEDURES MANUAL.

A license holder must develop a written policy and procedures manual that is alphabetically indexed and has a table of contents, so that staff have immediate access to all policies and procedures and consumers of the services, and other authorized parties, have access to all policies and procedures The manual must contain the following materials

[For text of items A to J, see M.R.]

Statutory Authority: *MS s 241.021; 245A 03, 245A 09, 254A 03, 254B.03, 254B 04*

History: *32 SR 2268*

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 Code of Federal Regulations, title 45, parts 160 to 164, and Minnesota Statutes, chapter 13

[For text of subps 2 and 3, see M.R.]

Statutory Authority: *MS s 241 021, 245A 03, 245A 09, 254A 03; 254B 03, 254B 04*

History: *32 SR 2268*

9530.6590 DATA COLLECTION REQUIRED.

The license holder must participate in the drug and alcohol abuse normative evaluation system by submitting, in a format provided by the commissioner, information concerning each client admitted to the program

Statutory Authority: *MS s 241 021, 245A.03; 245A 09, 254A 03, 254B 03, 254B 04*

History: *32 SR 2268*

9530.6600 SUBSTANCE USE DISORDER; USE OF PUBLIC FUNDS:

Subpart 1 **Applicability.** Parts 9530 6600 to 9530 6655 establish criteria that counties, tribal governing boards, and prepaid health plans or their designees shall apply to determine the appropriate care for a client seeking treatment for substance use disorder that requires the expenditure of public funds for treatment Part 9530.6622 does not apply to court commitments under Minnesota Statutes, chapter 253B

Subp 2 [Repealed, 32 SR 2268]

[For text of subp 3, see MR]

Statutory Authority: *MS s 241.021, 245A.03, 245A.09; 254A.03, 254B 03, 254B 04*

History: 32 SR 2268

9530.6605 DEFINITIONS.

[For text of subs 1 to 4, see M.R.]

Subp. 5 **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, section 152 01, subdivision 4.

Subp 6 [Repealed, 32 SR 2268]

Subp 7 [Repealed, 32 SR 2268]

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 and risk description that will enable the assessor to determine an appropriate treatment planning decision according to part 9530 6622

Subp 9 **Client.** "Client" means an individual who is eligible for treatment funded under Minnesota Statutes, chapters 246, 254B, 256B, 256D, and 256M, and who has requested chemical use assessment services or for whom chemical use assessment services has been requested from a placing authority.

Subp 10 **Collateral contact.** "Collateral contact" means an oral or written communication initiated or approved 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 [Repealed, 32 SR 2268]

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

Subp 15 [Repealed, 32 SR 2268]

Subp 15a. [Repealed, 32 SR 2268]

Subp 16. [Repealed, 32 SR 2268]

Subp 17 [Repealed, 32 SR 2268]

Subp. 18. [Repealed, 32 SR 2268]

Subp 19 [Repealed, 32 SR 2268]

Subp 20. [Repealed, 32 SR 2268]

Subp. 21. [Repealed, 32 SR 2268]

Subp 21a. **Placing authority.** "Placing authority" means a county, prepaid health plan, or tribal governing board governed by parts 9530 6600 to 9530.6655

Subp 21b **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 [Repealed, 32 SR 2268]

Subp 23. [Repealed, 32 SR 2268]

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Subp. 24 [Repealed, 32 SR 2268]

Subp 24a **Service coordination.** "Service coordination" means helping the client obtain the services and support the client needs to establish a lifestyle free from the harmful effects of substance abuse disorder

[For text of subp 25, see MR]

Subp 25a **Substance.** "Substance" means "chemical" as defined in subpart 5

Subp 26 **Substance use disorder.** "Substance use disorder" means a pattern of substance use as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM) The DSM is incorporated by reference The DSM was published by the American Psychiatric Association in 1994, in Washington, D.C , and is not subject to frequent change The DSM is available through the Minitex interlibrary loan system

Statutory Authority: *MS s 241 021, 245A 03, 245A' 09, 254A.03, 254B 03, 254B 04*

History: 32 SR 2268

9530.6610 COMPLIANCE PROVISIONS.

Subpart 1 **Assessment responsibility.** The placing authority must provide assessment services for clients without regard to national origin, marital status, race, color, religion, creed, disability, sex, or sexual orientation according to Minnesota Statutes, section 363A 11 The assessment must be done in a language the client understands The requirements in items A to C apply to the placing authority

A The county shall provide a chemical use assessment as provided in part 9530.6615 for all clients who do not have an assessment available to them from a tribal governing board or prepaid health plan If the county of financial responsibility does not arrange for or provide the service, the county where the client requested the service must provide the service, and then follow the procedures in Minnesota Statutes, section 256G 09, to resolve any dispute between counties.

