

CHAPTER 9530
DEPARTMENT OF HUMAN SERVICES
CHEMICAL DEPENDENCY PROGRAMS

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9530.0100 [Repealed, 12 SR 1451]
Published Electronically: *October 15, 2013*

9530.0200 [Repealed, 12 SR 1451]
Published Electronically: *October 15, 2013*

9530.0300 [Repealed, 12 SR 1451]
Published Electronically: *October 15, 2013*

9530.0400 [Repealed, 12 SR 1451]
Published Electronically: *October 15, 2013*

9530.0500 [Repealed, 12 SR 1451]
Published Electronically: *October 15, 2013*

9530.0600 [Repealed, 12 SR 1451]
Published Electronically: *October 15, 2013*

9530.0700 [Repealed, 12 SR 1451]
Published Electronically: *October 15, 2013*

9530.0800 [Repealed, 12 SR 1451]
Published Electronically: *October 15, 2013*

9530.0900 [Repealed, 12 SR 1451]
Published Electronically: *October 15, 2013*

9530.1000 [Repealed, 12 SR 1451]
Published Electronically: *October 15, 2013*

9530.1100 [Repealed, 12 SR 1451]
Published Electronically: *October 15, 2013*

9530.1200 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.1300 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.1400 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.1500 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.1600 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.1700 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.2500 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.2600 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.2700 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.2800 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.2900 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.3000 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.3100 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.3200 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.3300 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.3400 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.3500 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.3600 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.3700 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.3800 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.3900 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.4000 [Repealed, 12 SR 1451]

Published Electronically: *October 15, 2013*

9530.4100 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4110 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4120 Subpart 1. [Repealed, 29 SR 129]

Subp. 2. [Repealed, 18 SR 2748]

Subp. 3. [Repealed, 29 SR 129]

Subp. 4. [Repealed, 18 SR 2748]

Subp. 5. [Repealed, 29 SR 129]

Subp. 6. [Repealed, 29 SR 129]

Subp. 7. [Repealed, 18 SR 2748]

Published Electronically: *October 15, 2013*

9530.4130 [Repealed, 18 SR 2748]

Published Electronically: *October 15, 2013*

9530.4200 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4210 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4220 [Repealed, 18 SR 2748]

Published Electronically: *October 15, 2013*

9530.4230 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4250 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4260 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4270 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4280 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4300 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4310 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4320 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4330 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4340 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4350 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4370 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4380 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4390 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4400 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4410 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.4450 [Repealed, 28 SR 211; 29 SR 129]

Published Electronically: *October 15, 2013*

9530.5000 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.5100 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.5200 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.5300 Subpart 1. [Repealed, 29 SR 129]

Subp. 2. [Repealed, 18 SR 2748]

Subp. 3. [Repealed, 18 SR 2748]

Subp. 4. [Repealed, 18 SR 2748]

Subp. 5. [Repealed, 18 SR 2748]

Subp. 6. [Repealed, 18 SR 2748]

Subp. 7. [Repealed, 18 SR 2748]

Subp. 8. [Repealed, 18 SR 2748]

Subp. 9. [Repealed, 18 SR 2748]

Subp. 10. [Repealed, 29 SR 129]

Subp. 11. [Repealed, 18 SR 2748]

Published Electronically: *October 15, 2013*

9530.5400 [Repealed, 18 SR 2748]

Published Electronically: *October 15, 2013*

9530.5500 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.5600 [Repealed, 18 SR 2748]

Published Electronically: *October 15, 2013*

9530.5700 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.5800 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.5900 [Repealed, 18 SR 2748]

Published Electronically: *October 15, 2013*

9530.6000 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.6100 [Repealed, 29 SR 129]

Published Electronically: *October 15, 2013*

9530.6200 [Repealed, 29 SR 129]
Published Electronically: *October 15, 2013*

9530.6300 [Repealed, 29 SR 129]
Published Electronically: *October 15, 2013*

9530.6400 [Repealed, 29 SR 129]
Published Electronically: *October 15, 2013*

CHEMICAL DEPENDENCY LICENSED TREATMENT FACILITIES

9530.6405 Subpart 1. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 1a. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 2. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 3. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 4. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 5. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 6. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 7. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 7a. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 8. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 9. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 10. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 11. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 12. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 13. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 14. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 14a. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 15. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 15a. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 16. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 17. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 17a. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 17b. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 17c. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 18. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 19. [Repealed, 32 SR 2268]

Subp. 20. [Repealed, L 2017 1Sp6 art 8 s 77]

Subp. 21. [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *February 1, 2018*

9530.6410 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6415 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6420 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6422 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6425 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6430 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6435 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6440 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6445 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6450 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6455 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6460 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6465 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6470 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6475 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6480 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6485 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6490 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6495 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6500 [Repealed, 18 SR 2748; L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

9530.6505 [Repealed, L 2017 1Sp6 art 8 s 77]

Published Electronically: *January 3, 2018*

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*

History: *29 SR 129; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.6515 APPLICABILITY.

