

CHAPTER 9530
DEPARTMENT OF HUMAN SERVICES
CHEMICAL DEPENDENCY PROGRAMS

DETOXIFICATION PROGRAMS

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**CHEMICAL DEPENDENCY CARE FOR
PUBLIC ASSISTANCE RECIPIENTS**

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DETOXIFICATION PROGRAMS

9530.6510 DEFINITIONS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 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 Minitex interlibrary loan system.

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

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

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9530.6515 APPLICABILITY.

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

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

Statutory Authority: *MS s 245A.09*

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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, 245C, and 260E and section 626.557. Detoxification programs must be located in a hospital licensed according to Minnesota Statutes, sections 144.50 to 144.581, or must be a supervised living facility with a class B license from the Minnesota Department of Health under parts 4665.0100 to 4665.9900.

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

- A. compliance with the provisions of parts 9530.6510 to 9530.6590;
- B. compliance with applicable building, fire and safety codes, health rules, zoning ordinances, and other applicable rules and regulations or documentation that a waiver has been granted. The granting of a waiver does not constitute modification of any requirement of parts 9530.6510 to 9530.6590;
- C. completion of an assessment of need for a new or expanded program; and
- D. insurance coverage, including bonding, sufficient to cover all client funds, property, and interests.

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

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

- (1) a change in the Department of Health's licensure of the program;
- (2) a change in the types of treatment services provided by the program; or
- (3) a change in program capacity.

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

- (1) a change in location; or
- (2) a change in program ownership.

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

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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:

- A. appear intoxicated;
- B. experience physical, mental, or emotional problems due to withdrawal from alcohol or other drugs;
- C. are being held under apprehend and hold orders under Minnesota Statutes, section 253B.07, subdivision 2b;
- D. have been committed under Minnesota Statutes, chapter 253B, and need temporary placement;
- E. are held under emergency holds or peace and health officer holds under Minnesota Statutes, section 253B.051, subdivisions 1 and 2; or
- 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 of the county of fiscal responsibility, as determined according to Minnesota Statutes, section 256G.02, subdivision 4. Persons admitted according to this provision must not be restricted to the facility.

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

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

- A. guidelines for determining when a client is detoxified and whether a client is ready for discharge or transfer; and
- B. procedures staff must follow, including the procedures for making reports to law enforcement agencies when appropriate, when discharging a client under each of the following circumstances:
 - (1) the client is involved in the commission of a crime against program staff or against a license holder's property;

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

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

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

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*

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9530.6530 CLIENT SERVICES.

Subpart 1. **Screening for substance use disorder.** 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 9530.6655, 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.

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

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

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

C. be documented in the client's file.

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

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

B. tuberculosis and reporting known cases of tuberculosis disease to health care authorities according to Minnesota Statutes, section 144.4804; and

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

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

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9530.6535 PROTECTIVE PROCEDURES.

Subpart 1. Use of protective procedures.

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

B. Protective procedures may not be used:

(1) for disciplinary purposes;

(2) to enforce program rules;

(3) for the convenience of staff;

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

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

Subp. 2. Protective procedures plan. A license holder and applicant must have a written plan that establishes the protective procedures that program staff must follow when a client's behavior threatens the safety of the client or others. The 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:

- A. a description of specific client behavior precipitating a decision to use a protective procedure, including date, time, and program staff present;
- B. the specific means used to limit the client's behavior;
- C. the time the protective procedure began, the time the protective measure ended, and the time of each staff observation of the client during the procedure;
- D. the names of the program staff authorizing the use of the protective procedure and the program staff directly involved in the protective procedure and the observation process;
- E. the physician's order authorizing the use of restraints as required by subpart 6;
- 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.

- A. Seclusion must be employed solely for the purpose of preventing a client from harming self or others.
- B. Seclusion facilities must be equipped in a manner that prevents clients from self-harm using projections, windows, electrical fixtures, or hard objects, and must allow the client to be readily observed without being interrupted.
- C. Seclusion must be authorized by the program director, 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.
- D. Clients must not be placed in seclusion for more than 12 hours at any one time.
- E. Clients in seclusion must be observed every quarter hour for the duration of seclusion and must always be within hearing range of program staff.

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

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

Subp. 5. **Physical 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.

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

C. A client in restraint equipment must be checked for circulatory difficulties every 15 minutes. Restraint equipment must be loosened at least once every 60 minutes to allow change of position unless loosening the restraints would be dangerous to the client or others. If the 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.

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: *29 SR 129; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.6540 GRIEVANCE PROCEDURES.

