

MINNESOTA RULES 1983

7333 PROGRAM STANDARDS FOR CHEMICALLY DEPENDENT 9530.0100

CHAPTER 9530 DEPARTMENT OF PUBLIC WELFARE PROGRAM STANDARDS FOR CHEMICALLY DEPENDENT PERSONS

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RECEIVING CENTERS FOR INTOXICATED PERSONS

9530.0100 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 9530.0200 to 9530.1700 shall have the following meanings.

Subp. 2. **Commissioner.** "Commissioner" means the commissioner of public welfare.

Subp. 3. **Continuum of care for inebriates.** "Continuum of care for inebriates" means:

A. **Receiving center:** a social rehabilitation setting that provides access to care, evaluation, counseling, information, and referral and rehabilitation through detoxification and the development of an individual comprehensive social service plan for persons who are ambulatory and free from severe physical and/or psychiatric complications. The facility shall be under medical supervision and have available the services of a licensed physician for medical emergencies.

B. **Primary rehabilitation center** provides on a residential basis intensive rehabilitation services to chemically dependent persons who are free from marked physical problems or those who cannot benefit from outpatient programs.

C. **Extended rehabilitation center** provides long-term assistance in major life style changes through therapeutic milieu with highly specialized and facilitative rehabilitation services; it is located near or connected to a short-term treatment or other mental health facility.

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D. Halfway house provides a program of resocialization in the community. The service components combine didactic and group approaches with emphasis on mutual self-help and involvement of other community resources in assisting individuals to solve community transition problems.

E. Day care provides a program to individuals living in the community who require pretreatment and/or posttreatment planning, counseling, and support. The primary objective is to maintain family ties and prevent future institutionalization.

Subp. 4. **Intoxicated person.** "Intoxicated person" means an individual with markedly diminished physical and mental control as a consequence of drug or alcohol use.

Subp. 5. **Triage.** "Triage" means the process of sorting out the degree of health needs to determine the level of care required. This process is based on determining the priorities of needs and services to meet these needs.

Statutory Authority: *MS s 245.802; 254A.10*

9530.0200 STATUTORY AUTHORITY.

Minnesota Statutes, sections 245.78 to 245.82, establishes the authority of the commissioner of public welfare to license day-care and residential facilities and services for the inebriate and establish such rules and guidelines as are necessary to carry out the purpose of the statute. Parts 9530.0100 to 9530.1700, therefore, carry the force and effect of law.

Statutory Authority: *MS s 245.802; 254A.10*

9530.0300 LICENSURE.

All receiving centers must be licensed by the Department of Public Welfare and comply with rules of the Department of Health.

Receiving centers operating prior to the effective date of these parts must comply to the rule provisions on its effective date.

Statutory Authority: *MS s 245.802; 254A.10*

9530.0400 FORMS.

The receiving center shall submit those forms and reports required by the commissioner.

Statutory Authority: *MS s 245.802; 254A.10*

9530.0500 PERSONS SERVED BY RECEIVING CENTER.

Population served: those persons with alcohol or other drug intoxications (type may be specified by the receiving center) who are ambulatory and not in need of major emergency medical or psychiatric care as determined by the established triage. The receiving center shall also provide the individual with access to continuing care of rehabilitation services.

Statutory Authority: *MS s 245.802; 254A.10*

9530.0600 HEALTH MANAGEMENT.

Health management shall be provided by:

A. Nursing staff, operating with the regime established by the contracting physician(s). Such staff shall be responsible for the actual surveillance of each client's physical condition. Written and signed standing orders on detoxification will be carried out by the individual(s) charged with health surveillance.

B. Contracting physician(s), to be accountable for the provision of screening (triage), medical referral, and detoxification regimes. Each of these functions may be executed by an appropriately trained and/or experienced nurse. Provision of medical consultation will also be the responsibility of the contracting physician(s).

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C. Medical facilities, available by contract or formal agreement, for referral of clients in cases of acute health problems that are not amenable to the receiving center's program for both applicants and residents. The supporting facility will have available on a 24-hour basis the required space, equipment, and personnel for emergency care of the receiving center's clients. These supporting facilities shall be licensed by the Department of Health.

Statutory Authority: *MS s 245.802; 254A.10*

9530.0700 STAFF.

Staffing requirements are as follows.

Subpart 1. **Staff requirements for receiving center.** The receiving center is required to:

A. Provide for the services of at least one attending physician licensed by the state of Minnesota.

B. Have a senior staff person properly designated as accountable for the operation of the facility.

C. Have a registered nurse designated as director of nursing services. This does not preclude this person from also serving as the center director. Nurse coverage shall be provided by a registered nurse or a licensed practical nurse 24 hours per day whenever there are intoxicated persons in residence.