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

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

Statutory Authority: *MS s 245A.09*

History: *29 SR 129*

Published Electronically: *October 15, 2013*

9530.6520 PROGRAM LICENSURE.

Subpart 1. **General application and license requirements.** An applicant for licensure as a detoxification program must comply with the general requirements in Minnesota Statutes, chapters 245A and 245C, and Minnesota Statutes, sections 626.556 and 626.557. Detoxification programs must be located in a hospital licensed according to Minnesota Statutes, sections 144.50 to 144.581, or must be a supervised living facility with a class B license from the Minnesota Department of Health under parts 4665.0100 to 4665.9900.

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

- A. compliance with the provisions of parts 9530.6510 to 9530.6590;
- B. compliance with applicable building, fire and safety codes, health rules, zoning ordinances, and other applicable rules and regulations or documentation that a waiver has been granted. The granting of a waiver does not constitute modification of any requirement of parts 9530.6510 to 9530.6590;
- C. completion of an assessment of need for a new or expanded program as required by part 9530.6800; and
- D. insurance coverage, including bonding, sufficient to cover all client funds, property, and interests.

Subp. 3. Changes in license terms.

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

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

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

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

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

History: *29 SR 129; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.6525 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.05, 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*

History: *29 SR 129; 32 SR 2268*

Published Electronically: *October 15, 2013*

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*

History: *29 SR 129; 32 SR 2268*

Published Electronically: *October 15, 2013*

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 14, 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: *October 15, 2013*

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 and must, at the time of hiring, document that they meet the requirements in item A or B.

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

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

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

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

A. have at least one year of work experience in direct service to individuals with substance use disorders or one year of work experience in the management or administration of direct service to individuals with substance use disorders;

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

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

Subp. 4. **Responsible staff person qualifications.** In addition to the requirements in subpart 1, each responsible staff person must know and understand the implications of parts 9530.6510 to 9530.6590 and Minnesota Statutes, sections 245A.65, 253B.04, 253B.05, 626.556, 626.557, and 626.5572.

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*

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

Published Electronically: *October 15, 2013*

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

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

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

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

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

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

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

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

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

Subp. 2. **Staff development.** A license holder must ensure that each staff member working directly with clients receives at least 30 hours of continuing education every two years and that a written record is kept to demonstrate completion of that training. Training must be documented

biannually on the subjects in items A to C, and annually on the subjects in items D to F. The following training must be completed:

- A. specific license holder and staff responsibilities for client confidentiality;
- B. standards governing use of protective procedures;
- C. client ethical boundaries and client rights, including the rights of clients admitted under Minnesota Statutes, chapter 253B;
- D. infection control procedures;
- E. orientation and annual training for all staff with direct client contact on mandatory reporting under Minnesota Statutes, sections 245A.65, 626.556, and 626.557, including specific training covering the facility's policies concerning obtaining client releases of information;
- F. HIV minimum standards as required in Minnesota Statutes, section 245A.19; and
- G. orientation training must include eight hours of training on the protective procedures plan in part 9530.6535, subpart 2. Each staff person must receive updated training at least every two years and the training must include:
 - (1) approved therapeutic holds;
 - (2) protective procedures used to prevent clients from harming self or others;
 - (3) the emergency conditions under which the protective procedures are used if any;
 - (4) documentation standards for using protective procedures;
 - (5) the physiological and psychological impact of physical holding and seclusions; and
 - (6) how to monitor and respond to client distress.

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

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

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

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

Published Electronically: *October 15, 2013*

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, sections 245A.65, 626.556, and 626.557;

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

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

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

History: *29 SR 129; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.6585 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*

Published Electronically: *October 15, 2013*

**CHEMICAL DEPENDENCY CARE FOR
PUBLIC ASSISTANCE RECIPIENTS**

9530.6600 SUBSTANCE USE DISORDER; USE OF PUBLIC FUNDS.

Subpart 1. **Applicability.** Parts 9530.6600 to 9530.6655 establish criteria that counties, tribal governing boards, and prepaid health plans or their designees shall apply to determine the appropriate care for a client seeking treatment for substance use disorder that requires the expenditure of public funds for treatment. Part 9530.6622 does not apply to court commitments under Minnesota Statutes, chapter 253B.

Subp. 2. [Repealed, 32 SR 2268]

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

Statutory Authority: *MS s 241.021; 245A.03; 245A.09; 245B.03; 254A.03; 254B.03; 254B.04; 256E.05*

History: *11 SR 1005; 12 SR 53; 16 SR 391; L 2003 1Sp14 art 11 s 11; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.6605 DEFINITIONS.

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

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

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

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

Subp. 5. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, section 152.01, subdivision 4.