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

- A. staff assistance in developing and processing the grievance;
- B. an initial response to the client within 24 hours of the program's receipt of the grievance, and timelines for additional steps to be taken for resolving the grievance, including access to the person with the highest level of authority in the program if the grievance cannot be resolved by other staff members;
- C. posting of the grievance policy in a place accessible to all clients; and
- D. the addresses and telephone numbers of the Department of Human Services Licensing Division, the Minnesota Department of Health, Office of Health Facilities Complaints, the Minnesota Department of Health Alcohol and Drug Counselor Licensing Program, and the Office of the Ombudsman for Mental Health and Developmental Disabilities.

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

Statutory Authority: *MS s 245A.09*

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

Published Electronically: *October 15, 2013*

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 13, except:

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

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

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

(1) 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: *29 SR 129; 32 SR 2268*

Published Electronically: *December 3, 2018*

9530.6550 HEALTH SERVICES.

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

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

(1) The procedures must be approved by the medical director.

(2) If the client was intoxicated at the time services were initiated, the procedure must include a follow-up screening conducted between four and 12 hours after service initiation that collects information relating to health complaints and behavioral risk factors that the client may not have been able to communicate clearly at service initiation.

(3) The procedures must specify the physical signs and symptoms that, when present, require consultation with a registered nurse or a physician and that require transfer to an acute care medical facility.

(4) The procedures must specify those staff members responsible for monitoring client health and provide for hourly observation, and for more frequent observation if the service initiation

assessment or follow-up screening indicates a need for intensive physical or behavioral health monitoring.

(5) The procedures must specify the actions to be taken to address specific complicating conditions including pregnancy or the presence of physical signs or symptoms of any other medical condition.

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

Published Electronically: *October 15, 2013*

9530.6555 MEDICATIONS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

Published Electronically: *October 15, 2013*

9530.6560 STAFFING REQUIREMENTS.

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

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

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

of a technician may be counted as technicians. The same individual may not be counted as both a technician and a chemical dependency assessor.

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

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

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

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

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

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

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

- A. admission, discharge, and transfer criteria and procedures;
- B. health services plan;
- C. physical indicators for physician or hospital referral and procedures for referral;
- D. procedures to follow in case of accident, injury, or death of a client;
- E. formulation of condition-specific protocols regarding the medications that require a withdrawal regimen that will be administered to clients;
- F. infection control program;
- G. protective procedures; and
- H. medication control plan.

Subp. 6. **Assessor required.** A detoxification program must provide the equivalent of one full-time assessor for every 15 clients served by the program and require a chemical use assessment according to part 9530.6530, subpart 2. The requirement may be met by part-time, full-time, or contracted staff or staff from another agency guaranteed by interagency contract, who meets the requirements of part 9530.6615, subpart 2.

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

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

History: *29 SR 129; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.6565 STAFF QUALIFICATIONS.

Subpart 1. **Qualifications for all staff who have direct client contact.** All staff who have direct client contact must be at least 18 years of age.

Subp. 2. [Repealed, L 2022 c 98 art 12 s 21]

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, chapters 245A and 260E and sections 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, chapter 260E and sections 245A.65, 253B.04, 253B.051, 626.557, and 626.5572.

Subp. 5. **Technician qualifications.**

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

(1) knowledge of the client bill of rights found in Minnesota Statutes, section 148F.165, and staff responsibilities outlined in Minnesota Statutes, sections 144.651 and 253B.03;

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

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

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

and

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

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

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

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

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

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

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

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

Statutory Authority: *MS s 241.021; 245A.03; 245A.09; 254A.03; 254B.03; 254B.04; L 2022 c 98 art 12 s 20*

History: *29 SR 129; 32 SR 2268; L 2013 c 125 art 1 s 107; 47 SR 741*

Published Electronically: *May 16, 2023*

9530.6570 PERSONNEL POLICIES AND PROCEDURES.

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

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

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

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

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

D. describe the process for disciplinary action, suspension, or dismissal of a staff person for violating the drug and alcohol policy described in Minnesota Statutes, section 245A.04, subdivision 1, paragraph (c);

E. include policies prohibiting personal involvement with clients and policies prohibiting client maltreatment as specified under Minnesota Statutes, chapter 260E and sections 245A.65, 626.557, and 626.5572;

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

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

H. include a policy on the confidentiality of client information.

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

A. specific license holder and staff responsibilities for client confidentiality;

B. standards governing use of protective procedures;

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

D. infection control procedures;

E. orientation and annual training for all staff with direct client contact on mandatory reporting under Minnesota Statutes, chapter 260E and sections 245A.65 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

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; L 2022 c 98 art 12 s 20*

History: *29 SR 129; L 2005 c 56 s 2; 32 SR 2268; 47 SR 741*

Published Electronically: *May 16, 2023*

9530.6575 PERSONNEL FILES.

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

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

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

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

D. documentation of orientation; and

E. an annual job performance evaluation.

Statutory Authority: *MS s 245A.09*

History: 29 SR 129

Published Electronically: October 15, 2013

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:

- A. a description of client education services as required in part 9530.6530;
- B. personnel policies that comply with part 9530.6570;
- C. admission information and referral and discharge policies that comply with part 9530.6525;
- D. a health monitoring plan that complies with part 9530.6550;
- E. a protective procedures policy that complies with part 9530.6535, if the program elects to use protective procedures;
- F. policies and procedures for assuring appropriate client to staff ratios that comply with part 9530.6560;
- G. policies and procedures for assessing and documenting the susceptibility for risk of abuse to the client and using the client assessment as the basis for the abuse prevention plan required by Minnesota Statutes, section 245A.65;
- H. procedures for mandatory reporting as required by Minnesota Statutes, chapter 260E and sections 245A.65 and 626.557;
- I. a medication control plan that complies with part 9530.6555; and
- J. policies and procedures regarding HIV that meet the minimum standards under Minnesota Statutes, section 245A.19.

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

History: 29 SR 129; 32 SR 2268

Published Electronically: October 13, 2021

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.

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

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

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

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

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

D. documentation of observations as required by part 9530.6550.

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

History: *29 SR 129; 32 SR 2268*

Published Electronically: *October 15, 2013*

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: *29 SR 129; 32 SR 2268*

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CHEMICAL DEPENDENCY CARE FOR PUBLIC ASSISTANCE RECIPIENTS

9530.6600 Subpart 1. [Repealed, L 2020 c 74 art 3 s 13]

Subp. 2. [Repealed, 32 SR 2268]

Subp. 3. [Repealed, L 2020 c 74 art 3 s 13]

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9530.6605 Subpart 1. [Repealed, L 2020 c 74 art 3 s 13]

Subp. 2. [Repealed, L 2020 c 74 art 3 s 13]

Subp. 3. [Repealed, L 2020 c 74 art 3 s 13]

- Subp. 4. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 5. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 6. [Repealed, 32 SR 2268]
- Subp. 7. [Repealed, 32 SR 2268]
- Subp. 8. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 9. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 10. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 10a. [Repealed, 32 SR 2268]
- Subp. 11. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 12. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 13. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 14. [Repealed, L 2020 c 74 art 3 s 13]
- 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. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 21b. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 22. [Repealed, 32 SR 2268]
- Subp. 23. [Repealed, 32 SR 2268]
- Subp. 24. [Repealed, 32 SR 2268]
- Subp. 24a. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 25. [Repealed, L 2020 c 74 art 3 s 13]
- Subp. 25a. [Repealed, L 2020 c 74 art 3 s 13]

Subp. 26. [Repealed, L 2020 c 74 art 3 s 13]

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9530.6610 Subpart 1. [Repealed, L 2020 c 74 art 3 s 13]

Subp. 2. [Repealed, L 2020 c 74 art 3 s 13]

Subp. 3. [Repealed, L 2020 c 74 art 3 s 13]

Subp. 4. [Repealed, 32 SR 2268]

Subp. 5. [Repealed, 20 SR 2474]

Subp. 5. [Repealed, L 2020 c 74 art 3 s 13]

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9530.6620 [Repealed, L 2020 c 74 art 3 s 13]

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9530.6622 [Repealed, L 2020 c 74 art 3 s 13]

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9530.6625 [Repealed, 32 SR 2268]

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9530.6630 [Repealed, 32 SR 2268]

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9530.6631 [Repealed, 32 SR 2268]

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9530.6645 [Repealed, 32 SR 2268]

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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]

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9530.6810 [Repealed, L 2021 c 30 art 2 s 5]

Published Electronically: *October 6, 2021*

BEHAVIORAL HEALTH FUND

9530.7000 Subpart 1. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 2. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 3. [Repealed, 32 SR 2268]

Subp. 4. [Repealed, 32 SR 2268]

Subp. 5. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 6. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 7. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 8. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 9. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 9a. [Repealed, 32 SR 2268]

Subp. 10. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 11. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 12. [Repealed, 32 SR 2268]

Subp. 13. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 14. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 15. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 16. [Repealed, 32 SR 2268]

Subp. 17. [Repealed, 32 SR 2268]

Subp. 17a. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 18. [Repealed, 32 SR 2268]

Subp. 19. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 20. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 21. [Repealed, L 2023 c 50 art 2 s 63]

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Subp. 3. [Repealed, 32 SR 2268]

Subp. 4. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 5. [Repealed, L 2023 c 50 art 2 s 63]

Subp. 6. [Repealed, L 2023 c 50 art 2 s 63]

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9530.7020 Subpart 1. [Repealed, L 2023 c 50 art 2 s 63]

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9530.7021 [Repealed, L 2023 c 50 art 2 s 63]

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9530.7022 Subpart 1. [Repealed, L 2023 c 50 art 2 s 63]

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9530.7030 Subpart 1. [Repealed, L 2023 c 50 art 2 s 63]

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