D. Have aid or orderly assistance on call in the proportion of one per each ten admissions that could be anticipated during any shift. There shall be at least one such person on duty whenever there are intoxicated persons in residence.

E. Have drug dependency specialists or services of drug dependency counselors provided at a minimum ratio of one per 15 residents.

F. Have services of a clerk typist and/or admitting clerk based on the number of residents served.

Subp. 2. **Staff requirements of receiving center-foster home.** Free-standing receiving centers of four beds or fewer may be operated under supervision of an area mental health board. For the purposes of this rule, such a facility shall be designated a receiving center-foster home. These receiving centers are required to:

A. provide for the services of at least one attending physician licensed by the state of Minnesota;

B. provide services of a registered nurse, available for admission interview and health care management;

C. provide at least one staff person on duty whenever intoxicated persons are in residence; and

D. have a trained counselor available.

Statutory Authority: *MS s 245.802; 254A.10*

9530.0800 RECORDS.

A uniform record form established by the Department of Public Welfare must be maintained on each intoxicated person admitted for service.

The receiving center license application shall include a copy of the program plan, triage, admission policies, and physician's standing orders. The commissioner shall also be notified of any subsequent change in the above.

Statutory Authority: *MS s 245.802; 254A.10*

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9530.0900 SUPPORT SERVICES.

Maximum involvement of a wide range of helping agencies and volunteers in the community is required of the receiving center as support services to its residents. Prior to a resident's discharge, one or more staff members shall confer or consult with him in an effort to help him evaluate his problem of inebriety or dependence on alcohol, narcotics, or other drugs and also to assist him in getting into a meaningful follow-up program that offers help toward recovery from chemical dependency. Since the receiving center represents only one element in the social rehabilitation of inebriates, formal agreements shall be initiated with other community resources outlining in detail the coordination of follow-up services.

Statutory Authority: *MS s 245.802; 254A.10*

9530.1000 BUILDING REQUIREMENTS.

The building in which the receiving center is housed shall conform to the State Building Code and fire safety code of either the state or the unit of government in which it is located.

Statutory Authority: *MS s 245.802; 254A.10*

9530.1100 FURNISHINGS AND EQUIPMENT.

Furnishings and equipment for care are as follows:

A. Each resident shall be provided with a comfortable and suitable bed. Clean bedding and bed linen shall be kept on hand for use at all times. Clean sheets and pillow cases shall be furnished with each new admission. The bed linen shall be changed whenever soiled or unsanitary. Waterproof sheeting or other moisture-proof protection shall be provided for mattresses as necessary.

B. First-aid supplies shall be maintained in a place known to and readily available to all personnel responsible for the health or well-being of residents. Separate locked cabinets within the nursing supply area shall be made available for drugs and similar supplies.

Statutory Authority: *MS s 245.802; 254A.10*

9530.1200 DAY ROOMS.

Day-room facilities of sufficient area for recreation, visiting, therapy, and other such purposes shall be provided and shall be available for residents and for visitors.

Statutory Authority: *MS s 245.802; 254A.10*

9530.1300 FOOD SERVICE AND SANITATION.

Food service and general sanitation shall meet requirements of the Department of Health rules for food and beverage establishments.

Statutory Authority: *MS s 245.802; 254A.10*

9530.1400 FINANCING PLAN AND FEE POLICIES.

The receiving center financing plan and fee policies shall be submitted for approval to the commissioner when the license application is made. Subsequent changes shall be submitted to the commissioner for approval.

Statutory Authority: *MS s 245.802; 254A.10*

9530.1500 LOCAL SHARE OF COSTS.

The local share of receiving center costs for service to intoxicated persons from nonaffiliating or noncontracting counties shall be paid by the county welfare department of legal settlement. When legal settlement is determined to be in other than a contracting county, the county of responsibility must be notified within three working days following admission to the receiving center. The local share of cost for providing services to intoxicated persons not having

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legal settlement in the state of Minnesota shall be prorated among counties contracting with the receiving center.

Statutory Authority: *MS s 245.802; 254A.10*

9530.1600 APPLICATION FEES.

Each application and reapplication for a license to operate a receiving center, within the meaning of part 9530.0100, subpart 3, item A, and part 9530.0700, subpart 2 shall be accompanied by a fee to be determined by the number of beds available for persons accommodated: those with four or less beds shall pay a fee of \$25; those with five or more and fewer than 50 beds shall pay a fee of \$75; those with 50 beds or more shall pay a fee of \$150. No such fee shall be refunded. All licenses shall be effective for a 12-month period, with annual reapplication. An application for renewal of a license shall be filed at least 30 days prior to expiration date. All such fees received by the state Department of Public Welfare shall be paid into the state treasury.