Subp. 6. [Repealed, 32 SR 2268]

Subp. 7. [Repealed, 32 SR 2268]

Subp. 8. **Chemical use assessment.** "Chemical use assessment" means an assessment interview and written listing of the client's specific problems related to chemical use and risk description that will enable the assessor to determine an appropriate treatment planning decision according to part 9530.6622.

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

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

Subp. 10a. [Repealed, 32 SR 2268]

Subp. 11. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designated representative.

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

Subp. 13. **Culturally specific programs.** "Culturally specific programs" means programs or subprograms:

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

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

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

Subp. 14. **Department.** "Department" means the Department of Human Services.

Subp. 15. [Repealed, 32 SR 2268]

Subp. 15a. [Repealed, 32 SR 2268]

Subp. 16. [Repealed, 32 SR 2268]

Subp. 17. [Repealed, 32 SR 2268]

Subp. 18. [Repealed, 32 SR 2268]

Subp. 19. [Repealed, 32 SR 2268]

Subp. 20. [Repealed, 32 SR 2268]

Subp. 21. [Repealed, 32 SR 2268]

Subp. 21a. **Placing authority.** "Placing authority" means a county, prepaid health plan, or tribal governing board governed by parts 9530.6600 to 9530.6655.

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

Subp. 22. [Repealed, 32 SR 2268]

Subp. 23. [Repealed, 32 SR 2268]

Subp. 24. [Repealed, 32 SR 2268]

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

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

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

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

Statutory Authority: *MS s 14.388; 241.021; 245A.03; 245A.09; 245B.03; 254A.03; 254B.03; 254B.04; 256E.05*

History: *11 SR 1005; 12 SR 53; 13 SR 1448; 16 SR 391; L 1999 c 139 art 4 s 2; 24 SR 951; L 2000 c 478 art 2 s 7; L 2003 1Sp14 art 11 s 11; 29 SR 129; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.6610 COMPLIANCE PROVISIONS.

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

A. The county shall provide a chemical use assessment as provided in part 9530.6615 for all clients who do not have an assessment available to them from a tribal governing board or prepaid health plan. If the county of financial responsibility does not arrange for or provide the service, the

county where the client requested the service must provide the service, and then follow the procedures in Minnesota Statutes, section 256G.09, to resolve any dispute between counties.

B. A tribal governing board that contracts with the department to provide chemical use assessments and that authorizes payment for chemical dependency treatment under Minnesota Statutes, chapter 254B, must provide a chemical use assessment for a person residing on a reservation who seeks assessment or treatment or for whom treatment is sought, as provided in part 9530.6615, if the person is:

(1) recognized as an American Indian; or

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

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

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

A. maintain records that demonstrate compliance with parts 9530.6600 to 9530.6660 for at least three years, except that records pertaining to individual client services must be maintained for at least four years; and

B. provide documentation of the qualifications of assessors according to the standards established under part 9530.6615, subpart 2.

Subp. 3. **County designee.** The county may designate public, nonprofit, or proprietary agencies or individuals to provide assessments according to part 9530.6615 by a qualified assessor. An assessor designated by the county shall have no direct shared financial interest or referral relationship resulting in shared financial gain with a treatment provider, unless the county documents that either of the exceptions in item A or B exists:

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

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

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

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

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

Subp. 4. [Repealed, 32 SR 2268]

Subp. 5. [Repealed, 20 SR 2474]

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

Statutory Authority: *MS s 241.021; 245A.03; 245A.09; 254A.03; 254B.03; 254B.04; 256E.05*

History: *11 SR 1005; 20 SR 2474; L 2003 1Sp14 art 11 s 11; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.6615 CHEMICAL USE ASSESSMENTS.

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

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

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

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

D. If 45 calendar days have elapsed between the interview and initiation of services, the placing authority must update the assessment to determine whether the risk description has changed and whether the change in risk description results in a change in planned services. An update does

not require a face-to-face contact and may be based on information from the client, collateral source, or treatment provider.

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

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

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

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

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

B. The individual is:

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

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

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

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

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

A. a personal face-to-face interview with the client;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B. federal regulations for the privacy of substance abuse patient information, Code of Federal Regulations, title 42, parts 2.1 to 2.67; and

C. federal privacy regulations under the Health Insurance Portability and Accountability Act, Code of Federal Regulations, title 45, parts 160.101 to 164.534.

Statutory Authority: *MS s 241.021; 245A.03; 245A.09; 245B.03; 254A.03; 254B.03; 254B.04; 256E.05*

History: *11 SR 1005; 16 SR 391; L 2003 1Sp14 art 11 s 11; 32 SR 2268; L 2013 c 62 s 32*

Published Electronically: *October 15, 2013*

9530.6620 PLACEMENT INFORMATION.

Subpart 1. **Placing authority determination of appropriate services.** Using the dimensions in part 9530.6622, the placing authority must determine appropriate services for clients. The placing authority must gather information about the client's age, sex, race, ethnicity, culture, religious preference, sexual orientation, disability, current pregnancy status, and home address. The placing authority must consider the risk descriptions in items A to F.

