CHAPTER 9533

DEPARTMENT OF HUMAN SERVICES

CERTIFICATION OF INTEGRATED TREATMENT

9533.0010 APPLICABILITY.

Subpart 1. **Purpose and applicability.** Parts 9533.0010 to 9533.0180 provide methods, procedures, and practice standards relating to the establishment and operation of certified integrated treatment programs for providers who elect to become certified.

Subp. 2. **Optional certification.** A program that provides integrated treatment, co-occurring disorder treatment, co-occurring capable treatment, or other forms of treatment designed to address co-occurring mental illness and substance use disorders in adults or children is not required to obtain an integrated treatment certification.

Subp. 3. **Substitution of requirements.** A certificate holder must substitute the requirements of this chapter for requirements in other department rules in accordance with parts 9533.0090, subpart 1, and 9533.0100, subpart 2. A certificate holder that is also licensed as a chemical dependency program in accordance with Minnesota Statutes, chapter 245A and section 245G.03, must substitute the requirements of parts 9533.0010 to 9533.0140 for the requirements in Minnesota Statutes, section 245G.20.

Statutory Authority: *MS s 245.4863*

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9533.0020 DEFINITIONS.

Subpart 1. **Scope.** For purposes of parts 9533.0010 to 9533.0180, the following terms have the meanings given them.

Subp. 2. **Alcohol and drug counselor.** "Alcohol and drug counselor" has the meaning given in Minnesota Statutes, section 148F.01, subdivision 5.

Subp. 3. **Care coordination.**

A. "Care coordination," for an adult, means helping the client obtain the services and supports needed by the client, and ensuring coordination and consistency of care across these services and supports, ensuring ongoing evaluation of treatment progress and client needs to establish a lifestyle free from the harmful effects of substance use and oriented toward ongoing recovery from a co-occurring substance use disorder and mental illness. Examples of services and supports include medical, social, educational, and vocational services. For the purposes of this chapter, the phrase "care coordination" is interchangeable with the phrases "service coordination" and "case management."

B. "Care coordination," for a child, means a community intervention to ensure the consistency of care and coordination of services and supports across the child's medical, social service, school, probation, and other services, oriented toward aiding the child in refraining from substance use and ongoing recovery from mental disorders. For the purposes of this chapter, the phrase "care coordination" is interchangeable with the phrases "service coordination" and "case management."

Subp. 4. **Certificate holder.** "Certificate holder" means a controlling person for the corporation, partnership, or other organization, who is legally responsible for the operation of the integrated treatment program certified under this chapter.

Subp. 5. **Certification.** "Certification" means the commissioner's written authorization that the program meets the conditions to be certified under this chapter as an integrated treatment program.

Subp. 6. **Certified integrated treatment program.** "Certified integrated treatment program" means a program that meets the requirements of parts 9533.0010 to 9533.0170.

Subp. 7. **Certified peer specialist or peer specialist.** "Certified peer specialist" or "peer specialist" means a person who the commissioner has certified as a peer specialist and meets the requirements of either Minnesota Statutes, section 256B.0615, subdivision 5, for services provided to adults, or section 256B.0947, subdivision 2, paragraph (h), for services provided to children.

Subp. 8. **Chemical dependency.** "Chemical dependency" means a substance use disorder.

Subp. 9. **Child with severe emotional disturbance.** "Child with severe emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 6.

Subp. 10. **Client.** "Client" means a person accepted by a certified integrated treatment program for assessment or treatment of co-occurring disorders. A person remains a client until the program no longer provides or plans to provide integrated treatment services to that client.

Subp. 11. **Cognitive-behavioral approaches, techniques, and strategies.** "Cognitive-behavioral approaches, techniques, and strategies" means therapeutic approaches, techniques, and strategies founded in the theories of cognitive-behavioral counseling, which is a general approach to psychotherapy based on the systematic application of theories about learning to human problems. Cognitive-behavioral counseling emphasizes development of new skills and competencies for overcoming problems and achieving life goals.

Subp. 12. **Collateral sources.** "Collateral sources" means persons who possess clinically relevant information about the client, including family members, caregivers, teachers, community agencies, and previous treatment providers.

Subp. 13. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designee.

Subp. 14. **Competency.** "Competency" means possession of the requisite abilities to fulfill work obligations.

Subp. 15. **Co-occurring substance use disorder and mental illness or co-occurring disorders.** "Co-occurring substance use disorder and mental illness" or "co-occurring disorders" means a diagnosis of at least one substance use disorder that involves alcohol or drug use, excluding the use of nicotine, and at least one form of mental illness.

Subp. 16. **Counseling.** "Counseling" means the use of skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; the examination of attitudes and feelings; the consideration of alternative solutions; and decision making.

Subp. 17. **Department.** "Department" means the Department of Human Services.

Subp. 18. **Diagnostic assessment.** "Diagnostic assessment" has the meaning given in part 9505.0370, subpart 11. A diagnostic assessment must be provided according to part 9505.0372, subpart 1.

Subp. 19. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15, as applied to a child.

Subp. 20. **Evidence-based practices.** "Evidence-based practices" means nationally recognized treatments, techniques, and therapeutic approaches that are supported by substantial research and shown to be effective in helping individuals with serious mental illness and substance use disorders obtain specific treatment goals.

