

1.1 **Department of Human Services**

1.2 **Adopted Permanent Rules Relating to Chemical Dependency Treatment**

1.3 **2960.0020 DEFINITIONS.**

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

1.5 Subp. 12. [See repealer.]

1.6 Subp. 13. [See repealer.]

1.7 [For text of subps 14 and 15, see M.R.]

1.8 Subp. 16. **Child in need of protection or services or CHIPS child.** "Child in need
1.9 of protection or services" or "CHIPS child" has the meaning given in Minnesota Statutes,
1.10 section 260C.007, subdivision 6.

1.11 [For text of subps 17 to 40, see M.R.]

1.12 Subp. 41. [See repealer.]

1.13 [For text of subps 42 to 51a, see M.R.]

1.14 Subp. 52. [See repealer.]

1.15 [For text of subps 53 to 70, see M.R.]

1.16 Subp. 70a. **Substance.** "Substance" means "chemical" as defined in subpart 11.

1.17 Subp. ~~70a.~~ 70b. **Substance use disorder.** "Substance use disorder" means a
1.18 pattern of substance use as defined in the most current edition of the Diagnostic and
1.19 Statistical Manual of Mental Disorders-IV-TR (DSM), et seq. The DSM-IV-TR, et seq. is
1.20 incorporated by reference. The DSM-IV-TR was published by the American Psychiatric
1.21 Association in 1994, in Washington, D.C., and is not subject to frequent change. The
1.22 DSM-IV-TR is available through the Minitex interlibrary loan system.

1.23 [For text of subps 71 to 79, see M.R.]

2.1 **2960.0070 ADMISSION POLICY AND PROCESS.**

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

2.3 Subp. 5. **Resident screening.** A resident admitted to a facility must be appropriately
2.4 screened by a trained person, using screening instruments approved by the commissioner
2.5 of human services and corrections.

2.6 A. The license holder must ensure that the screenings in subitems (1) to (6) are
2.7 completed if not completed prior to admission. The form used for screening in subitems
2.8 (1) to (6) must be reviewed by a licensed professional in a related field.

2.9 [For text of subitems (1) to (3), see M.R.]

2.10 (4) The substance use disorder screening must be administered. The license
2.11 holder will provide or contact the resident's case manager, if applicable, to arrange a
2.12 screening to determine if the resident is a chemical abuser.

2.13 [For text of subitems (5) and (6), see M.R.]

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

2.15 **2960.0160 ADMISSION POLICIES AND PROCESS.**

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

2.17 Subp. 2. **Ability to meet resident needs.** Before admission of a resident, the license
2.18 holder must examine the placement agency's information about the resident and must
2.19 determine and document whether the program can meet the resident's needs. The license
2.20 holder must document whether:

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

2.22 E. the resident has a substance use disorder. If the resident requires a chemical
2.23 use assessment, the chemical use assessment must be conducted by an alcohol and drug
2.24 counselor licensed according to Minnesota Statutes, chapter 148C, or an assessor, as

3.1 defined in part 9530.6605, subpart 4. Information obtained in the chemical use assessment
3.2 must be recorded in the resident's record and must include the information required in part
3.3 9530.6620, subpart 1. The chemical use assessment must address the resident's:

3.4 (1) acute intoxication/withdrawal potential;

3.5 (2) biomedical conditions and complications;

3.6 (3) emotional, behavioral, and cognitive conditions and complications;

3.7 (4) readiness for change;

3.8 (5) relapse, continued use, and continued problem potential;

3.9 (6) recovery environment; and

3.10 (7) need for additional support services, such as transportation or resident
3.11 care, in order to participate in the program.

3.12 A summary of the assessment results must be written by a chemical dependency
3.13 counselor or assessor, indicating whether the needs identified in the assessment can be
3.14 addressed by the license holder while the resident participates in the license holder's
3.15 program, or whether the resident must be referred to an appropriate treatment setting. The
3.16 summary must be written according to subitems (1) to (7).

3.17 [For text of subps 3 and 4, see M.R.]

3.18 **2960.0430 PURPOSE.**

3.19 Subpart 1. **Purpose.** Parts 2960.0430 to 2960.0490 establish the minimum standards
3.20 that residential treatment programs serving residents with substance use disorder must
3.21 meet to qualify for certification.

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

3.23 **2960.0440 APPLICABILITY.**

4.1 Parts 2960.0430 to 2960.0490 apply to residential programs according to items A
4.2 and B.

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

4.4 A. A residential program licensed under parts 2960.0010 to 2960.0220 to
4.5 provide services that address the ~~chemical~~ substance use problems disorder for persons
4.6 who are under 19 years of age must be certified under parts 2960.0430 to 2960.0490.