A. Using the risk description in part 9530.6622, subpart 1, referred to as Dimension 1, the placing authority must determine the client's acute intoxication/withdrawal potential. The placing authority must consider information about the client's amount and frequency of use, duration of use, date and time of last use, ability to cope with withdrawal symptoms, previous experience with withdrawal, and current state of intoxication, and determine whether the client meets the DSM criteria for a person with substance use disorder.

B. Using the risk description in part 9530.6622, subpart 2, referred to as Dimension 2, the placing authority must determine the client's biomedical conditions and complications. The placing authority must consider the presence of physical disorders, severity of the disorder and degree to which the disorder would interfere with treatment and whether physical disorders are addressed by a health care professional, and the client's ability to tolerate the related discomfort.

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

D. Using the risk description in part 9530.6622, subpart 4, referred to as Dimension 4, the placing authority must determine the client's readiness for change. The placing authority must consider the degree to which the client is aware of the client's addictive or mental health issues or the need to make changes in substance use and the degree to which the client is cooperative and compliant with treatment recommendations. The placing authority must also consider the amount of support and encouragement necessary to keep the client involved in treatment.

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

F. Using the risk description in part 9530.6622, subpart 6, referred to as Dimension 6, the placing authority must determine the client's recovery environment. The placing authority must

consider the degree to which key areas of the client's life are supportive of or antagonistic to treatment participation and recovery. Key areas include the client's work, school and home environment, significant others, friends, involvement in criminal activity, and whether there is a serious threat to the client's safety.

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

- A. is in severe withdrawal and likely to be a danger to self or others;
- B. has severe medical problems that require immediate attention; or
- C. has severe emotional or behavioral symptoms that place the client or others at risk of harm.

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

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

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

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

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

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

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

Subp. 9. **Client choice.** The placing authority must authorize chemical dependency treatment services that are appropriate to the client's age, gender, culture, religious preference, race, ethnicity, sexual orientation, or disability according to the client's preference. The placing authority maintains the responsibility and right to choose the specific provider. The provider must meet the criteria in Minnesota Statutes, section 254B.05, and apply under part 9505.0195 to participate in the medical assistance program. The placing authority may deviate from the treatment planning decisions in part 9530.6622 if necessary to authorize appropriate services according to this subpart.

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

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

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

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

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

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

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

Statutory Authority: *MS s 241.021; 245A.03; 245A.09; 245B.03; 254A.03; 254B.03; 254B.04; 256E.05*

History: *11 SR 1005; 16 SR 391; L 1994 c 465 art 1 s 62; L 1994 c 631 s 31; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.6622 PLACEMENT CRITERIA.

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

RISK DESCRIPTION	TREATMENT PLANNING DECISION
0 The client displays full functioning with good ability to tolerate and cope with withdrawal discomfort. No signs or symptoms of intoxication or withdrawal or diminishing signs or symptoms.	0 The client's condition described in the risk description does not impact treatment planning decision.
1 The client can tolerate and cope with withdrawal discomfort. The client displays mild to moderate intoxication or signs and symptoms interfering with daily functioning but does not immediately endanger self or others. The client poses minimal risk of severe withdrawal.	1 The placing authority should arrange for or provide needed withdrawal monitoring that includes at least scheduled check-ins as determined by a health care professional.
2 The client has some difficulty tolerating and coping with withdrawal discomfort. The client's intoxication may be severe, but responds to support and treatment such that the client does not immediately endanger self or others. The client displays moderate signs and symptoms with moderate risk of severe withdrawal.	2 The placing authority must arrange for withdrawal monitoring services or pharmacological interventions for the client with on-site monitoring by specially trained staff for less than 24 hours. The placing authority may authorize withdrawal monitoring as a part of or preceding treatment.
3 The client tolerates and copes with withdrawal discomfort poorly. The client has severe intoxication, such that the client endangers self or others, or intoxication has not abated with less intensive services. The client displays severe signs and symptoms; or risk of severe, but manageable withdrawal; or withdrawal worsening despite detoxification at less intensive level.	3 The placing authority must arrange for detoxification services with 24-hour structure for the client. Unless a monitored pharmacological intervention is authorized, the detoxification must be provided in a facility that meets the requirements of parts 9530.6510 to 9530.6590 or in a hospital as a part of or preceding chemical dependency treatment.