Subp. 21. **Illness management and recovery or IMR.** "Illness management and recovery" or "IMR" means the mental health evidence-based best practice that helps clients manage their illness more effectively in the context of pursuing their personal recovery goals.

Subp. 22. **Integrated assessment.** "Integrated assessment" means an assessment that identifies the interaction between substance use and mental health symptoms and disorders and how this relates to treatment during periods of both stability and crisis. The assessment analyzes and uses data on one disorder in light of data related to another disorder, which includes the history of both disorders and the interactions between them. The integrated assessment is a formal process of conducting clinical interviews, using standardized instruments, and reviewing existing information. The integrated assessment results form the basis for a summary and recommendations used to establish the integrated treatment plan.

Subp. 23. **Integrated treatment.** "Integrated treatment" means the integration of documented clinical services and documented treatment for substance use disorders and mental illness to produce better patient outcomes. It includes treatment coordination, organizational policy, and treatment practice within an entire agency to help practitioners provide integrated treatment.

Subp. 24. **Integrated treatment plan.** "Integrated treatment plan" means a single treatment plan that addresses both the client's mental health and substance use disorders, and integrates information obtained during the screening, diagnostic assessment, functional assessment, and contextual analysis into a set of actions to be taken by the treatment team. The plan is an evolving document that the certificate holder continues to review and refine throughout treatment.

Subp. 25. **Level of care.** "Level of care" means the intensity of services being provided based on the assessed needs of the client. The number of hours of care and the credentials of the individual providing the care reflect the level of care.

Subp. 26. **Mental illness.**

A. "Mental illness," for a child, has the meaning given in Minnesota Statutes, section 245.4871, subdivision 6 or 15.

B. "Mental illness," for an adult, has the meaning given in Minnesota Statutes, section 245.462, subdivision 20.

Subp. 27. **Program of origin.** "Program of origin" means the licensed or certified program eligible for certification as an integrated treatment program under part 9533.0030, subpart 1.

Subp. 28. **Protocol.** "Protocol" means a set of steps or actions to be taken to implement a process or standard procedure.

Subp. 29. **Psychoeducation.** "Psychoeducation" means individual, family, or group services designed to educate and support the individual and family in understanding symptoms, treatment components, and skill development; preventing relapse; and achieving optimal mental and chemical health and long-term resilience.

Subp. 30. **Recovery coach.** "Recovery coach" means an individual who has a mental health disorder, substance use disorder, or co-occurring disorder, or an individual who has experience with addiction or mental illness in the individual's family, or in close friendships, and has had experience that supports the individual's understanding of the complications of the disorders. Recovery coaches provide a set of nonclinical, peer-based activities that engage, educate, and support an individual with co-occurring disorders, using the coach's own personal, lived experiences of recovery.

Subp. 31. **Recovery philosophy.** "Recovery philosophy" means a philosophical framework for organizing health and human service systems that affirms hope for successful treatment and ongoing long-term treatment success, and includes a significant reduction in acute and chronic symptoms, a focus on client strengths, and the availability of a wide spectrum of services and supports that promote resilience and reduce the risk of relapse and its harmful effects.

Subp. 32. **Screening.** "Screening" means a brief process that occurs soon after an individual seeks services and indicates whether the individual is likely to have co-occurring mental health and substance use disorders.

Subp. 33. **Staff or staff member.** "Staff" or "staff member" means an individual who works under the direction of the certificate holder regardless of the individual's employment status. Examples include interns, consultants, and other individuals who work part time or who volunteer, and individuals who do not provide direct contact services as defined in Minnesota Statutes, section 245C.02, subdivision 11.

Subp. 34. **Stage of change.** "Stage of change" means an individual process involving progress through a series of psychological stages that relate to treatment readiness and acceptance of one's problems. These stages are typically described as:

A. precontemplation, which refers to the stage at which one is not intending to take action in the foreseeable future, and unaware that one's behavior is problematic;

B. contemplation, which refers to the stage at which one is beginning to recognize that one's behavior is problematic, and beginning to look at the pros and cons of one's continued actions;

C. preparation, which refers to the stage at which one is leaning toward taking action in the immediate future, and may begin taking small steps toward behavior change;

D. action, which refers to the stage at which one is making specific, overt modifications in modifying problem behaviors or in acquiring new healthy behaviors; and

E. maintenance, which refers to the stage at which one is sustaining action over time and working to prevent relapse.

Subp. 35. **Stage of treatment.** "Stage of treatment" means specific, identifiable phases of treatment that include:

A. engagement, which is forming a trusting working alliance or relationship between the provider and the client;

B. persuasion, which is helping the engaged client develop the motivation to participate in recovery-oriented interventions;

C. active treatment, which is helping the motivated client acquire skills and supports for managing illnesses and pursuing goals; and

D. maintenance, which is helping the client to sustain relapse prevention, or helping a client in stable remission develop and use strategies for maintaining recovery.

Subp. 36. **Stage-wise treatment.** "Stage-wise treatment" means interventions tailored to a client's stage of treatment by considering a client's readiness for and attitudes toward change, and whether the client is at the engagement, persuasion, active treatment, or relapse-prevention stage of treatment that is documented. The objective is to maintain a productive working relationship by avoiding pressure on the client to change too much, too quickly. Stage-wise treatment is based on research that shows that interventions appropriate at one stage may be ineffective or contraindicated at another stage.