B A tribal governing board that contracts with the department to provide chemical use assessments and that authorizes payment for chemical dependency treatment under Minnesota Statutes, chapter 254B, must provide a chemical use assessment for a person residing on a reservation who seeks assessment or treatment or for whom treatment is sought, as provided in part 9530 6615, if the person is

(1) recognized as an American Indian, or

(2) a relative of a person who is recognized as an American Indian For purposes of this subpart, a "relative" means a person who is related by blood, marriage, or adoption, or is an important friend who resides with a person recognized as an American Indian on a reservation

C 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 contract that is currently in force with the department

Subp 2 **Placing authority records.** The placing authority must

A maintain records that demonstrate compliance with parts 9530 6600 to 9530.6660 for at least three years, except that records pertaining to individual client services must be maintained for at least four years, and

B provide documentation of the qualifications of assessors according to the standards established under part 9530 6615, subpart 2.

Subp 3 **County designee.** The county may designate public, nonprofit, or proprietary agencies or individuals to provide assessments according to part 9530 6615 by a qualified

assessor. An assessor designated by the county shall have no direct shared financial interest or referral relationship resulting in shared financial gain with a treatment provider, unless the county documents that either of the exceptions in item A or B exists

A the treatment provider is a culturally specific service provider or a service provider with a program designed to treat persons of a specific age, sex, or sexual orientation and 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, or

C the county social service agency has an existing relationship with an assessor or service provider and elects to enter into a contract with that assessor to provide both assessment and treatment under the circumstances specified in the county contract and the county retains responsibility for making placement decisions

Documentation of the exceptions in items A and B must be maintained at the county's office and be current within the last two years. The placing authority's assessment designee shall provide assessments and required documentation to the placing authority according to parts 9530.6600 to 9530.6660.

The placing authority is responsible for and cannot delegate making appropriate treatment planning decisions and placement authorizations

Subp. 4 [Repealed, 32 SR 2268]

Subp. 5 **Information release.** The placing authority shall, with proper releases of information, provide a copy of the assessment to the treatment provider who is authorized to provide services to the client. The placing authority shall provide the assessment to the treatment provider within seven days of the date of placement determination

Statutory Authority: *MS s 241.021, 245A.03, 245A.09; 254A.03, 254B.03, 254B.04*

History: 32 SR 2268

9530.6615 CHEMICAL USE ASSESSMENTS.

Subpart 1 **Assessment mandate; timelines.** The placing authority shall provide a chemical use assessment for each client seeking treatment or for whom treatment is sought for substance use disorder before the client is placed in a treatment program. The assessment must be done in a language the client understands and must be completed within the time limits specified. The placing authority shall provide interpreters for the hearing impaired and foreign language interpretive services when necessary

A. The placing authority must provide an assessment interview for the client within 20 calendar days from the date an appointment was requested for the client. The placing authority must interview clients who miss an appointment within 20 days of a subsequent request for an appointment

B. Within ten calendar days after the initial assessment interview, the placing authority must complete the assessment, make determinations, and authorize services.

C. If the client is in jail or prison, the placing authority according to part 9530.6610, subpart 1, must complete the assessment and placement authorization. If the placing authority does not assess the client, the county where the client is held must assess the client and resolve disputes according to Minnesota Statutes, section 256G.09. The update in item D is not required if the client has been in jail or prison continuously from the time of the assessment interview until the initiation of service

D. If 45 calendar days have elapsed between the interview and initiation of services, the placing authority must update the assessment to determine whether the risk description has changed and whether the change in risk description results in a change in planned services. An update does not require a face-to-face contact and may be based on information from the client, collateral source, or treatment provider

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E The placing authority must provide a new assessment if six months have passed since the most recent assessment or assessment update

F A placing authority may accept an assessment completed according to parts 9530.6600 to 9530.6655 from any other placing authority or designee in order to meet the requirements of this part

Subp. 2 Staff performing assessment. Chemical use assessments must be conducted by qualified staff. An individual is qualified to perform chemical use assessments if the individual meets the criteria in item A, B, or C

A The individual meets the exception in Minnesota Statutes, section 148C.11, and has successfully completed 30 hours of classroom instruction on chemical use assessments and has 2,000 hours of work experience in chemical use assessments, either as an intern or as an employee

An individual qualified under this item must also annually complete a minimum of eight hours of in-service training or continuing education related to providing chemical use assessments

B. The individual is.

(1) licensed under Minnesota Statutes, chapter 148C, and not excluded under Minnesota Statutes, section 148C.11,

(2) certified by the Upper Midwest Indian Council on Addictive Disorders,
or

(3) designated by a federally recognized Indian tribe and provides assessments under the jurisdiction of that tribe

C The individual meets the exception in Minnesota Statutes, section 148C.11, has completed 30 hours of classroom instruction on chemical use assessment, and is receiving clinical supervision from an individual who meets the requirements in item A or B

Subp. 3 Method of assessment. The assessor must gather the information necessary to determine the application of the criteria in parts 9530.6600 to 9530.6655 and record the information in a format prescribed by the commissioner. The assessor must complete an assessment summary as prescribed by the commissioner for each client assessed for treatment services. The assessment summary and information gathered shall be maintained in the client's case record and submitted to the department using procedures specified by the commissioner. At a minimum, the assessment must include:

A a personal face-to-face interview with the client,

B a review of relevant records or reports regarding the client consistent with subpart 6, and

C contacts with two sources of collateral information that have relevant information and are reliable in the judgment of the assessor or documentation that the sources were not available. The following requirements apply to the gathering of collateral information.