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| 4 The client is incapacitated with severe signs and symptoms. The client displays severe withdrawal and is a danger to self or others. | 4 The placing authority must arrange detoxification services for the client with 24-hour medical care and nursing supervision preceding substance abuse treatment. |
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Subp. 2. **Dimension 2: biomedical conditions and complications.** The placing authority must use the criteria in Dimension 2 to determine a client's biomedical conditions and complications.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

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| 0 The client displays full functioning with good ability to cope with physical discomfort. | 0 The client's risk does not impact treatment planning decisions. |
| 1 The client tolerates and copes with physical discomfort and is able to get the services that the client needs. | 1 The placing authority may refer the client for medical services. |
| 2 The client has difficulty tolerating and coping with physical problems or has other biomedical problems that interfere with recovery and treatment. The client neglects or does not seek care for serious biomedical problems. | 2 Services must include arrangements for appropriate health care services, and monitoring of the client's progress and treatment compliance as part of other chemical dependency services for the client. |
| 3 The client tolerates and copes poorly with physical problems or has poor general health. The client neglects the client's medical problems without active assistance. | 3 The placing authority must refer the client for immediate medical assessment services for the client as part of other treatment services for the client. The placing authority must authorize treatment services in a medical setting if indicated by the client's history and presenting problems. |
| 4 The client is unable to participate in chemical dependency treatment and has severe medical problems, a condition that requires immediate intervention, or is incapacitated. | 4 The placing authority must refer the client for immediate medical intervention to secure the client's safety and must delay treatment services until the client is able to participate in most treatment activities. |

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

RISK DESCRIPTION

TREATMENT PLANNING DECISION

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| <p>0 The client has good impulse control and coping skills and presents no risk of harm to self or others. The client functions in all life areas and displays no emotional, behavioral, or cognitive problems or the problems are stable.</p> | <p>0 The placing authority may use the attributes in the risk description to support efforts in other dimensions.</p> |
| <p>1 The client has impulse control and coping skills. The client presents a mild to moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or cognitive problems. The client has a mental health diagnosis and is stable. The client functions adequately in significant life areas.</p> | <p>1 The placing authority may authorize monitoring and observation of the client's behavior to determine whether the client's stability has improved or declined along with other substance abuse treatment for the client.</p> |
| <p>2 The client has difficulty with impulse control and lacks coping skills. The client has thoughts of suicide or harm to others without means; however, the thoughts may interfere with participation in some activities. The client has difficulty functioning in significant life areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems. The client is able to participate in most treatment activities.</p> | <p>2 The placing authority must authorize treatment services for clients that include: consultation with and referral to mental health professionals as indicated, monitoring mental health problems and treatment compliance as part of other chemical dependency treatment for the client; and adjustment of the client's services as appropriate.</p> |
| <p>3 The client has a severe lack of impulse control and coping skills. The client also has frequent thoughts of suicide or harm to others including a plan and the means to carry out the plan. In addition, the client is severely impaired in significant life areas and has severe symptoms of emotional, behavioral, or cognitive problems that interfere with the client's participation in treatment activities.</p> | <p>3 The placing authority must authorize integrated chemical and mental health treatment services provided by a provider licensed under Minnesota Statutes, section 245G.20, and 24-hour supervision.</p> |
| <p>4 The client has severe emotional or behavioral symptoms that place the client or others at acute risk of harm. The client also has intrusive thoughts of harming self or others. The client is unable to participate in treatment activities.</p> | <p>4 The placing authority must refer the client for acute psychiatric care with 24-hour supervision and must delay chemical dependency treatment services until the client's risk description has been reduced to number 3 in this dimension or refer the client to a mental health crisis response system.</p> |

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

RISK DESCRIPTION	TREATMENT PLANNING DECISION
0 The client is cooperative, motivated, ready to change, admits problems, committed to change, and engaged in treatment as a responsible participant.	0 The placing authority may use the attributes in the risk description to support efforts in other dimensions.
1 The client is motivated with active reinforcement, to explore treatment and strategies for change, but ambivalent about illness or need for change.	1 If services are authorized, they must include active support, encouragement, and awareness-raising strategies along with chemical dependency treatment services for the client.
2 The client displays verbal compliance, but lacks consistent behaviors; has low motivation for change; and is passively involved in treatment.	2 The placing authority must authorize treatment services for the client that include client engagement strategies.
3 The client displays inconsistent compliance, minimal awareness of either the client's addiction or mental disorder, and is minimally cooperative.	3 The placing authority must authorize treatment services that have specific client engagement and motivational capabilities.
4 The client is:	4 The placing authority must authorize treatment services that include:
(A) noncompliant with treatment and has no awareness of addiction or mental disorder and does not want or is unwilling to explore change or is in total denial of the client's illness and its implications; or	(A) service coordination and specific engagement or motivational capability; or
(B) the client is dangerously oppositional to the extent that the client is a threat of imminent harm to self and others.	(B) 24-hour supervision and care that meets the requirements of Minnesota Statutes, section 245G.21.