Statutory Authority: *MS s 245.802; 254A.10*

9530.1700 EXCEPTION.

If compliance with these parts is found to cause excess hardship, to the extent that services will be curtailed or terminated, the receiving center may apply to the commissioner for an exception. Such an exception will be reviewed annually and its granting will not be considered a precedent for other receiving centers.

Statutory Authority: *MS s 245.802; 254A.10*

RESIDENTIAL PROGRAMS FOR INEBRIATE AND DRUG DEPENDENT PERSONS

9530.2500 DEFINITIONS.

For the purposes of parts 9530.2500 to 9530.4000, the following terms shall mean:

A. Applicant: means any person, agency, or organization applying for a license or renewal license under this rule.

B. Commissioner: means the commissioner of the Department of Public Welfare or a designated representative of the commissioner.

C. Department: means the Department of Public Welfare.

D. Drug-dependent person: means any inebriate person or any person incapable of managing himself or his affairs or unable to function physically or mentally in an effective manner because of the use of a psychological or physiological dependency producing drug including alcohol.

E. Inebriate person: means any person incapable of managing himself or his affairs by reason of habitual and excessive use of intoxicating liquors, narcotics, or other drugs.

F. License: means the certificate issued by the commissioner that validates compliance with these rules, and authorizes the applicant to operate a residential program.

G. Program director: means the staff member responsible for planning and implementing all aspects of the program. The program director may delegate specific functions to other staff members, but the director shall be held accountable for the functioning of the program and compliance with these rules.

H. Provisional license: means the certificate issued by the commissioner, prior to or in lieu of the issuance of a license. A provisional license may be issued to an applicant when compliance with all provisions of the rules cannot be made, but, in the opinion of the commissioner, the applicant will nevertheless provide adequate care, treatment, or rehabilitation to its residents. A provisional license will be valid for a period not to exceed six months, and

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may be renewed for one additional period of six months. A residential program holding either a license or a provisional license shall be considered a duly licensed residential program.

I. Residential program: means a planned and purposeful set of conditions and events for the care of inebriates and drug-dependent persons which in the normal course of that program provides care and treatment for five or more inebriate or drug-dependent persons on a 24-hour basis. Excluded from the definition are receiving (detoxification) centers for intoxicated persons as defined in Minnesota Statutes 1971, chapter 892, and contained in parts 9530.0100 to 9530.1700. "Residential programs" include:

(1) residential primary treatment program: a social rehabilitation setting that provides, on a residential basis, relevant intensive rehabilitation services for the treatment of inebriate or drug-dependent persons;

(2) extended rehabilitation program: a social rehabilitation setting that provides long-term assistance in major life-style changes through therapeutic milieu with highly specialized facilitative rehabilitation services;

(3) halfway house: a social rehabilitation setting that provides a program of services to assist in making transition from treatment to responsible community living in a supportive environment with a home-like atmosphere; and

(4) hospital: any medical facility licensed under provisions of Minnesota Statutes, sections 144.50 to 144.58; Minnesota State Hospital; U.S. Public Health Service Hospital; Veterans Administration Hospital; or any medical or psychiatric facility which is equipped to provide intensive medical treatment and care to inebriate and drug-dependent persons with acute and critical health needs.

Statutory Authority: *MS s 245.802*

9530.2600 STATUTORY AUTHORITY.

Minnesota Statutes, sections 245.78 to 245.82, establishes the authority of the commissioner of public welfare to license all residential facilities providing programs for five or more inebriate, and drug-dependent persons, and establish such rules and guidelines necessary to carry out the purpose of the statute. Parts 9530.2500 to 9530.4000, therefore, carry the force and effect of law.

Statutory Authority: *MS s 245.802*

9530.2700 PURPOSE.

Parts 9530.2500 to 9530.4000 are designed to aid in the development of a system of residential programs for inebriate and drug dependent persons which:

A. promotes the greatest degree of independence possible for the resident and at the same time guards against overdependency on the program;

B. enhances the ability of each resident to cope with his environment;

C. maximizes and fosters the human qualities of each resident;

D. provides a homelike atmosphere where the resident is recognized as an individual whose personal interests are maintained and developed and whose personal dignity is respected and safeguarded;

E. elicits and maintains behavior that allows for the maximum degree of individual behavioral differences compatible with community laws; and

F. provides appropriate treatment and rehabilitation programs and staff.

The rules encourage residential programs to organize services differently, consistent with the needs of individual residents and with quality outcomes.

The rules mandate that the residents be provided care and services appropriate to their needs, whether those services are provided in the facility or in the community.

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The rules mandate that sufficient information about the program and services be given to residents and referrants to enable comparisons among programs.

The rules provide specific criteria so that, in combination with other sources of information, the licensing agency can evaluate the program.

The rules mandate careful and realistic individual planning at all stages, including admission, occupancy, postoccupancy, and transfer.