Subp. 37. **Substance use disorder.** "Substance use disorder" means a pattern of substance use as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM), and subsequent editions of the DSM. The section of the DSM that defines "substance use disorder" is incorporated by reference. The current DSM was published by the American Psychiatric Association in 2013. It is not subject to frequent change. The DSM is available through the Minitex interlibrary loan system.

Subp. 38. **Telemedicine.** For integrated treatment, "telemedicine" has the meaning given to the phrase "mental health telemedicine" in Minnesota Statutes, section 256B.0625, subdivision 46, when telemedicine is used to provide integrated treatment.

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9533.0030 ELIGIBILITY FOR CERTIFICATION.

Subpart 1. **Eligibility.** An eligible provider must meet the requirements of parts 9533.0010 to 9533.0170, and be one or more of the following:

A. certified by the commissioner as a community mental health center or clinic under Minnesota Statutes, section 245.69, subdivision 2;

B. licensed by the commissioner as a nonresidential or residential chemical dependency treatment facility under chapter 9530 and Minnesota Statutes, section 254B.05;

C. licensed by tribal government as an American Indian program that provides treatment for substance use disorders or mental health services;

D. licensed by the commissioner to provide adult intensive rehabilitative mental health services under Minnesota Statutes, section 256B.0622, or certified by the commissioner as an adult rehabilitative mental health service under Minnesota Statutes, section 256B.0622 or 256B.0623;

E. authorized by the commissioner to provide intensive nonresidential rehabilitative mental health services to recipients ages 16 to 21 under Minnesota Statutes, section 256B.0947;

F. licensed by the commissioner to operate a facility that provides residential care, treatment, or rehabilitation services on a 24-hour basis to children under part 2960.0430 or 2960.0580; or

G. a hospital facility licensed by the Department of Health under Minnesota Statutes, chapter 144.

Subp. 2. **Compliance with preexisting requirements.** The requirements of parts 9533.0010 to 9533.0140 are in addition to the statutory and rule requirements of the Department of Human Services or the Department of Health, whichever department regulates the program of origin or, in the case of tribal licensure, the tribal requirements that govern the program of origin. Failure to be in compliance with these additional requirements governing the program of origin is deemed to be a violation of this subpart.

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9533.0040 TARGET POPULATION.

The target population is individuals experiencing problems with a substance use disorder and mental illness whose acute or chronic symptoms would be best served through integrated treatment. The certificate holder must be capable of providing integrated treatment for the target population, but the certificate holder may elect to treat a broader continuum of individuals in its program. The target population typically includes the following:

A. an individual assessed as having both a substance use disorder and, for an adult, a diagnosis of schizophrenia, schizoaffective disorder, or a major mood disorder, including major depressive disorder and bipolar disorder; or, for a child, an emotional disturbance or severe emotional disturbance according to Minnesota Statutes, section 245.4871, subdivisions 6 and 15; or

B. an individual with co-occurring disorders and impaired role functioning demonstrated by one or more of the following characteristics:

(1) a pattern of high use of acute care services, based on the number of inpatient hospitalizations, time spent in the hospital, and use of emergency services;

(2) during the previous six months, substantial uncertainty in living conditions, including homelessness, housing instability, incarceration, or frequent law enforcement encounters;

(3) a persistent pattern of nonengagement in mental health services or treatment for a substance use disorder, despite continuing outreach directed at the client;

(4) presentation with active symptoms of substance use, active psychiatric symptoms, or both, including circumstances where present symptoms are severe and ongoing or create a crisis for the client; or

(5) presentation with chronic symptoms of mental health disability, a substance use disorder, or both.

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9533.0050 POLICIES, PROCEDURES, AND PROTOCOLS.

Subpart 1. **Policies, procedures, and protocols.** In accordance with Minnesota Statutes, section 245A.04, subdivision 14, the certificate holder must have written program policies, procedures, and protocols necessary to maintain compliance with parts 9533.0010 to 9533.0140 and must adhere to these policies, procedures, and protocols. The certificate holder must make program policies, procedures, and protocols readily accessible to staff and list the policies, procedures, and protocols with a table of contents or another method approved by the commissioner that enables staff to readily find the policies, procedures, and protocols.

Subp. 2. **Medicine and drug management requirements.** If the certificate holder's services include medication or drug administration that is not already governed by other law stating medication and drug management requirements, the certificate holder must adopt a policy that includes, at a minimum, the requirements in Minnesota Statutes, section 245G.08, subdivisions 5 and 6.

Subp. 3. **Behavioral emergency procedures.** The certificate holder must:

A. for adult programs, adopt a policy that incorporates behavioral emergency procedures in Minnesota Statutes, section 245G.16, and mental health crisis stabilization services in Minnesota Statutes, section 256B.0624, subdivision 2, paragraph (e); and

B. for children's programs, adopt a policy that incorporates behavioral emergency procedures in Minnesota Statutes, section 245G.16, and response actions required under Minnesota Statutes, section 256B.0944, subdivisions 6 to 8.

Subp. 3a. **Illness management and recovery principles.** The certificate holder must describe in its policies and procedures how principles of illness management and recovery will be infused throughout integrated treatment.