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

RISK DESCRIPTION	TREATMENT PLANNING DECISION
0 The client recognizes risk well and is able to manage potential problems.	0 The placing authority may facilitate peer support for the client.
1 The client recognizes relapse issues and prevention strategies, but displays some vulnerability for further substance use or mental health problems.	1 The placing authority may promote peer support and authorize counseling services to reduce risk.
2 (A) The client has minimal recognition and understanding of relapse and recidivism issues and displays moderate vulnerability for further substance use or mental health problems.	2 (A) The placing authority must authorize treatment services for clients that include counseling services to reduce client relapse risk and facilitate client participation in peer support groups.
(B) The client has some coping skills inconsistently applied.	(B) The placing authority must promote peer support and authorize counseling services or service coordination programs that comply with Minnesota Statutes, section 245G.22, or Code of Federal Regulations, title 42, part 8.
3 The client has poor recognition and understanding of relapse and recidivism issues and displays moderately high vulnerability for further substance use or mental health problems. The client has few coping skills and rarely applies coping skills.	3 The placing authority must authorize treatment services for the client that include counseling services to help the client develop insight and build recovery skills and may include room and board.
4 The client has no coping skills to arrest mental health or addiction illnesses, or prevent relapse. The client has no recognition or understanding of relapse and recidivism issues and displays high vulnerability for further substance use disorder or mental health problems.	4 The placing authority must authorize treatment services that include service coordination and counseling services to help the client develop insight and may include room and board with 24-hour-a-day structure.

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

RISK DESCRIPTION	TREATMENT PLANNING DECISION
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| <p>0 The client is engaged in structured, meaningful activity and has a supportive significant other, family, and living environment.</p> | <p>0 The placing authority may use the client's strengths to address issues in other dimensions.</p> |
| <p>1 The client has passive social network support or family and significant other are not interested in the client's recovery. The client is engaged in structured meaningful activity.</p> | <p>1 The placing authority may promote peer support and awareness raising for the client's significant other and family.</p> |
| <p>2 The client is engaged in structured, meaningful activity, but peers, family, significant other, and living environment are unsupportive, or there is criminal justice involvement by the client or among the client's peers, significant other, or in the client's living environment.</p> | <p>2 The placing authority must authorize treatment services for the client that help the client participate in a peer support group, engage the client's significant other or family to support the client's treatment, and help the client develop coping skills or change the client's recovery environment.</p> |
| <p>3 The client is not engaged in structured, meaningful activity and the client's peers, family, significant other, and living environment are unsupportive, or there is significant criminal justice system involvement.</p> | <p>3 The placing authority must authorize the treatment planning decision described in 2 and service coordination, and help find an appropriate living arrangement and may include room and board.</p> |
| <p>4 The client has:</p> <p>(A) a chronically antagonistic significant other, living environment, family, peer group, or long-term criminal justice involvement that is harmful to recovery or treatment progress; or</p> <p>(B) the client has an actively antagonistic significant other, family, work, or living environment, with immediate threat to the client's safety and well-being.</p> | <p>4 The placing authority must authorize for the client:</p> <p>(A) the treatment planning decision in 3 and appropriate ancillary services, and room and board within 24-hour structure authorized for the client if an appropriate living arrangement is not readily available; or</p> <p>(B) treatment services that include service coordination and immediate intervention to secure the client's safety. Room and board with 24-hour structure must be authorized for the client if an appropriate living arrangement is not readily available.</p> |

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

History: 32 SR 2268

Published Electronically: *January 3, 2018*

9530.6625 [Repealed, 32 SR 2268]

Published Electronically: *October 15, 2013*

9530.6630 [Repealed, 32 SR 2268]

Published Electronically: *October 15, 2013*

9530.6631 [Repealed, 32 SR 2268]

Published Electronically: *October 15, 2013*

9530.6635 [Repealed, 32 SR 2268]

Published Electronically: *October 15, 2013*

9530.6640 [Repealed, 32 SR 2268]

Published Electronically: *October 15, 2013*

9530.6641 [Repealed, 32 SR 2268]

Published Electronically: *October 15, 2013*

9530.6645 [Repealed, 32 SR 2268]

Published Electronically: *October 15, 2013*

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]

Published Electronically: *October 15, 2013*

9530.6655 APPEALS.

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

The placing authority must authorize a second chemical use assessment by a different qualified assessor within five working days of receipt of a request for reassessment. If the client agrees with the outcome of the second assessment, the placing authority shall place the client in accordance

with part 9530.6622 and the second assessment. If the client disagrees with the outcome of the second assessment, the placing authority must place the client according to the assessment that is most consistent with the client's collateral information.

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

A. is denied an initial assessment or denied an initial assessment within the timelines in part 9530.6615, subpart 1;

B. is denied a second assessment under subpart 1 or denied a second assessment within the timelines in part 9530.6655, subpart 1;

C. is denied placement or a placement within timelines in part 9530.6615, subpart 1;

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

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

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

G. objects under part 9530.6622, subpart 11, and is not given an alternate referral.

The placing authority must inform the client of the right to appeal under Minnesota Statutes, section 256.045. The placing authority must notify the client of these rights at the first in-person contact with the client. The notice must include a list of the issues in this part that entitle the client to a fair hearing. Clients who are enrolled in a prepaid health plan and clients who are not enrolled in a prepaid health plan have the same appeal rights.