(1) before the assessor determines that a collateral source is not available, the assessor must make at least two attempts to contact that source, one of which must be by mail,

(2) one source must be the individual or agency that referred the client,

(3) the assessor must get signed information releases from the client that allow the assessor to contact the collateral sources,

(4) if the client refuses to sign the information releases, and the refusal results in the assessor not having enough information to complete the determinations required by part 9530.6620, the assessor shall not authorize services for the client, and

(5) if the assessor has gathered sufficient information from the referral source and the client to apply the criteria in parts 9530.6620 and 9530.6622, it is not necessary to complete the second collateral contact.

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 the client's risk description in each dimension in part 9530.6622 and the reasons the specific risk description was assigned;

C information gathered about the client from collateral contacts, or documentation of why collateral contacts were not made,

D a copy of the forms completed by the assessor under subpart 3; and

E a record of referrals, if other than a placement under part 9530.6622.

Subp 5 **Information provided.** The information gathered and assessment summary must be provided to the authorized treatment program.

Subp. 6. **Confidentiality requirements.** Placing authorities must meet the following confidentiality requirements

A confidentiality of records as required under Minnesota Statutes, chapter 13, and section 254A.09,

B federal regulations for the privacy of substance abuse patient information, Code of Federal Regulations, title 42, parts 2 1 to 2 67, and

C federal privacy regulations under the Health Insurance Portability and Accountability Act, Code of Federal Regulations, title 45, parts 160 101 to 164.534

Statutory Authority: *MS s 241.021; 245A.03, 245A.09, 254A.03; 254B 03; 254B 04*

History: 32 SR 2268

9530.6620 PLACEMENT INFORMATION.

Subpart 1. **Placing authority determination of appropriate services.** Using the dimensions in part 9530 6622, the placing authority must determine appropriate services for clients. The placing authority must gather information about the client's age, sex, race, ethnicity, culture, religious preference, sexual orientation, disability, current pregnancy status, and home address. The placing authority must consider the risk descriptions in items A to F

A. Using the risk description in part 9530 6622, subpart 1, referred to as Dimension 1, the placing authority must determine the client's acute intoxication/withdrawal potential. The placing authority must consider information about the client's amount and frequency of use, duration of use, date and time of last use, ability to cope with withdrawal symptoms, previous experience with withdrawal, and current state of intoxication, and determine whether the client meets the DSM criteria for a person with substance use disorder

B. Using the risk description in part 9530 6622, subpart 2, referred to as Dimension 2, the placing authority must determine the client's biomedical conditions and complications. The placing authority must consider the presence of physical disorders, severity of the disorder and degree to which the disorder would interfere with treatment and whether physical disorders are addressed by a health care professional, and the client's ability to tolerate the related discomfort.

C Using the risk description in part 9530.6622, subpart 3, referred to as Dimension 3, the placing authority must determine the client's emotional, behavioral, or cognitive condition. The placing authority must consider the severity of client's problems and degree to which they are likely to interfere with treatment or with functioning in significant life areas and the likelihood of risk of harm to self or others

D Using the risk description in part 9530.6622, subpart 4, referred to as Dimension 4, the placing authority must determine the client's readiness for change. The placing authority must consider the degree to which the client is aware of the client's addictive or mental health issues or the need to make changes in substance use and the degree to which

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the client is cooperative and compliant with treatment recommendations. The placing authority must also consider the amount of support and encouragement necessary to keep the client involved in treatment.

E. Using the risk description in part 9530.6622, subpart 5, referred to as Dimension 5, the placing authority must determine the client's relapse, continued use, and continued problem potential. The placing authority must consider the degree to which the client recognizes relapse issues and has the skills to prevent relapse of either substance use or mental health problems.

F. Using the risk description in part 9530.6622, subpart 6, referred to as Dimension 6, the placing authority must determine the client's recovery environment. The placing authority must consider the degree to which key areas of the client's life are supportive of or antagonistic to treatment participation and recovery. Key areas include the client's work, school and home environment, significant others, friends, involvement in criminal activity, and whether there is a serious threat to the client's safety.

Subp. 2 **Immediate needs.** At the earliest opportunity during an assessment interview, the assessor shall determine if any of the conditions in items A to C exist. The client

A is in severe withdrawal and likely to be a danger to self or others,

B has severe medical problems that require immediate attention, or

C has severe emotional or behavioral symptoms that place the client or others at risk of harm.