Statutory Authority: *MS s 245.802*

9530.2800 LICENSURE.

Subpart 1. License requirement. Every residential program must have a current and valid license or provisional license to operate in the state of Minnesota. The license shall prescribe the maximum number of residents to be cared for and the location of the program.

Subp. 2. Application for license; timing. Every residential program must apply to the commissioner within 60 days of the effective date of these parts and comply with the provisions of the rules to obtain and maintain a license. Application for renewal of license shall be made each year 45 days prior to the date of expiration. Application and reapplication shall be made on forms furnished by the commissioner.

Subp. 3. License validity and changes in governing body membership. A license shall be valid for one year after the date of issuance. A license may not be transferred from one program or location to another. Changes in the membership of the governing body or advisory board or program director must be reported in writing to the commissioner within 20 days of the change.

Subp. 4. Change in number of residents in program. Any changes in the maximum number of residents to be cared for or the location of the program must have prior written approval of the commissioner.

Subp. 5. Health license. Every residential program shall hold or have applied for a facility license from the Minnesota Department of Health.

Subp. 6. Copy of rules for applicant. Every applicant shall be furnished with a copy of these rules.

Subp. 7. Grounds for denial, revocation, or nonrenewal of license. If the commissioner determines that the applicant or the license holder is not complying with the provisions of these parts, or that the public interest is not served by granting or continuing the license, the license may be denied, revoked, or not renewed after notice to the applicant or licenseholder. The denial, revocation, or failure to renew shall proceed in accordance with the provisions of Minnesota Statutes, chapter 15.

Subp. 8. Review team. There shall be a review team appointed by the commissioner, made up of no fewer than five persons. The review team shall be staffed by the department. At least one member of the review team shall be a consumer.

It shall be the responsibility of the review team to examine the application for a new residential program and to conduct whatever inquiries are appropriate and necessary to make a recommendation to the commissioner concerning issuance or denial of a license.

The review team shall submit a written report to the commissioner and the applicant at the same time. This report shall contain the review team's findings and recommendations about licensure, provisional licensure, or denial of license. The report shall take into account the cultural and life-style interests of the persons to be served. The commissioner shall consider the recommendations of the review team before final action is taken on the application.

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Subp. 9. **Procedures for issuing a license.** Prior to the issuance of a license or provisional license, the following steps shall be completed:

A. The need for the program shall be determined under area board coordination. A mechanism for the determination of local need shall be established on the basis of guidelines set by the commissioner.

B. A completed application shall be submitted to the commissioner.

C. A written report with recommendations about licensing or not licensing the prospective program shall be submitted to the commissioner by the review team.

D. The fee for license shall be paid. An annual license fee of not less than \$25 and not more than \$150 shall be set by the commissioner.

Subp. 10. **Public information.** Licensing policies and procedures shall be available to the public.

Subp. 11. **Waivers.** A specific regulation may be waived for not more than one year with the approval of the commissioner, provided that the health and safety of residents is assured. The granting of a waiver shall not constitute a precedent.

Subp. 12. **Discrimination prohibited.** No resident shall be discriminated against in relation to admissions, terminations, or treatment on the basis of race, creed, color, national origin, or religion.

Statutory Authority: *MS s 245.802*

9530.2900 GOVERNING BODY OR ADVISORY BOARD.

Each residential program shall have a board of directors, a board of trustees, and/or an advisory board. Every such body shall have a community representative as a member, or document that it has made reasonable efforts to secure local community involvement. Every such body shall include a resident of the program.

Statutory Authority: *MS s 245.802*

9530.3000 DIRECTOR.

Every residential program shall have a director who shall be responsible and accountable for meeting the requirements of these parts. This director shall:

A. be at least 18 years of age;

B. have at least one year of work experience in the field of chemical dependency, and demonstrated ability based on experience, in administration and personnel supervision;

C. have completed training in a chemical dependency program approved by the commissioner or be currently registered or involved in such a program with the prospect of completion within one year, or have knowledge of chemical dependency gained through other education and/or experience; and

D. if the director has a documented history of dependency on alcohol or drugs, he must provide evidence to satisfy the commissioner that he has been free of dependency for at least two years.

Statutory Authority: *MS s 245.802*

9530.3100 STAFFING REQUIREMENTS.

There shall be present at all times at the facility at least one responsible adult with skills appropriate to the program, who shall be responsible for the operation of the program.

Prescription medication shall be administered by qualified personnel as specified by the Department of Health.

At least one trained counselor shall be available in the facility for services to each 40 residents. A trained counselor for the purposes of these parts is defined as an individual who has demonstrated competency at counseling chemically

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dependent persons. Such competence may be demonstrated by a minimum of one year work experience in counseling chemically dependent persons or appropriate training or education as determined by the commissioner. If the individual has a documented history of dependency on alcohol or drugs, that individual must provide evidence satisfactory to the commissioner that he has been free of dependency for at least two years.