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

A. The provider shall be financially responsible for all hours or days of service in excess of the amount of service to which the final commissioner's decision finds the client is entitled.

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

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

- A. whether the client has achieved the objectives stated in the client's individual treatment plan;
- B. whether the client is making satisfactory progress toward achieving the objectives stated in the client's individual treatment plan;
- C. whether there is a plan that reasonably addresses the client's needs for continued service; and
- D. whether the client's risk description in the dimensions being addressed by the service provider is 2 or greater according to part 9530.6622, subpart 4, 5, or 6.

Statutory Authority: *MS s 241.021; 245A.03; 245A.09; 245B.03; 254A.03; 254B.03; 254B.04; 256E.05*

History: *11 SR 1005; 12 SR 53; 16 SR 391; L 2003 1Sp14 art 11 s 11; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.6660 [Repealed, 32 SR 2268]

Published Electronically: *October 15, 2013*

NEED FOR CHEMICAL DEPENDENCY TREATMENT PROGRAMS

9530.6800 ASSESSMENT OF NEED FOR TREATMENT PROGRAMS.

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

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

Subp. 2. **Documentation of need requirements.** An applicant for licensure under parts 9530.2500 to 9530.4000 and Minnesota Statutes, chapter 245G, must submit the documentation in items A and B to the commissioner with the application for licensure:

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

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

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

Statutory Authority: *MS s 254B.03*

History: *12 SR 53*

Published Electronically: *January 3, 2018*

9530.6810 COUNTY BOARD RESPONSIBILITY TO REVIEW PROGRAM NEED.

When an applicant for licensure under parts 9530.2500 to 9530.4000 or Minnesota Statutes, chapter 245G, requests a written statement of support for a proposed chemical dependency treatment program from the county board of commissioners of the county in which the proposed program is to be located, the county board, or the county board's designated representative, shall submit a statement to the commissioner that either supports or does not support the need for the applicant's program. The county board's statement must be submitted in accordance with items A and B:

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

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

Statutory Authority: *MS s 254B.03*

History: *12 SR 53*

Published Electronically: *January 3, 2018*

CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUND

9530.7000 DEFINITIONS.

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

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

Subp. 3. [Repealed, 32 SR 2268]

Subp. 4. [Repealed, 32 SR 2268]

Subp. 5. **Chemical dependency treatment services.** "Chemical dependency treatment services" means services provided by chemical dependency treatment programs licensed according to Minnesota Statutes, chapter 245G, or certified according to parts 2960.0450 to 2960.0490.

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

Subp. 7. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Human Services or the commissioner's designated representative.

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

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

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

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

Subp. 11. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 12. [Repealed, 32 SR 2268]

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

- A. cash payments for wages or salaries;
- B. cash receipts from nonfarm or farm self-employment, minus deductions allowed by the federal Internal Revenue Service for business or farm expenses;
- C. regular cash payments from social security, railroad retirement, unemployment compensation, workers' union funds, veterans' benefits, the Minnesota family investment program, Supplemental Security Income, General Assistance, training stipends, alimony, child support, and military family allotments;
- D. cash payments from private pensions, government employee pensions, and regular insurance or annuity payments;
- E. cash payments for dividends, interest, rents, or royalties; and
- F. periodic cash receipts from estates or trusts.

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

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

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

Subp. 16. [Repealed, 32 SR 2268]

Subp. 17. [Repealed, 32 SR 2268]

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

Subp. 18. [Repealed, 32 SR 2268]

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

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

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

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

History: *12 SR 53; 13 SR 1448; 15 SR 1540; 16 SR 391; L 2000 c 478 art 2 s 7; L 2006 c 212 art 1 s 25; 32 SR 2268*

Published Electronically: *January 3, 2018*

9530.7005 SCOPE AND APPLICABILITY.

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

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

Statutory Authority: *MS s 254B.03*

History: *12 SR 53*

Published Electronically: *October 15, 2013*

9530.7010 COUNTY RESPONSIBILITY TO PROVIDE SERVICES.

The local agency shall provide chemical dependency treatment services to eligible clients who have been assessed and placed by the county according to parts 9530.6600 to 9530.6655 and Minnesota Statutes, chapter 256G.

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

History: *12 SR 53; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.7012 VENDOR AGREEMENTS.

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

For purposes of this part, "chemical dependency treatment services costs" are costs, including related administrative costs, of services that meet the criteria in items A to C:

A. The services are provided within a program licensed according to Minnesota Statutes, chapter 245G, or certified according to parts 2960.0430 to 2960.0490.