If one of the conditions in item A, B, or C is present, the assessor will end the assessment interview and help the client obtain appropriate services. The assessment interview may resume when the conditions in item A, B, or C are resolved.

Subp. 3 **DSM criteria.** The placing authority must determine whether the client meets the criteria for substance use disorder in the current DSM publication during the most recent 12-month period, exclusive of periods of involuntary abstinence.

Subp. 4 **Risk description and treatment planning decision.** The placing authority must determine appropriate services for clients according to the dimensions in part 9530.6622, subparts 1 to 6. In each dimension the risk description corresponds to a similarly numbered treatment planning decision. The placing authority must arrange services according to the treatment planning decision which corresponds to the client's risk description.

Subp. 5 **Treatment service authorization.** The placing authority must authorize treatment services for clients who meet the criteria for substance use disorder according to the current DSM publication, and have a risk description of 2, 3, or 4 under part 9530.6622, subpart 4, 5, or 6.

Subp. 6 **Other services.** The placing authority must authorize appropriate services in part 9530.6622, subpart 1, 2, or 3, only in conjunction with treatment services in part 9530.6622, subpart 4, 5, or 6.

Subp. 7 **Highest risk.** The placing authority must coordinate, provide, or ensure services that first address the client's highest risk and then must authorize additional treatment services to the degree that other dimensions can be addressed simultaneously with services that address the client's highest risk.

Subp. 8 **Service coordination.** The placing authority must either provide or authorize coordination services for clients who have a risk description of 3 or 4 under part 9530.6622, subpart 4, 5, or 6, or a risk description of 3 in part 9530.6622, subpart 3. The coordination must be sufficient to help the client access each needed service. The placing authority must not duplicate service coordination activity that is already in place for the client.

Subp. 9 **Client choice.** The placing authority must authorize chemical dependency treatment services that are appropriate to the client's age, gender, culture, religious preference, race, ethnicity, sexual orientation, or disability according to the client's preference.

The placing authority maintains the responsibility and right to choose the specific provider. The provider must meet the criteria in Minnesota Statutes, section 254B.05, and apply under part 9505 0195 to participate in the medical assistance program. The placing authority may deviate from the treatment planning decisions in part 9530.6622 if necessary to authorize appropriate services according to this subpart.

Subp. 10 Distance exceptions. The placing authority may authorize residential service although residential service is not indicated according to part 9530.6622, if the placing authority determines that a nonresidential service is not available within 30 miles of the client's home and the client accepts residential service.

Subp. 11 Faith-based provider referral. When the placing authority recommends services from a faith-based provider, the client must be allowed to object to the placement on the basis of the client's religious choice. If the client objects, the client must be given an alternate referral.

Subp. 12. Adolescent exceptions. An adolescent client assessed as having a substance use disorder may be placed in a program offering room and board when one of the criteria in item A or B can be documented:

A The adolescent client has participated in a nonresidential treatment program within the past year, and nonresidential treatment proved to be insufficient to meet the client's needs.

B The adolescent client has a mental disorder documented by a mental health professional as defined in Minnesota Statutes, sections 245.462, subdivision 18, and 245.4871, subdivision 27, that in combination with a substance use disorder present a serious health risk to the client.

Subp. 13. Additional information. If a treatment provider identifies additional information about a client that indicates that the placing authority has not authorized the most appropriate array of services, the provider must provide the placing authority the additional information to consider in determining whether a different authorization must be made. The treatment provider must comply with confidentiality and data privacy provisions in part 9530.6615, subpart 6.

Subp. 14. Client request for a provider. The placing authority must consider a client's request for a specific provider. If the placing authority does not place the client according to the client's request, the placing authority must provide written documentation that explains the reason for the deviation from the client's request, including but not limited to treatment cost, provider location, or the absence of client services that are identified as needed by the client according to part 9530.6622.

Statutory Authority: *MS s 241.021, 245A.03; 245A.09, 254A.03, 254B.03, 254B.04*

History: 32 SR 2268

9530.6622 PLACEMENT CRITERIA.

Subpart 1 **Dimension 1: acute intoxication/withdrawal potential.** The placing authority must use the criteria in Dimension 1 to determine a client's acute intoxication and withdrawal potential.

RISK DESCRIPTION	TREATMENT PLANNING DECISION
0 The client displays full functioning with good ability to tolerate and cope with withdrawal discomfort. No signs or symptoms of intoxication or withdrawal or diminishing signs or symptoms.	0 The client's condition described in the risk description does not impact treatment planning decision.

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1 The client can tolerate and cope with withdrawal discomfort. The client displays mild to moderate intoxication or signs and symptoms interfering with daily functioning but does not immediately endanger self or others. The client poses minimal risk of severe withdrawal.

1 The placing authority should arrange for or provide needed withdrawal monitoring that includes at least scheduled check-ins as determined by a health care professional.