Statutory Authority: *MS s 245.802*

9530.3200 STAFF QUALIFICATIONS.

Personnel involved in the direct service to residents shall demonstrate skills in the area of human relations. Skills may be demonstrated as the result of past experience in areas related to chemical dependency treatment and/or mental health, educational experience and training, or in-service training provided by the residential program.

If the individual has a documented history of dependency on alcohol or drugs, that individual must provide evidence to satisfy the director of the program that he is free of dependency.

If the individual has not completed a training program approved by the commissioner that individual must work under the supervision of a staff member who has the qualifications of a director.

Statutory Authority: *MS s 245.802*

9530.3300 PERSONNEL POLICIES.

The original application and all renewal applications shall describe the nature and extent of the training and qualifications of the staff and shall include a description of the staff organization.

The applicant shall maintain personnel policies including the qualifications, performance, and evaluation standards, rules, remuneration, and fringe benefits for each staff position. These policies shall include procedures governing hiring, suspension, dismissal, assignment, promotion, grievance procedures, and other appropriate policies.

These policies shall be maintained and communicated to the staff, prospective staff, volunteers, and prospective volunteers of the program.

These policies are to be carried out without regard to sex, race, religion, creed, marital status, unrelated job disability, color, or national origin.

Statutory Authority: *MS s 245.802*

9530.3400 STAFF TRAINING.

Each program shall provide or arrange for a staff development program which includes orientation and training of new staff, continuing development of staff skills and abilities through a defined in-service program, and/or participation in other training programs. Volunteers shall be included in staff development programs.

Statutory Authority: *MS s 245.802*

9530.3500 PROGRAM EVALUATION.

All residential programs shall develop an evaluation system adequate to reflect the program and administrative functioning.

The evaluation system shall show the adequacy of the care, treatment, and rehabilitation services provided by the applicant in light of the purpose, goals, and methodology of the program as described in the application.

Every applicant shall submit a completed evaluation to the department with his application for renewal of license.

Statutory Authority: *MS s 245.802*

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9530.3600 ADMINISTRATION AND MANAGEMENT.

Every residential program shall have written administrative and management policies governing the administration and supervision of the operations, the program, and the physical facilities. Such policies shall include:

A. An admission procedure including a description of the referral process, and a copy of a physical examination report. Said examination shall be conducted no more than 30 days prior to, or three days following admission to the facility. The admission procedure shall specify the role and responsibility of community agencies.

B. An individual, confidential record shall be maintained for each resident of the facility, and shall include:

- (1) a written individual treatment plan, with specific goals;
- (2) a statement signed by the resident and the director outlining the expectations, responsibilities, and legal rights of the resident and the facility;
- (3) written consent of the resident or guardian for any release of information to persons not otherwise authorized to receive it;
- (4) a written medical and social history of the resident;
- (5) written progress notes; and
- (6) a written discharge summary.

All entries in the resident's record shall be legible, dated, and authorized by the signature and identification of the individual making the entry. The record-keeping system shall be structured and located so as to provide a means of communication both in and out of the facility and to furnish documentary evidence of the resident's response to the program. Every resident shall have access to his records, unless the director documents reasons acceptable to the commissioner for denying such access.

C. A program plan including a statement of purpose, intake policies, maximum number of residents to be served, description of population served, description of treatment design and methodology, including a documentation of availability of the following services: medical, family, psychiatric, psychological, social work, educational, religious, financial assistance, and vocational and recreational rehabilitation.

D. A description of discharge policies concerning provision for housing, relationships with family, finances, employment, and follow-up. The discharge policy shall specify the role and responsibility of community agencies.

E. Financial records including an annual budget, records of income and expenditure, fee policies, and a record of audit. New programs must document in writing assurances of funding sufficient to meet total projected program costs for a period of at least three months, plus start-up costs.

F. Statistical records shall be kept on a continuing basis that accurately reflect the number and dates of residents accepted and rejected, number and dates of resident discharges, length of stay, and what happens to residents upon leaving the program.

G. Annual reports to the governing and/or advisory body covering overall status and operation of the facility. The reports shall be available to the commissioner and contractors of service upon request.

H. A description of provisions for emergency medical and/or psychiatric care.

I. When it is necessary for staff to supervise the use of personal funds or property, the system for such supervision shall be submitted in writing along with the application for approval by the commissioner.

J. Written documentation of insurance coverage in an amount sufficient to protect the interests of the residents and staff.

K. If physical or chemical restraints are used, the program shall submit with its application a copy of its policies in these areas. No physical or

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chemical restraints may be used except as outlined in such a policy, approved by the commissioner.

L. A description of the methods by which resident's legal, civil, and human rights will be protected. This shall include the procedures for handling complaints and grievances by residents, their relatives, and/or guardians.