Subp. 4. **Training and implementation.** In accordance with Minnesota Statutes, section 245A.04, subdivision 14, the certificate holder shall:

A. train program staff to implement their duties according to the program's policies, procedures, and protocols;

B. document the provision of this training; and

C. monitor implementation of policies and procedures by program staff.

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9533.0060 PROGRAM STRUCTURE AND PRACTICE PRINCIPLES.

Subpart 1. **Program structure.** The certificate holder must:

A. adopt a program mission statement stating that the certificate holder is able to provide and offer integrated treatment;

B. establish an integrated treatment organizational structure which reflects the practice principles defined in subpart 2 and supports the provision of services according to parts 9533.0070 to 9533.0170 to facilitate the integration of substance use disorder and mental health treatment services; and

C. provide integrated treatment through a multidisciplinary team according to part 9533.0110.

Subp. 2. **Practice principles.** The certificate holder must establish its integrated treatment program based on a set of core practice principles. These principles require the certificate holder to:

A. view a client as able to:

(1) participate fully in treatment;

(2) share in treatment decisions, when appropriate; and

(3) offer expertise about the client's life;

B. provide stage-wise treatment conducted using interventions that are stage-appropriate and individualized based on the client's stage of readiness for, and attitudes about, change;

C. provide strengths-based treatment that identifies and capitalizes on existing client strengths and seeks to maximize opportunities to enhance new strengths;

D. provide mental illness and substance use disorder treatment within the same episode of care;

E. use a single integrated treatment plan to address co-occurring disorders and identify integrated treatment interventions;

F. address the complexity of client needs to support recovery in other major life areas, such as physical health issues, housing, and employment;

G. involve family, guardians, or other support figures in the treatment process through input to and feedback from support figures, before, during, and after treatment, except when involvement is counter-therapeutic or such figures are unable or unwilling to participate;

H. provide psychoeducation for the client, the client's family, guardians, and other support figures regarding the interaction of mental health and substance use disorders;

I. provide treatment tailored to the client's developmental and cognitive level;

J. incorporate evidence-based treatment practices shown to be effective in treating mental illness, substance use disorders, and co-occurring disorders;

K. focus on ongoing engagement through treatment services that are based not on an episode of care, but on continual assessment of progress and recovery;

L. endorse a recovery philosophy reflected in a formal mechanism for follow-up care, with an equal focus on treatment for substance use disorders and mental illness;

M. recognize that although full recovery from both substance use and mental health disorders is an ideal goal, repeated interventions may be needed over the long term and symptom reduction is considered progress; and

N. recognize and respond to issues related to culture, ethnicity, race, acculturation, and historical trauma, and recognize the client's cultural beliefs and values through culturally responsive, trauma-informed services.

Statutory Authority: *MS s 245.4863*

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9533.0070 SCREENING REQUIREMENTS.

Subpart 1. **Screening required.** The certificate holder must ensure that staff who perform chemical dependency assessments screen clients for mental health disorders and staff who perform mental health diagnostic assessments screen for substance use disorders.

Subp. 2. **Protocol.** The certificate holder must adopt a written screening protocol that sets out the requirements in items A to C.

A. The certificate holder must screen clients who are age 12 and older.

B. Screening for co-occurring disorders is required at least annually for each client, and when staff perform a mental health diagnostic assessment or a substance use disorder assessment. Notwithstanding this requirement, screening is not required when:

(1) the presence of co-occurring disorders was documented in the past 12 months;

(2) the individual is currently receiving co-occurring disorders treatment; or

(3) the individual has been referred to the certificate holder for co-occurring disorders treatment.

C. The certificate holder must set out in the protocol the screening process it uses. The protocol must state:

(1) which standardized screening tool approved by the commissioner will be used;

(2) what actions the certificate holder will take to determine the client's acute intoxication and withdrawal potential according to part 9530.6622, subpart 1;

(3) whether the screen is self-administered or part of a structured interview;

(4) how to score client responses;

(5) what constitutes a positive score;

(6) what actions the certificate holder will take in response to a client's positive score; and

(7) how the certificate holder documents the following:

(a) the screening results;

(b) what actions staff must take in response to the results; and

(c) whether assessments must be performed.

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9533.0080 DIAGNOSIS.

The certificate holder must make a preliminary determination and document whether the client has a co-occurring substance use disorder and mental illness. The certificate holder must obtain the diagnosis or diagnoses in one of the following ways:

A. document existing diagnoses determined by the referral source, if the diagnoses:

(1) are determined according to the DSM; and

(2) were made within the previous 180 days, and significant changes in the client's condition have not occurred; or

B. perform a diagnostic assessment as defined in part 9505.0372, subpart 1.

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9533.0090 INTEGRATED ASSESSMENT.

Subpart 1. **Integrated assessment required.** When the certificate holder has made a preliminary determination that the client has a co-occurring substance use disorder and mental illness, the certificate holder must complete an integrated assessment that includes all of the information required in subparts 4 to 6 and part 9505.0372, subpart 1, and Minnesota Statutes, section 245G.05, subdivision 1. The certificate holder must substitute the requirements of this part for the requirements in parts 2960.0450, subpart 2, item A; 9505.0372, subpart 1; and 9520.0790, subpart 3; and Minnesota Statutes, section 245G.05, subdivision 1; as applicable, for a client who is receiving integrated treatment.