2 The client has some difficulty tolerating and coping with withdrawal discomfort. The client's intoxication may be severe, but responds to support and treatment such that the client does not immediately endanger self or others. The client displays moderate signs and symptoms with moderate risk of severe withdrawal.

2 The placing authority must arrange for withdrawal monitoring services or pharmacological interventions for the client with on-site monitoring by specially trained staff for less than 24 hours. The placing authority may authorize withdrawal monitoring as a part of or preceding treatment.

3 The client tolerates and copes with withdrawal discomfort poorly. The client has severe intoxication, such that the client endangers self or others, or intoxication has not abated with less intensive services. The client displays severe signs and symptoms, or risk of severe, but manageable withdrawal, or withdrawal worsening despite detoxification at less intensive level.

3 The placing authority must arrange for detoxification services with 24-hour structure for the client. Unless a monitored pharmacological intervention is authorized, the detoxification must be provided in a facility that meets the requirements of parts 9530.6510 to 9530.6590 or in a hospital as a part of or preceding chemical dependency treatment.

4 The client is incapacitated with severe signs and symptoms. The client displays severe withdrawal and is a danger to self or others.

4 The placing authority must arrange detoxification services for the client with 24-hour medical care and nursing supervision preceding substance abuse treatment.

Subp. 2 **Dimension 2: biomedical conditions and complications.** The placing authority must use the criteria in Dimension 2 to determine a client's biomedical conditions and complications.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

0 The client displays full functioning with good ability to cope with physical discomfort.

0 The client's risk does not impact treatment planning decisions.

1 The client tolerates and copes with physical discomfort and is able to get the services that the client needs.

1 The placing authority may refer the client for medical services.

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2 The client has difficulty tolerating and coping with physical problems or has other biomedical problems that interfere with recovery and treatment. The client neglects or does not seek care for serious biomedical problems

2 Services must include arrangements for appropriate health care services, and monitoring of the client's progress and treatment compliance as part of other chemical dependency services for the client

3 The client tolerates and copes poorly with physical problems or has poor general health. The client neglects the client's medical problems without active assistance.

3 The placing authority must refer the client for immediate medical assessment services for the client as part of other treatment services for the client. The placing authority must authorize treatment services in a medical setting if indicated by the client's history and presenting problems

4 The client is unable to participate in chemical dependency treatment and has severe medical problems, a condition that requires immediate intervention, or is incapacitated

4 The placing authority must refer the client for immediate medical intervention to secure the client's safety and must delay treatment services until the client is able to participate in most treatment activities

Subp 3 Dimension 3: emotional, behavioral, and cognitive conditions and complications. The placing authority must use the criteria in Dimension 3 to determine a client's emotional, behavioral, and cognitive conditions and complications

RISK DESCRIPTION

TREATMENT PLANNING DECISION

0 The client has good impulse control and coping skills and presents no risk of harm to self or others. The client functions in all life areas and displays no emotional, behavioral, or cognitive problems or the problems are stable.

0 The placing authority may use the attributes in the risk description to support efforts in other dimensions

1 The client has impulse control and coping skills. The client presents a mild to moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or cognitive problems. The client has a mental health diagnosis and is stable. The client functions adequately in significant life areas.

1 The placing authority may authorize monitoring and observation of the client's behavior to determine whether the client's stability has improved or declined along with other substance abuse treatment for the client

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2 The client has difficulty with impulse control and lacks coping skills. The client has thoughts of suicide or harm to others without means, however, the thoughts may interfere with participation in some activities. The client has difficulty functioning in significant life areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems. The client is able to participate in most treatment activities.

3 The client has a severe lack of impulse control and coping skills. The client also has frequent thoughts of suicide or harm to others including a plan and the means to carry out the plan. In addition, the client is severely impaired in significant life areas and has severe symptoms of emotional, behavioral, or cognitive problems that interfere with the client's participation in treatment activities.

4 The client has severe emotional or behavioral symptoms that place the client or others at acute risk of harm. The client also has intrusive thoughts of harming self or others. The client is unable to participate in treatment activities.

2 The placing authority must authorize treatment services for clients that include consultation with and referral to mental health professionals as indicated, monitoring mental health problems and treatment compliance as part of other chemical dependency treatment for the client; and adjustment of the client's services as appropriate.

3 The placing authority must authorize integrated chemical and mental health treatment services provided by a provider licensed under part 9530.6495 and 24-hour supervision.

4 The placing authority must refer the client for acute psychiatric care with 24-hour supervision and must delay chemical dependency treatment services until the client's risk description has been reduced to number 3 in this dimension or refer the client to a mental health crisis response system.

Subp. 4. Dimension 4: readiness for change. The placing authority must use the criteria in Dimension 4 to determine a client's readiness for change.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

0 The client is cooperative, motivated, ready to change, admits problems, committed to change, and engaged in treatment as a responsible participant.