Statutory Authority: *MS s 245.802*

9530.3700 EXPLANATION OF PROGRAM.

All residential facilities shall at the time of admission clearly explain their program and policy to those applying or being considered for treatment.

Statutory Authority: *MS s 245.802*

9530.3800 RIGHT TO ENTRY.

The commissioner shall be free to enter any residential program.

Statutory Authority: *MS s 245.802*

9530.3900 CONFIDENTIALITY.

Confidential information regarding a resident shall not be released to any person or agency, except pursuant to Minnesota Statutes, chapter 572, section 16.

Statutory Authority: *MS s 245.802*

9530.4000 ISSUANCE OF LICENSE TO A RESIDENTIAL PRIMARY TREATMENT PROGRAM.

Beyond compliance with parts 9530.2500 to 9530.3900, if an applicant wishes to be licensed as a residential primary treatment program as defined in part 9530.2500, item I, subitem (1), the following minimum standards must be met:

A. The director shall:

(1) Have three years work experience in the field of chemical dependency, and have demonstrated ability based on experience in administration and personnel supervision.

(2) If the director has a documented history of dependency on alcohol or drugs, that individual shall provide sufficient evidence to satisfy the commissioner that he has been free of dependency for at least three years.

B. Beyond part 9530.3100 there shall be:

(1) a written contractual arrangement for medical examination, routine medical care, emergency medical services, and medical reporting (at least at the time of admission and discharge) for all residents of the facility;

(2) at least one registered nurse or licensed practical nurse shall be on duty a minimum of 40 hours a week. One such person shall be responsible to the director for the level of nursing care to the residents;

(3) at least one trained counselor as defined in part 9530.3100 for each 15 residents;

(4) a board-certified or board-eligible psychiatrist and licensed psychologist either on staff or by written contractual agreement who shall be available, at the discretion of the director, when needed, for psychiatric and psychological services and consultation.

C. Beyond part 9530.3600, policies concerning administration and management shall include:

(1) maintenance of face sheet with application and admission information, written report of a physical examination, and if deemed applicable by the director, a written report of psychiatric or psychological interviews and/or psychological testing; and

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(2) quarterly report to the governing or advisory body covering the overall status and operation of the facility. The reports shall be available to the commissioner and contractors of service upon request.

Statutory Authority: *MS s 245.802*

OUTPATIENT ALCOHOL AND DRUG TREATMENT PROGRAMS

9530.5000 STATUTORY AUTHORITY.

Parts 9530.5000 to 9530.6500 are promulgated pursuant to Minnesota Statutes, sections 62A.149; 245.781 to 245.813; 254A.02, subdivision 2; 254A.03, subdivision 1; and 254A.10.

Statutory Authority: *MS s 245.802; 254A.10*

9530.5100 PURPOSE.

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

Statutory Authority: *MS s 245.802; 254A.10*

9530.5200 DEFINITIONS.

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

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

Subp. 3. **Commissioner.** "Commissioner" means the commissioner of the Department of Public Welfare or a designated representative of the commissioner.

Subp. 4. **Department.** "Department" means the Department of Public Welfare.

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

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

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

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

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

Statutory Authority: *MS s 245.802; 254A.10*

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9530.5300 LICENSURE.

Subpart 1. **Requirement.** No outpatient treatment program shall operate without a current and valid license or provisional license to operate in the state of Minnesota. The license shall prescribe the person or organization operating the program and the location of the program.

Subp. 2. **Exception.** Outpatient treatment programs which are housed within a hospital, licensed by the Department of Health are excluded from these rules under Minnesota Statutes, section 245.791, but the program has the option of voluntarily seeking approval if it is requested.

Subp. 3. **Time of application; forms.** All existing outpatient treatment programs must apply to the commissioner within 60 days of the effective date of these parts and comply with the provisions of the rules to obtain and maintain a license. New programs must obtain a license prior to accepting clients. Application for renewal of license shall be made 45 days prior to the date of expiration. Application and reapplication shall be made on forms furnished by the commissioner.

Subp. 4. **Validity of licenses.** An initial license shall be valid for up to one year after the date of issuance. A renewal license may be issued for up to two years at the discretion of the commissioner. A license may not be transferred from one operator to another or from one primary location to another.

Subp. 5. **Copy of rules.** Every applicant shall be furnished with a copy of these parts.

Subp. 6. **Denial, revocation, suspension, probation, and nonrenewal of license.** If the commissioner determines that the applicant or the operator is not complying with the provisions of these parts, the license may be denied, revoked, suspended, made probationary, or not renewed after notice to the applicant or operator. The denial, revocation, suspension, probation, or failure to renew shall proceed in accordance with the provisions of applicable Minnesota laws and rules. The applicant or operator shall, in any appeal of the commissioner's determination, use procedures authorized by Minnesota Statutes, sections 14.02, 14.04 to 14.36, 14.38, 14.44 to 14.45 and 14.57 to 14.70, the state Administrative Procedure Act.