Subp. 2. **Second assessment not required.** Notwithstanding the requirement in subpart 1, if the certificate holder has performed a diagnostic assessment for the purpose of complying with part 9533.0080, then the certificate holder does not need to comply a second time with the requirements in part 9505.0372, subpart 1, as part of the integrated assessment.

Subp. 3. **Timing.** For residential programs, the integrated assessment must be completed no more than ten days after admission. For outpatient programs, the integrated assessment must be completed within the first three client sessions. For all programs that provide treatment for children, the certificate holder must prepare a new integrated assessment for a child client every six months.

Subp. 4. **Supplemental information.** The integrated assessment must include:

A. a level of care assessment using a standardized tool, if a level of care determination has not been made within the previous 30 days. The level of care assessment must document how the needs of the client match the corresponding level of care of integrated treatment determined necessary;

B. a longitudinal review of the interaction between substance use and psychiatric symptoms and the consequences to the client's health, relationships, and emotional functioning;

C. an assessment of a client's stage of treatment and motivation for change;

D. documentation of a client's relevant strengths and indication of how these may be useful in treatment; and

E. information from collateral sources about the client when available.

Subp. 5. **Integrated assessment summary.** The certificate holder must use the comprehensive information gathered during the assessment process to culminate in an integrated assessment summary that will later lead to the creation of a single integrated treatment plan. This integrated assessment summary must include:

A. a case conceptualization that identifies antecedents, responses toward, and consequences of symptoms and maladaptive behaviors of both disorders and their interaction across key areas of a client's life functions;

B. a description of how the client's symptoms and behaviors associated with one disorder affect or impact the expression of symptoms and severity of the other disorder;

C. a description of situational factors in which the client's substance use behavior is typically triggered or is typically absent;

D. a description of the client's domains of behavior and symptoms that have been most challenging to recovery or have led to crises;

E. a description of the factors that contribute to the client's stability and relapse for both disorders and how the interaction of the disorders affects stability and ability to benefit from treatment;

F. consideration of referral for pharmacological treatments; and

G. a preliminary treatment plan that states specific treatment recommendations. When developing these treatment recommendations, the certificate holder must consider:

(1) the client's stage of treatment, motivation for change, and strengths; and

(2) the symptoms and behaviors related to both disorders.

Subp. 6. **Post-assessment determination about program suitability.** When the client is confirmed through the assessment process to have co-occurring disorders, the certificate holder must review the assessment results and conclusions and document whether the integrated treatment program is appropriate to meet the client's needs. If not, the certificate holder must refer the client to an appropriate program or provider for treatment.

Subp. 7. **Integrated assessment updates.** For adult clients, the integrated assessment must be updated annually. Notwithstanding this requirement, the integrated assessment must be promptly updated if the multidisciplinary treatment team determines that the client's co-occurring condition has significantly changed. The integrated assessment update must:

A. update the most recent integrated assessment information referred to in subparts 1, 4, and 5 based on an interview with the client;

B. include a written update of those areas where significant new or changed information exists; and

C. document those areas where there has been no significant change.

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9533.0100 INTEGRATED TREATMENT PLAN.

Subpart 1. **Integrated treatment plan requirements.** The certificate holder must:

A. adopt a protocol that requires completion of an integrated treatment plan:

(1) in residential programs, no more than 14 days after the integrated assessment is completed; and

(2) in outpatient programs, no more than 30 days after the integrated assessment is completed;

B. prepare the client's integrated treatment plan by integrating information obtained during the processes described in parts 9533.0080 and 9533.0090 into a set of actions to be taken by the treatment team; and

C. adopt a protocol that requires review of and updates to the integrated treatment plan based on client progress and response to treatment:

(1) in residential programs, every 14 days; or

(2) in outpatient programs, every 30 days.

Subp. 2. **Substitution of requirements.** The certificate holder must substitute the requirements of this part for the requirements in parts 2960.0490, subparts 1, 2, 2a, 3, and 5; 9505.0371, subpart 7, item C; and 9520.0790, subpart 4; and Minnesota Statutes, section 245G.06, subdivisions 1, 2, and 3, as applicable, for a client who is receiving integrated treatment.

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9533.0110 STAFFING REQUIREMENTS.

Subpart 1. **Multidisciplinary team.** The certificate holder must provide integrated treatment through a multidisciplinary team of persons who are either employed by or have a written agreement to provide services for the certificate holder. The multidisciplinary team must include:

A. a prescribing provider who is one of the following:

(1) a psychiatrist licensed as a physician under Minnesota Statutes, chapter 147, and certified by the American Board of Psychiatry and Neurology or eligible for board certification;

(2) a primary care physician licensed under Minnesota Statutes, chapter 147, who works in consultation with a psychiatrist as defined in subitem (1); or

(3) a psychiatric nurse with prescribing authority who meets the requirements of Minnesota Statutes, section 245.462, subdivision 18, clause (1);

B. an integrated treatment team leader who meets the requirements of part 9505.0371, subpart 5, item D, subitems (1) to (6), or Minnesota Statutes, section 245G.11, subdivision 4, and who:

(1) holds a current credential in the realm of integrated treatment from a nationally recognized certification body approved by the commissioner; or