4.7 B. A residential program that addresses the ~~chemical~~ substance use problems
4.8 disorder of a person older than 15 years of age, and under 21 years of age must either
4.9 be licensed under parts 2960.0010 to 2960.0220 and certified under parts 2960.0430 to
4.10 2960.0490 or be licensed under parts 9530.6405 to 9530.6505.

4.11 **2960.0450 CHEMICAL DEPENDENCY TREATMENT SERVICES.**

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

4.13 Subp. 2. **Required services.** A certificate holder must provide each resident at
4.14 least 15 hours each week of the type and amount of services specified in each resident's
4.15 individual treatment plan. The certificate holder must provide the services in items A to
4.16 D, unless the service is determined to be contrary to the resident's treatment plan by a
4.17 licensed alcohol and drug counselor. Self-help groups must not be counted in the number
4.18 of hours of service a program provides. The program must provide:

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

4.20 B. individual and group counseling to help the resident identify and address
4.21 problems related to chemical use and develop strategies for avoiding inappropriate
4.22 chemical use after treatment;

4.23 C. resident information concerning chemical health awareness, sexuality, health
4.24 problems related to chemical use, and the necessary changes in lifestyle to regain and

4.25 maintain health. Resident education must include information concerning the human
5.1 immunodeficiency virus according to Minnesota Statutes, section 245A.19, and tobacco
5.2 addiction and cessation resources; and

5.3 D. therapeutic recreation to provide the resident with an opportunity to
5.4 participate in recreational activities without the use of mood-altering chemicals and
5.5 learn to plan and select recreation activities that do not involve the inappropriate use of
5.6 chemicals. Therapeutic recreation ~~does not include leisure activities led~~ must be led by,
5.7 directed by, or provided according to a plan developed by staff who are ~~not~~ qualified
5.8 according to subpart 4.

5.9 Subp. 3. **Additional chemical dependency treatment services.** A certificate holder
5.10 may provide or arrange for the provision of additional chemical dependency treatment in
5.11 this subpart as indicated in the resident's individual treatment plan.

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

5.13 B. The program may provide health monitoring, stress management, and
5.14 physical well-being training by a medically licensed person or under the supervision of a
5.15 medically licensed person to assist the resident in reaching and maintaining an acceptable
5.16 level of health, physical fitness, and well-being.

5.17 C. The program may provide living skills development to assist the resident in
5.18 learning basic skills necessary for living in the larger community, including:

5.19 (1) employment or educational services to assist the resident in becoming
5.20 financially independent; and

5.21 (2) socialization skills development to assist the resident in living and
5.22 interacting with others in a positive and productive manner.

5.23 Subp. 4. **Counselors to provide chemical dependency treatment services.**
5.24 Chemical dependency treatment services, ~~including therapeutic recreation,~~ must be

5.25 provided by qualified alcohol and drug counselors, who are qualified to provide the service
6.1 according to part 2960.0460, subparts 5 and 6a, unless the individual is specifically
6.2 qualified according to the applicable standards of that profession.

6.3 Subp. 5. **Volunteers.** A volunteer may provide chemical dependency treatment
6.4 services if under the direct supervision of the license holder or a qualified staff person.
6.5 A volunteer who has direct contact with residents is subject to a background check if
6.6 the contact with a resident is not directly supervised by the license holder or staff. The
6.7 program must provide a volunteer an orientation to the program, its purpose, and the
6.8 population served.

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

6.10 **2960.0460 STAFF QUALIFICATIONS.**

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

6.12 Subp. 5. **Alcohol and drug counselor qualifications.** In addition to the requirements
6.13 in subpart 2, the personnel file of an alcohol and drug counselor must include:

6.14 A. documentation that the individual is either licensed or exempt from licensure
6.15 under Minnesota Statutes, chapter 148C;

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

6.17 Subp. 6. [See repealer.]

6.18 Subp. 6a. **Individuals with temporary permit.** An individual with a temporary
6.19 permit from the Board of Behavioral Health and Therapy may provide chemical
6.20 dependency treatment services according to the conditions in either item A or B.

6.21 A. The individual is supervised by a licensed alcohol and drug counselor
6.22 assigned by the license holder. The licensed alcohol and drug counselor must document
6.23 the amount and type of supervision at least weekly. The supervision must relate to clinical

6.24 practices. One licensed alcohol and drug counselor may not supervise more than three
6.25 individuals.

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

7.4 Subp. 7. **Individuals exempt from licensure.** For an alcohol and drug counselor
7.5 exempt from licensure under Minnesota Statutes, chapter 148C, the department must
7.6 consider a counselor qualified according to subpart 5, item A, if:

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

7.8 C. the individual is certified as a chemical dependency counselor or as a
7.9 chemical dependency counselor reciprocal, through the evaluation process established
7.10 by the Certification Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., and
7.11 published in the Case Presentation Method Trainers Manual, copyright 1993. This manual
7.12 is incorporated by reference. It is available at the State Law Library, 25 Rev. Dr. Martin
7.13 Luther King Jr. Blvd., Saint Paul, MN 55155. It is not subject to frequent change.