0 The placing authority may use the attributes in the risk description to support efforts in other dimensions.

1 The client is motivated with active reinforcement, to explore treatment and strategies for change, but ambivalent about illness or need for change.

1 If services are authorized, they must include active support, encouragement, and awareness-raising strategies along with chemical dependency treatment services for the client.

2 The client displays verbal compliance, but lacks consistent behaviors, has low motivation for change, and is passively involved in treatment.

2 The placing authority must authorize treatment services for the client that include client engagement strategies.

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3 The client displays inconsistent compliance, minimal awareness of either the client's addiction or mental disorder, and is minimally cooperative

3 The placing authority must authorize treatment services that have specific client engagement and motivational capabilities

4 The client is:

4 The placing authority must authorize treatment services that include

(A) noncompliant with treatment and has no awareness of addiction or mental disorder and does not want or is unwilling to explore change or is in total denial of the client's illness and its implications, or

(A) service coordination and specific engagement or motivational capability, or

(B) the client is dangerously oppositional to the extent that the client is a threat of imminent harm to self and others

(B) 24-hour supervision and care that meets the requirements of part 9530 6505

Subp 5 **Dimension 5: relapse, continued use, and continued problem potential.**
The placing authority must use the criteria in Dimension 5 to determine a client's relapse, continued use, and continued problem potential

RISK DESCRIPTION

TREATMENT PLANNING DECISION

0 The client recognizes risk well and is able to manage potential problems.

0 The placing authority may facilitate peer support for the client

1 The client recognizes relapse issues and prevention strategies, but displays some vulnerability for further substance use or mental health problems.

1 The placing authority may promote peer support and authorize counseling services to reduce risk

2 (A) The client has minimal recognition and understanding of relapse and recidivism issues and displays moderate vulnerability for further substance use or mental health problems

2 (A) The placing authority must authorize treatment services for clients that include counseling services to reduce client relapse risk and facilitate client participation in peer support groups.

(B) The client has some coping skills inconsistently applied.

(B) The placing authority must promote peer support and authorize counseling services or service coordination programs that comply with part 9530 6500 or Code of Federal Regulations, title 42, part 8

3 The client has poor recognition and understanding of relapse and recidivism issues and displays moderately high vulnerability for further substance use or mental health problems. The client has few coping skills and rarely applies coping skills

3 The placing authority must authorize treatment services for the client that include counseling services to help the client develop insight and build recovery skills and may include room and board

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4 The client has no coping skills to arrest mental health or addiction illnesses, or prevent relapse. The client has no recognition or understanding of relapse and recidivism issues and displays high vulnerability for further substance use disorder or mental health problems.

4 The placing authority must authorize treatment services that include service coordination and counseling services to help the client develop insight and may include room and board with 24-hour-a-day structure.

Subp. 6 Dimension 6: recovery environment. The placing authority must use the criteria in Dimension 6 to determine a client's recovery environment.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

0 The client is engaged in structured, meaningful activity and has a supportive significant other, family, and living environment.

0 The placing authority may use the client's strengths to address issues in other dimensions.

1 The client has passive social network support or family and significant other are not interested in the client's recovery. The client is engaged in structured meaningful activity.

1 The placing authority may promote peer support and awareness raising for the client's significant other and family.

2 The client is engaged in structured, meaningful activity, but peers, family, significant other, and living environment are unsupportive, or there is criminal justice involvement by the client or among the client's peers, significant other, or in the client's living environment.

2 The placing authority must authorize treatment services for the client that help the client participate in a peer support group, engage the client's significant other or family to support the client's treatment, and help the client develop coping skills or change the client's recovery environment.

3 The client is not engaged in structured, meaningful activity and the client's peers, family, significant other, and living environment are unsupportive, or there is significant criminal justice system involvement.

3 The placing authority must authorize the treatment planning decision described in 2 and service coordination, and help find an appropriate living arrangement and may include room and board.

4 The client has

4 The placing authority must authorize for the client

(A) a chronically antagonistic significant other, living environment, family, peer group, or long-term criminal justice involvement that is harmful to recovery or treatment progress, or

(A) the treatment planning decision in 3 and appropriate ancillary services, and room and board within 24-hour structure authorized for the client if an appropriate living arrangement is not readily available; or

(B) the client has an actively antagonistic significant other, family, work, or living environment, with immediate threat to the client's safety and well-being

(B) treatment services that include service coordination and immediate intervention to secure the client's safety Room and board with 24-hour structure must be authorized for the client if an appropriate living arrangement is not readily available

Statutory Authority: *MS s 241 021, 245A 03, 245A 09, 254A.03, 254B 03, 254B 04*

History: 32 SR 2268

9530.6625 [Repealed, 32 SR 2268]

9530.6630 [Repealed, 32 SR 2268]

9530.6631 [Repealed, 32 SR 2268]

9530.6635 [Repealed, 32 SR 2268]

9530.6640 [Repealed, 32 SR 2268]

9530.6641 [Repealed, 32 SR 2268]

9530.6645 [Repealed, 32 SR 2268]

9530.6650 Subpart 1 [Repealed, 32 SR 2268]

Subp 2 [Repealed, 32 SR 2268]

Subp 3. [Repealed, 16 SR 391]

Subp 3a [Repealed, 32 SR 2268]

Subp 4 [Repealed, 32 SR 2268]

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 treatment planning decision proposed by the assessor, shall have the right to request a second chemical use assessment. The placing authority shall inform the client in writing of the right to request a second assessment at the time the client is assessed. The placing authority 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 placing authority within five working days of completion of the original assessment or before the client enters treatment, whichever occurs first.