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

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

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

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

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

History: *15 SR 1540; L 2003 1Sp14 art 11 s 11; 32 SR 2268*

Published Electronically: *January 3, 2018*

9530.7015 CLIENT ELIGIBILITY; CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUND.

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

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

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

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

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

Subp. 2. [Repealed, 32 SR 2268]

Subp. 2a. **Third-party payment source and client eligibility for the CCDTF.** Clients who meet the financial eligibility requirement in subpart 1 and who have a third-party payment source are eligible for the Consolidated Chemical Dependency Treatment Fund if the third party payment source pays less than 100 percent of the treatment services determined according to parts 9530.6600 to 9530.6655.

Subp. 3. [Repealed, 32 SR 2268]

Subp. 4. **Client ineligible to have treatment paid for from the CCDTF.** A client who meets the criteria in item A or B shall be ineligible to have chemical dependency treatment services paid for with Consolidated Chemical Dependency Treatment Funds.

A. The client has an income that exceeds current household size and income guidelines for entitled persons as defined in Minnesota Statutes, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

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

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

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

B. be eligible according to subparts 1 and 2a and be determined eligible by a local agency under part 9530.7020.

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

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

History: *12 SR 53; 15 SR 1540; L 2006 c 212 art 1 s 25; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.7020 LOCAL AGENCY TO DETERMINE CLIENT ELIGIBILITY.

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

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

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

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

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

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

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

(d) the client's spouse's minor children.

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

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

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

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

Subp. 1a. **Redetermination of client eligibility.** The local agency shall redetermine a client's eligibility for CCDTF every six months after the initial eligibility determination, if the client has continued to receive uninterrupted chemical dependency treatment services for that six months. For purposes of this subpart, placement of a client into more than one chemical dependency treatment program in less than ten working days, or placement of a client into a residential chemical dependency treatment program followed by nonresidential chemical dependency treatment services shall be treated as a single placement.

Subp. 2. **Client, responsible relative, and policyholder obligation to cooperate.** A client, responsible relative, and policyholder shall provide income or wage verification, household size verification, and shall make an assignment of third-party payment rights under subpart 1, item C. If a client, responsible relative, or policyholder does not comply with the provisions of this subpart, the client shall be deemed to be ineligible to have Consolidated Chemical Dependency Treatment Funds pay for his or her chemical dependency treatment, and the client and responsible relative shall be obligated to pay for the full cost of chemical dependency treatment services provided to the client.

Subp. 3. [Repealed, 15 SR 1540]

Subp. 4. [Repealed, 15 SR 1540]

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

History: *12 SR 53; 12 SR 2748; 15 SR 1540; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.7021 PAYMENT AGREEMENTS.

When the local agency, the client, and the vendor agree that the vendor will accept payment from a third-party payment source for an eligible client's treatment, the local agency, the client, and the vendor shall enter into a third-party payment agreement. The agreement must stipulate that the vendor will accept, as payment in full for services provided to the client, the amount the

third-party payor is obligated to pay for services provided to the client. The agreement must be executed in a form prescribed by the commissioner and is not effective unless an authorized representative of each of the three parties has signed it. The local agency shall maintain a record of third-party payment agreements into which the local agency has entered.

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

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

History: *16 SR 391; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.7022 CLIENT FEES.

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

Subp. 2. [Repealed, 32 SR 2268]

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

History: *15 SR 1540; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.7024 [Repealed, 32 SR 2268]

Published Electronically: *October 15, 2013*

9530.7025 DENIAL OF PAYMENT.

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

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

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

B. When a county's allocation under Minnesota Statutes, section 254B.02, subdivisions 1 and 2, has been exhausted, and the county's maintenance of effort has been met as required under

Minnesota Statutes, section 254B.02, subdivision 3, and the local agency has been notified by the department that the only clients who are eligible to have their treatment paid for from the consolidated chemical dependency treatment fund are clients who are eligible under part 9530.7015, subpart 1, the department shall bill the county for 100 percent of the costs of a client's chemical dependency treatment services when the department determines that the client was not eligible under part 9350.7015, subpart 1.

Statutory Authority: *MS s 254B.03*

History: *12 SR 53*

Published Electronically: *October 15, 2013*

9530.7030 VENDOR MUST PARTICIPATE IN DAANES SYSTEM.

Subpart 1. **Participation a condition of eligibility.** To be eligible for payment under the Consolidated Chemical Dependency Treatment Fund, a vendor must participate in the Drug and Alcohol Normative Evaluation System (DAANES) or submit to the commissioner the information required in DAANES in the format specified by the commissioner.

Subp. 2. [Repealed, 32 SR 2268]

Subp. 3. [Repealed, 32 SR 2268]

Subp. 4. [Repealed, 32 SR 2268]

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

History: *12 SR 53; 17 SR 2914; 32 SR 2268*

Published Electronically: *October 15, 2013*

9530.7031 [Repealed, 32 SR 2268]

Published Electronically: *October 15, 2013*