(2) is approved by the commissioner or the commissioner's designated representative as having demonstrated knowledge of both substance use disorders and serious mental illnesses

and the complexity of interactions between them, and skills that have been found to be effective in treating individuals with co-occurring disorders;

C. a mental health professional who is qualified in one of the following ways:

(1) a psychiatrist who meets the requirements of item A, subitem (1);

(2) in clinical social work, a person licensed as an independent clinical social worker by the Minnesota Board of Social Work under Minnesota Statutes, chapter 148E;

(3) in psychology, a person licensed by the Minnesota Board of Psychology under Minnesota Statutes, sections 148.88 to 148.98, who has stated to the board competencies in the diagnosis and treatment of mental illness;

(4) in marriage and family therapy, a person licensed as a marriage and family therapist by the Minnesota Board of Marriage and Family Therapy under Minnesota Statutes, sections 148B.29 to 148B.39, and defined in parts 5300.0100 to 5300.0350;

(5) in professional counseling, a person licensed as a professional clinical counselor by the Minnesota Board of Behavioral Health and Therapy under Minnesota Statutes, section 148B.5301;

(6) in psychiatric nursing, a registered nurse who is licensed under Minnesota Statutes, sections 148.171 to 148.285, and meets one of the following criteria:

(a) is certified as a clinical nurse specialist;

(b) for children, is certified as a nurse practitioner in child, adolescent, or family psychiatric and mental health nursing by a national nurse certification organization; or

(c) for adults, is certified as a nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization;

(7) a tribally approved mental health care professional, who meets the standards in Minnesota Statutes, section 256B.02, subdivision 7, paragraphs (b) and (c), and who is serving a federally recognized Indian tribe; or

(8) for programs certified as adult rehabilitative mental health services under Minnesota Statutes, section 256B.0623, a person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

D. a care coordinator who provides the services described in part 9533.0020, subpart 3;

E. a licensed alcohol and drug counselor as described in Minnesota Statutes, section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience, and other requirements in Minnesota Statutes, section 245G.11, subdivision 5; and

F. in programs for adults:

(1) a certified peer specialist; or

(2) a recovery coach who holds a current credential from a recognized certification body approved by the commissioner. This item is effective July 1, 2016.

Subp. 2. **Staffing.**

A. Each multidisciplinary team member must provide an average of at least eight hours per week of integrated treatment within the program.

B. If a team member fulfills the requirements for more than one of the types of multidisciplinary team professionals required in subpart 1, items A to F, then the team member may fulfill the roles of two multidisciplinary team professionals. Only one team member may fulfill two roles.

C. Team members may provide integrated treatment through telemedicine.

D. A client may elect to receive psychiatric services from a provider who is not a member of the multidisciplinary team but with whom the client has a preexisting relationship. If the client does so, the multidisciplinary team must provide related care coordination according to part 9533.0120, subpart 6.

Subp. 3. **Competency.** Screening, assessment, and integrated treatment must be provided by staff who have demonstrated competency in their scope of practice.

Subp. 4. **Documentation of qualifications.** The certificate holder must maintain all staff qualification documentation in the employee's personnel file or other appropriate personnel record.

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9533.0120 STAFF RESPONSIBILITIES DURING ASSESSMENT AND TREATMENT.

Subpart 1. **Treatment team leader.** Staff must have routine access to a certified or approved integrated treatment team leader for the treatment of co-occurring disorders. The integrated treatment team leader must be on site or available for consultation. The integrated treatment team leader must supervise the integrated case consultation required under subpart 4. The integrated treatment team leader must:

A. in the instance of a mental health professional acting as the supervisor, comply with the requirements of part 9505.0371, subpart 5, item D, subitems (7) to (16); and

B. in the instance of an individual other than a mental health professional acting as the supervisor, comply with the requirements of part 9505.0371, subpart 5, item D, subitems (8) and (11) to (16).

Subp. 2. **Staff role in integrated assessment.** The certificate holder must establish a protocol for the multidisciplinary team to:

A. participate in information gathering to inform an integrated assessment that addresses both the substance use disorder and mental illness, and the interaction of the disorders; and

B. be accountable for the collaborative development of an integrated assessment through formal interaction and cooperation in initial assessment, ongoing reassessment, treatment plan updates, and treatment.

Subp. 3. **Staff role in integrated treatment.** The certificate holder must establish a protocol for the multidisciplinary team to:

A. participate in the development of a single treatment plan that addresses both the substance use disorder and mental illness, and the interaction of the disorders; and

B. be accountable for the collaborative implementation of the treatment plan through formal interaction and cooperation in ongoing reassessment and treatment of the client.

Subp. 4. **Integrated case consultation.** The certificate holder must perform integrated case consultation for collaborative review of the client's progress and response to treatment. During the integrated case consultation, the certificate holder must:

A. ensure the consultation is supervised by the integrated treatment team leader;

B. address high-risk clients;

C. use a standard, structured format;

D. use a multidisciplinary perspective based on attendance of all of the multidisciplinary team members identified in part 9533.0110, subpart 1, to contribute to treatment plan development and ongoing treatment adjustment; and

E. update the integrated treatment plan in accordance with part 9533.0100.

Subp. 5. **Monitoring during treatment.** The certificate holder must:

A. document that staff monitor and assess the interactive courses of both the mental health and substance use disorders during treatment;

B. describe the history, chronology, and interaction of both disorders in a specific section of the client's record; and

C. examine the information described in item B with a long-term view.

Subp. 6. **Care coordination.** The certificate holder must provide care coordination.