The placing authority must authorize 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 outcome of the second assessment, the placing authority shall place the client in accordance with part 9530 6622 and the second assessment. If the client disagrees with the outcome of the second assessment, the placing authority must place the client according to the assessment that is most consistent with the client's collateral information.

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 initial assessment or denied an initial assessment within the timelines in part 9530.6615, subpart 1,

B. is denied a second assessment under subpart 1 or denied a second assessment within the timelines in part 9530 6655, subpart 1,

C. is denied placement or a placement within timelines in part 9530 6615, subpart 1,

D. disagrees before services begin with the services or the length of services that the placing authority proposes to authorize,

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

F is denied a placement that is appropriate to the client's race, color, creed, disability, national origin, religious preference, marital status, sexual orientation, or sex; or

G objects under part 9530 6622, subpart 11, and is not given an alternate referral

The placing authority must inform the client of the right to appeal under Minnesota Statutes, section 256 045 The placing authority must notify the client of these rights at the first in-person contact with the client. The notice must include a list of the issues in this part that entitle the client to a fair hearing 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. Exercising the right to appeal under subpart 2, item E, does not entitle a client to continue receiving services beyond the end date specified in the service authorization while the appeal is being decided A provider may continue services to the client beyond the end date specified in the service authorization pending a final commissioner's decision, 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 the final commissioner's decision finds 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 placing authority shall take into consideration the following factors in determining whether to grant or deny additional services

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

B whether the client is making satisfactory progress toward achieving the objectives stated in the client's individual treatment plan,

C whether there is a plan that reasonably addresses the client's needs for continued service, and

D whether the client's risk description in the dimensions being addressed by the service provider is 2 or greater according to part 9530 6622, subpart 4, 5, or 6

Statutory Authority: *MS s 241 021; 245A.03, 245A 09; 254A.03, 254B 03; 254B 04*

History: *32 SR 2268*

9530.6660 [Repealed, 32 SR 2268]

9530.7000 DEFINITIONS.

[For text of subps 1 and 2, see M.R.]

Subp 3. [Repealed, 32 SR 2268]

Subp 4 [Repealed, 32 SR 2268]

Subp 5 Chemical dependency treatment services. "Chemical dependency treatment services" means services provided by chemical dependency treatment programs licensed according to parts 9530.6405 to 9530 6505 or certified according to parts 2960 0450 to 2960 0490

[For text of subps 6 to 9, see M.R.]

Subp 9a [Repealed, 32 SR 2268]

[For text of subps 10 and 11, see M.R.]

Subp 12. [Repealed, 32 SR 2268]

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[For text of subp 13, see M R]

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 under the Consolidated Chemical Dependency Treatment Fund.

[For text of subp 15, see M R]

Subp 16. [Repealed, 32 SR 2268]

Subp 17 [Repealed, 32 SR 2268]

[For text of subp 17a, see M R]

Subp 18 [Repealed, 32 SR 2268]

[For text of subps 19 to 21, see M.R]

Statutory Authority: *MS s 241 021; 245A 03; 245A 09, 254A 03; 254B.03, 254B 04*

History: *32 SR 2268*

9530.7010 COUNTY RESPONSIBILITY TO PROVIDE SERVICES.

The local agency shall provide chemical dependency treatment services to eligible clients who have been assessed and placed by the county according to parts 9530 6600 to 9530.6655 and Minnesota Statutes, chapter 256G

Statutory Authority: *MS s 241 021, 245A.03, 245A 09, 254A.03, 254B.03, 254B 04*

History: *32 SR 2268*

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 chemical dependency treatment services costs

For purposes of this part, "chemical dependency treatment 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 program licensed according to parts 9530 6405 to 9530 6505 or certified according to parts 2960.0430 to 2960 0490.

B The services meet the definition of chemical dependency services in Minnesota Statutes, section 254B 01, subdivision 3

C. The services meet the applicable service standards for licensed chemical dependency treatment programs in item A, but are not under the jurisdiction of the commissioner

This part also applies to vendors of room and board services that are provided concurrently with chemical dependency treatment services according to Minnesota Statutes, sections 254B.03, subdivision 2, and 254B.05, subdivision 1

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 241 021; 245A 03, 245A.09, 254A.03, 254B.03, 254B.04*

History: *32 SR 2268*

9530.7015 CLIENT ELIGIBILITY; 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

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item A, B, C, or D shall be eligible to have chemical dependency treatment paid for totally with funds from the Consolidated Chemical Dependency Treatment Fund.