Subp. 7. **Licensure procedures.** Prior to the issuance of a license or provisional license, the following steps shall be completed:

A. The commissioner shall determine the need for the program based in part on a recommendation which shall be obtained from the Area Board/Human Service Board. The recommendation on need from the board shall be accompanied by documentation explaining the basis for determination.

B. A completed application shall be submitted to the commissioner prior to issuance of a license from the Department of Public Welfare.

C. The fee for license shall be paid to the commissioner.

Subp. 8. **Public notice of policies and procedures.** Licensing policies and procedures shall be available to the public.

Subp. 9. **Provisional license.** If a determination is made that all applicable laws and rules cannot be met immediately, consideration of a provisional license shall be in accordance with the provisions of Minnesota Statutes, section 245.783, subdivision 3.

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

Subp. 11. **Compliance with codes.** All facilities where outpatient treatment programs are conducted must meet all applicable local and state codes relative to

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fire, safety, building zoning, and health standards, and documentation of that must be provided prior to granting a license.

Statutory Authority: *MS s 245.802; 254A.10*

9530.5400 RIGHT OF ENTRY.

Authorized representatives of the commissioner may visit the program at any time during the hours of operation for purposes of licensing study and inspection. Inspections may be made without prior notice to the applicant and program director.

Statutory Authority: *MS s 245.802; 254A.10*

9530.5500 CONFIDENTIALITY.

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

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

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

Statutory Authority: *MS s 245.802; 254A.10*

9530.5600 GOVERNING AND ADVISORY BOARDS.

Subpart 1. Governing body. Each outpatient treatment program must be responsible to a governing body, or to an area board/human service board which directly operates an outpatient treatment program. The governing body must have written documentation of its source of authority which the governing body, directly or through its legal representative:

A. is legally and financially responsible for the operation of the program or agency;

B. operates the program in compliance with all appropriate state and federal laws;

C. approves all additions or deletions of services provided by the program which affects the implementation of the individualized treatment plans; additions or deletions must be submitted for approval to the commissioner within 60 days after implementation;

D. documents the adoption of a schedule of meetings and attendance requirements, and shall keep minutes of all meetings;

E. provides accessibility of all policies and procedures mandated in these parts to all staff;

F. reviews and approves fiscal plan on an annual basis to include review and approval of annual operating budget, fee schedule, and annual audit; and

G. reviews and approves all revisions to the fiscal plan.

Subp. 2. Advisory board. Each outpatient treatment program must have an advisory board which consists of at least five members and:

A. provides a system for client input regarding the program;

B. provides a system for community input regarding the program;

C. has at least one community representative as a member who has no other affiliation with the program;

D. includes a former participant of the program or some other outpatient treatment program as defined by this rule; and

E. provides input to governing board and direction to program director regarding all additions or deletions of services provided by the program which affects the implementation of the individualized treatment plans.

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Subp. 3. **Quarterly reports.** The program director must as a minimum make written quarterly reports to the governing body or its legal representative and the advisory board and shall not be an official member of either the governing body or the advisory board.

Subp. 4. **Governing body without advisory board.** Any governing body which elects not to have an advisory board must itself meet the requirements for a governing board and an advisory board as specified in part 9530.5600, subparts 1 and 2.

Statutory Authority: *MS s 245.802; 254A.10*

9530.5700 DIRECTOR.

Every outpatient program shall have a director who shall:

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

Statutory Authority: *MS s 245.802; 254A.10*

9530.5800 STAFFING REQUIREMENTS.

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

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

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(5) developing evaluative outcome criteria for each problem area identified in the individualized treatment plan;

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

(a) pharmacological and behavioral effects of various chemicals;

(b) age and cultural aspects;

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

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

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

Statutory Authority: *MS s 245.802; 254A.10*

9530.5900 PERSONNEL POLICIES.

The original application and all renewal applications shall describe the nature and extent of the training and qualifications of the staff and shall include a description of the staff organization, which defines the roles and responsibilities of all personnel and lines of authority.

The applicant shall maintain personnel policies including: job descriptions, qualifications, performance and evaluation standards, remuneration, and fringe benefits for each staff position. These policies shall include procedures governing hiring, suspension, dismissal, assignment, promotion, grievance procedures, and other appropriate policies. Performance reviews of staff including the director, shall be made at least annually.

These written policies shall be maintained and communicated to the staff, prospective staff, and volunteers of the program. Policies shall be reviewed and updated annually.

These policies shall be implemented without prejudice regarding sex, race, creed, color, national origin, religion, disability, or sexual preference and include an affirmative action plan.