Statutory Authority: *MS s 245.4863*

History: *38 SR 523*

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9533.0130 CORE TREATMENT SERVICES.

Subpart 1. **Required services.** Unless the certificate holder has documented clinical contraindication of a service for the client and the rationale for the contraindication, the certificate holder must offer, or have a written agreement in place to offer, and must document the provision of the services in subparts 2 to 9 to program clients.

Subp. 2. **Stage-based individual and group modalities.**

A. The certificate holder must adopt and routinely use a protocol to assess and reassess stage of treatment and stage of change.

B. The certificate holder must offer individual and group modalities that consider the client's stage of treatment to help the client:

(1) identify and address problems related to substance use disorders, mental health disorders, and the interaction between them;

(2) develop strategies to avoid inappropriate substance use; and

(3) maintain mental health gains and stability after discharge.

C. Treatment delivered in a group modality must provide each individual in the group with stage-appropriate treatment and must include:

(1) a same-stage or mixed-stage treatment group; and

(2) a social skills training group.

Subp. 3. **Engagement and outreach techniques.** The certificate holder must offer an array of assertive engagement outreach techniques. The techniques must be appropriate to the individual's stage of change and designed to:

A. engage the client in treatment; and

B. foster a therapeutic relationship.

Subp. 4. **Evidence-based practices for delivering treatment.** The certificate holder must use evidence-based practices for delivering treatment when clinically indicated for the client in the judgment of the treatment team (clinically indicated).

A. When clinically indicated, the certificate holder must use motivational interviewing to help the client:

(1) recognize how the client's substance use disorder and mental illness symptoms interfere with the client's ability to achieve personally valued goals; and

(2) become motivated to work on symptom management to pursue these personally valued goals.

B. When clinically indicated, the certificate holder must use at least one other permissible evidence-based practice. Other permissible evidence-based practices include cognitive-behavioral approaches and other practices supported by the professional literature and appropriate for the client's particular mental illness.

Subp. 5. **Family-based interventions.** The certificate holder must offer family-based interventions that use evidence-based practices, when the certificate holder determines these interventions are available for the client's particular disorders.

Subp. 6. **Psychoeducation.** The certificate holder must offer psychoeducation about the possible interactions between mental health disorders and substance use disorders, including how the disorders may worsen one another, to:

A. the client. Psychoeducation must also include information about the specific disorders experienced by the client, including treatment information, characteristics, and the interactive course of the disorders; and

B. the client's family.

Subp. 7. **Access to peer support.** The certificate holder must facilitate client access to peer support. The certificate holder must offer individual interventions to clients that include:

A. assisting the client to develop a support system that involves relationships with individual peer supports;

B. referral assistance, such as being referred, accompanied, or introduced to peer-led self-help groups by clinical staff, designated liaisons, or peer support group volunteers;

C. help to find peer support groups with accepting attitudes toward people with co-occurring disorders and the use of psychotropic medication;

D. routine facilitation intended to engage patients in mental health peer support groups, or groups specific to the client's mental health and substance use disorders;

E. strategies to help the client connect with peer recovery support groups;

F. documentation in treatment plans or progress notes that indicate the certificate holder regularly discusses with clients the possibility of linkage with peer support groups. The certificate holder must attempt to proactively plan for potential barriers or difficulties the client might experience in the peer support group environment;

G. identification of a liaison to assist the client transition to a peer support group, if the support is desired by the client; and

H. consultation with the peer support group on behalf of the individual regarding the specialized mental health needs of the individual.

Subp. 8. **Recovery coaching.** The certificate holder must offer recovery coaching that includes nonclinical, peer-based activities to engage, educate, and support the client in making life changes necessary to recover from co-occurring disorders. This subpart is effective July 1, 2016.

Subp. 9. **Psychopharmacological treatment.** The certificate holder must offer psychopharmacological treatment and adopt a protocol that states the prescribing provider must collaborate with the clinical team to:

A. address medication compliance;

B. reduce the client's use of potentially addictive medications; and

C. prescribe and manage medications used in the treatment of substance use disorders.

Subp. 10. **Continuity of care.** The certificate holder must provide continuity of care through follow-up, with a focus on a long-term view of addiction recovery and mental health management. The certificate holder must:

A. have a formal protocol to coordinate mental health and substance use disorders needs after high-intensity services are completed;

B. include in the protocol requirements for client follow-up at six months and one year after completion of high-intensity services; and

C. document the specific actions taken in compliance with the protocol for each client.

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9533.0150 ORIENTATION AND TRAINING.