A. The client is eligible for MFIP as determined under Minnesota Statutes, chapter 256J

[For text of items B and C, see MR]

D. The client's income is within current household size and income guidelines for entitled persons, as defined in Minnesota Statutes, section 254B 04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

Subp. 2. [Repealed, 32 SR 2268]

Subp 2a **Third party payment source and client eligibility for the CCDTF.** Clients who meet the financial eligibility requirement in subpart 1 and who have a third party payment source are eligible for the Consolidated Chemical Dependency Treatment Fund if the third party payment source pays less than 100 percent of the treatment services determined according to parts 9530 6600 to 9530 6655

Subp. 3. [Repealed, 32 SR 2268]

Subp 4 **Client ineligible to have treatment paid for from the CCDTF.** A client who meets the criteria in item A or B 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 current household size and income guidelines for entitled persons as defined in Minnesota Statutes, section 254B 04, subdivision 1, and as determined by the local agency under part 9530 7020, subpart 1.

B The client has an available third-party payment source that will pay the total cost of the client's treatment.

Subp. 5 **Eligibility of clients disenrolled from prepaid health plans.** A client who is disenrolled from a state prepaid health plan during a treatment episode is eligible for continued treatment service that is paid for by the Consolidated Chemical Dependency Treatment Funds (CCDTF), until the treatment episode is completed or the client is re-enrolled in a state prepaid health plan if the client meets the criteria in item A or B The client must

A continue to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care, or

B be eligible according to subparts 1 and 2a and be determined eligible by a local agency under part 9530 7020

Subp 6. **County responsibility.** When a county commits a client under Minnesota Statutes, chapter 253B, to a regional treatment center for chemical dependency treatment services and the client is ineligible for the consolidated chemical dependency treatment fund, the county is responsible for the payment to the regional treatment center according to Minnesota Statutes, section 254B 05, subdivision 4

Statutory Authority: *MS s 241 021; 245A 03, 245A 09, 254A 03, 254B 03, 254B 04*

History: *32 SR 2268*

9530.7020 LOCAL AGENCY TO DETERMINE CLIENT ELIGIBILITY.

Subpart 1. **Local agency duty to determine client eligibility.** The local agency shall determine a client's eligibility for consolidated chemical dependency treatment funds (CCDTF) at the time the client is assessed under parts 9530.6600 to 9530 6655. Client eligibility 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 C.

[For text of items A and B, see MR]

C. The local agency must determine the client's current prepaid health plan enrollment, the availability of a third-party payment source, including the availability of total payment, partial payment, and amount of copayment

D. The local agency must provide the required eligibility information to the department in the manner specified by the department

E. The local agency shall require the client and policyholder to conditionally assign to the department the client and policyholder's rights and the rights of minor children to benefits or services provided to the client if the department is required to collect from a third-party pay source

Subp 1a. **Redetermination of client eligibility.** The local agency shall redetermine a client's eligibility for CCDTF every six months after the initial eligibility determination, if the client has continued to receive uninterrupted chemical dependency treatment services for that six months. 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 residential chemical dependency treatment program followed by nonresidential chemical dependency treatment services shall be treated as a single placement

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, 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

Statutory Authority: *MS.s 241 021; 245A 03, 245A 09, 254A 03, 254B 03, 254B.04*

History: *32 SR 2268*

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 to the client, the amount the third-party payor is obligated to pay for services provided to the client. 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 241.021, 245A 03, 245A 09, 254A 03; 254B 03, 254B.04*

History: *32 SR 2268*

9530.7022 CLIENT FEES.

Subpart 1 **Income and household size criteria.** A client whose household income is within current household size and income guidelines for entitled persons as defined in Minnesota Statutes, section 254B.04, subdivision 1, shall pay no fee

Subp. 2 [Repealed, 32 SR 2268]

Statutory Authority: *MS s 241 021; 245A.03, 245A 09, 254A.03, 254B 03, 254B.04*

History: *32 SR 2268*

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9530.7024 [Repealed, 32 SR 2268]

9530.7030 VENDOR MUST PARTICIPATE IN DAANES 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 the Drug and Alcohol Normative Evaluation System (DAANES) or submit to the commissioner the information required in DAANES in the format specified by the commissioner.

Subp 2 [Repealed, 32 SR 2268]

Subp 3 [Repealed, 32 SR 2268]

Subp 4 [Repealed, 32 SR 2268]

Statutory Authority: *MS s 241.021; 245A 03, 245A 09; 254A 03; 254B 03; 254B 04*

History: *32 SR 2268*

9530.7031 [Repealed, 32 SR 2268]