Statutory Authority: *MS s 245.802; 254A.10*

9530.6000 MEDICAL SERVICES.

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

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

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

Statutory Authority: *MS s 245.802; 254A.10*

9530.6100 STAFF DEVELOPMENT.

Each program shall provide documentation of a written staff development program for direct service and supervisory personnel. There shall be a minimum of 12 hours per year for each full-time equivalent staff. The program shall include orientation and training of all staff, continuing development of staff skills and abilities through a defined in-service program, and/or participation in

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other training programs. If volunteers are utilized, they shall be included in staff development programs. The person responsible for the staff development program shall be identified. This plan shall be reviewed annually.

Statutory Authority: *MS s 245.802; 254A.10*

9530.6200 PROGRAM EVALUATION.

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

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

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

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

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

Statutory Authority: *MS s 245.802; 254A.10*

9530.6300 ADMINISTRATION AND MANAGEMENT.

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

A. A written plan describing the program's philosophy, organization, and role of supervisory personnel.

B. Administration and service goals and objectives for the operation of the program.

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

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

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

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

D. A written description of program design and methodology.

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

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

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G. A written procedure for the provision of services required by individual clients which are unavailable in the program.

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

- (1) conditions under which referrals are made;
- (2) means by which the program will assist in the referral of those individuals who are seeking services that the program does not provide;
- (3) documentation of at least one contact with the referral agency within a designated time period; and
- (4) current and confidential log of all referrals that the program initiates and receives;

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

- (1) Demographic characteristics of the client, including age, sex, ethnic/cultural group, income, method of payment, and source of referral into the program.
- (2) Documentation of determination of the necessity of a physical and/or psychological assessment and the resulting referral when appropriate.
- (3) Documentation of a psychosocial assessment, which shall include the nature and history of the client's chemical use, the nature and history of the problems associated with the client's chemical use, and the nature and history of the client's previous contacts with chemical dependency services, mental health services, the criminal justice system, or other social, vocational, educational, or financial services.
- (4) A written individual treatment plan which identifies client needs and problems, based on the psychosocial assessment, and if deemed necessary, the medical evaluation which:
 - (a) specifies services planned for meeting the client's needs;
 - (b) includes referrals for services not available within the program;
 - (c) describes the client's participation in development of the treatment plan, and is signed by the client and a staff member; and
 - (d) documents progress and changes at least weekly.
- (5) All entries must be legible, dated, and signed.
- (6) Written consent of the client or guardian for any release of information to persons not otherwise authorized to receive it pursuant with state and federal regulations.
- (7) Documentation, signed by the client, that he/she has received a copy of the program rules and the client's rights and responsibilities while participating in the program.
- (8) A discharge summary which evaluates the client's progress toward goals and objectives set forth in the treatment plan and describes the joint program/client's plans for future activities to maintain effective functioning and the program's plans for followup of the aftercare plan.
- (9) Each program shall provide a written individualized aftercare/discharge plan for each client which is designed to establish continuing contact, ensure utilization of other appropriate resources in the community, and record progress against prestated goals.

J. Follow-up data, obtained within three to six months after the client discontinues the program (those who are either discharged at completion of the program, and those who leave the program before completion), shall be collected from no less than 50 clients drawn randomly, or 100 percent of the discontinued clients, whichever number is less, served in the 12 months since issuance or last

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renewal of the license. Documentation of efforts to locate clients for follow-up shall be made on a client by client basis. Follow-up contacts should ascertain, for each client:

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

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

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

L. Financial records including an annual budget, records of income and expenditures, fee policies, and record of an annual audit. New programs must document in writing assurances of funding sufficient to meet total projected program costs and start-up costs if any, for a period of at least one year.

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

N. Written documentation of general liability insurance coverage in an amount sufficient to protect the interests of the clients and staff.

O. A description of the methods by which clients' legal, civil, and human rights will be protected. This shall include the procedures for handling complaints and grievances by clients, their relatives, and/or guardians. A written copy of such rights and procedures shall be given to each client entering the program and posted in a prominent place.

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

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

Statutory Authority: *MS s 245.802; 254A.10*

9530.6400 ADDITIONAL REQUIREMENTS FOR PROGRAMS SERVING ADOLESCENTS.

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

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

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

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

D. Provide in-service training of direct counseling staff in areas specific to the treatment of chemically dependent adolescents, including training

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on incest, sexual and physical abuse, family dynamics, independent living skills, habilitation vs. rehabilitation, experimentation, and decision making.

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

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

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

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

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

Statutory Authority: *MS s 245.802; 254A.10*

9530.6500 SEVERABILITY.

If any provisions of the rules as adopted by the commissioner of public welfare are found to be unreasonable or not supported by the evidence, the remaining provisions shall remain valid.

Statutory Authority: *MS s 245.802; 254A.10*