Subpart 1. **Plan for orientation and training.** The certificate holder must develop a plan to ensure that staff receive orientation and training. The plan must include the following requirements:

A. a formal procedure to provide orientation to all staff at the time the person begins work that includes:

(1) topics to be covered;

(2) identification of who will conduct the orientation; and

(3) the date by which orientation will be completed;

B. a formal procedure to evaluate the training needs of each staff person. The evaluation of training needs must occur when the staff person begins work and at least annually thereafter;

C. how the program determines when additional staff training is needed and when the additional training will be provided; and

D. a schedule of training opportunities for a 12-month period that is updated at least annually.

Subp. 2. **Basic training for all staff.** The certificate holder must ensure that all staff who have contact with clients receive basic training in concepts of co-occurring disorders and co-occurring

disorder treatment. The basic training must occur within the first six months of commencing work and at least every two years thereafter. The basic training must minimally include:

A. recovery principles;

B. understanding one's own attitudes;

C. common substances of abuse;

D. the prevalence of co-occurring disorders;

E. screening and assessment procedures used in the program;

F. assessment;

G. common signs and symptoms of co-occurring disorders;

H. triage and brief interventions;

I. topics related to psychiatric and substance use crisis intervention and stabilization of persons with co-occurring disorders; and

J. treatment decision making.

Subp. 3. **Specialized training for treatment services staff.** The certificate holder must ensure that all staff who conduct individual or group sessions, or who provide clinical supervision or medication management:

A. receive specialized training at least every two years; and

B. have or obtain appropriate competencies and working knowledge of the specific integrated treatment provided by the staff member and specific to the staff member's position description.

Subp. 4. **Specialized training components.** The specialized training required under subpart 3 must minimally include:

A. knowledge of specific therapies and treatment interventions for clients with co-occurring disorders;

B. integrated assessment and diagnosis; and

C. basic knowledge of pharmacological interventions for co-occurring disorders.

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9533.0160 QUALITY ASSURANCE AND IMPROVEMENT.

Subpart 1. **System to collect data for commissioner.** The certificate holder must implement and maintain a quality assurance system to evaluate the effectiveness of services being delivered and to capture program results. The certificate holder must:

A. use procedures and outcome measurement methods approved by the commissioner; and

B. submit process and outcome data as requested by the commissioner.

Subp. 2. **Quality improvement plan.** The certificate holder must adopt a quality improvement plan that requires the activities in items A to C. The quality improvement plan must include processes to perform these activities and to review the data or information obtained at least quarterly.

A. The certificate holder must measure client outcomes by:

(1) obtaining and evaluating feedback from the client, family members, staff, and referring agencies about the services provided; and

(2) evaluating the outcome data to identify ways to improve the effectiveness of the services and improve client outcomes.

B. The certificate holder must review significant incidents by:

(1) determining whether policies and procedures were followed;

(2) evaluating the staff's response to the critical and other significant incidents;

(3) assessing what could have prevented the critical and other significant incidents from occurring; and

(4) modifying policies, procedures, training plans, or recipients' individual treatment plans in response to the findings of the review.

C. The certificate holder must monitor compliance by:

(1) developing and maintaining a system for routine self-monitoring for compliance with the requirements of parts 9533.0010 to 9533.0170;

(2) maintaining documentation of self-monitoring for review by the commissioner upon request; and

(3) documenting reasonable efforts and action taken to improve the program's compliance with parts 9533.0010 to 9533.0170 based on the results of self-monitoring.

Subp. 3. **Quality improvement plan review.** An integrated treatment team leader must:

A. annually review, evaluate, and update the quality improvement plan;

B. document the actions the certificate holder will take as a result of information gained from implementing the plan;

C. establish goals for improved service delivery for the following year; and

D. evaluate and document the status of the previous year's goal.

Statutory Authority: *MS s 245.4863*

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9533.0170 PRIVACY OF CLIENT INFORMATION.

The certificate holder must comply with the Minnesota Government Data Practices Act, Minnesota health care provider requirements, and the Health Insurance Portability and Accountability Act (HIPAA). In addition, the certificate holder must also comply with Minnesota Statutes, section 144.294, subdivision 3, concerning release of mental health records, and the federal regulation governing Confidentiality of Alcohol and Drug Abuse Patient Records, Code of Federal Regulations, title 42, part 2. The certificate holder's use of electronic record keeping or electronic signatures does not alter the certificate holder's obligations to comply with applicable state and federal law and regulation.

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9533.0180 STANDARDS FOR PROPOSED ADDITIONAL SCREENING TOOLS.

Subpart 1. **Consideration by commissioner.** On a semiannual basis, the commissioner must consider for potential approval any additional screening tools proposed. The commissioner shall consider screening tools for approval based on the criteria in subparts 2 and 3.

Subp. 2. **Required characteristics.** The screening tool must:

A. have a reading level compatible with the population being screened;

B. be easily administered and scored by a nonclinician;

C. be tested in the general population and at the national level;

D. have demonstrated adequate reliability and validity;

E. have a minimum documented statistical sensitivity of .70 and overall specificity of .70; and

F. predict a range of diagnosable mental health conditions, or the likelihood of substance use disorders.

Subp. 3. **Preferred characteristics.** The commissioner must also evaluate the proposed tool according to whether it meets preferred characteristics. A tool receives a more favorable evaluation when it:

A. is concise, typically taking roughly ten minutes to complete or, for each rating scale, contains ten or fewer items;

B. has been widely used for adults and adolescents;

C. is available for use in a format that can be used either as part of an interview or through self-report;

D. is validated for more than one cultural background;

E. is validated for linguistic strength; or

F. is recognized by the federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

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