7.14 Subp. 8. **Overnight staff.** The personnel file of overnight staff employed by a
7.15 residential program must include the documentation of the requirements in subpart 2 and
7.16 documentation of the individual's competency in the areas in items A to D:

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

7.18 Subp. 9. **Student interns.** A qualified staff person must supervise and be responsible
7.19 for all treatment services performed by student interns and must review and sign all
7.20 assessments, progress notes, and treatment plans prepared by an intern. Student interns
7.21 must meet the requirements in subpart 2, item B, and receive the orientation and training
7.22 required for permanent staff members.

7.23 **2960.0485 INITIAL SERVICES PLAN.**

7.24 An initial services plan must be completed during or immediately following the
7.25 intake interview, covering the time between the intake interview and the completion of the
8.1 treatment plan. It must address immediate health and safety concerns, suggestions for the
8.2 client during the time between intake and first treatment session, and what issues are to be
8.3 addressed in the first treatment sessions. If the resident is at least 18 years old, the initial
8.4 services plan must include an individual abuse prevention plan according to Minnesota
8.5 Statutes, sections 245A.65, subdivision 2, paragraph (b), and 626.557, subdivision 14,
8.6 paragraph (b).

8.7 **2960.0490 INDIVIDUAL TREATMENT PLAN.**

8.8 Subpart 1. **Treatment plan required.** The certificate holder must meet the treatment
8.9 plan requirements of subparts 2 and 3. These treatment plan requirements may be
8.10 substituted for the requirements of part 2960.0180, subpart 2, item B, if chemical
8.11 dependency is the only certificate the license holder has been issued. The individual
8.12 treatment plan may be a continuation of the initial services plan required in part 2960.0485.

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

8.14 Subp. 2a. **Plan format.** An individual treatment plan must be recorded in the six
8.15 dimensions listed below:

- 8.16 A. acute intoxication and withdrawal potential;
- 8.17 B. biomedical conditions and complications;
- 8.18 C. emotional, behavioral, and cognitive conditions and complications;
- 8.19 D. readiness to change;
- 8.20 E. relapse, continued use, and continued problem potential; and
- 8.21 F. recovery environment.

8.22 Subp. 3. **Plan contents.** An individual treatment plan must include:

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

9.1 B. treatment goals in each of the dimensions listed in subpart 2a in which a
9.2 problem has been identified;

9.3 C. specific objectives to be used to address the problems in item B, including
9.4 frequency of intervention, and expected outcomes for each goal. The certificate holder
9.5 must tell the resident about the objectives in the resident's individual treatment plan in a
9.6 language that the resident understands. The certificate holder must consider the resident's
9.7 cultural background and other strengths and assets when determining the resident's
9.8 objectives. The resident's objectives must be stated in the treatment plan and must be
9.9 individualized, time limited, and measurable;

9.10 D. specific intervals at which resident progress must be reviewed;

9.11 E. minimum outcomes that are to be met before the resident is discharged; and

9.12 F. an initial risk description in each dimension, according to part 9530.6622.

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

9.14 Subp. 5. **Plan reviews.** The individual treatment plan must be reviewed by an
9.15 alcohol and drug counselor at the intervals identified in subpart 3, item D, and no less
9.16 frequently than every two weeks, and the specific services changed if expected goals are
9.17 not being achieved. Plan reviews must be recorded in the six dimensions listed in subpart
9.18 2a and include, for each dimension, a narrative and a risk description according to part
9.19 9530.6622. A resident must be notified of the right to access a plan review.

9.20 Subp. 5a. **Combined plan reviews and progress notes.** Progress notes may be
9.21 considered plan reviews if they meet the requirements of subparts 4 and 5.

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

9.23 **2960.0670 ADMISSION.**

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

10.1 Subp. 2. **Conditions governing admission.** A license holder may admit a resident
10.2 only if the resident meets the conditions in items A to G.

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

10.4 E. The resident must not be in need of ~~substance abuse~~ chemical dependency
10.5 treatment or detoxification at the time of admission, unless the license holder is certified
10.6 to provide ~~substance abuse~~ chemical dependency treatment under parts 2960.0430 to
10.7 2960.0490 or licensed to provide detoxification services.

10.8 [For text of items F and G, see M.R.]

10.9 **9530.6405 DEFINITIONS.**

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

10.11 Subp. 7a. **Chemical dependency treatment.** "Chemical dependency treatment"
10.12 means treatment of a substance use disorder, including the process of assessment of a
10.13 client's needs, development of planned interventions or services to address those needs,
10.14 provision of services, facilitation of services provided by other service providers, and
10.15 reassessment by a qualified professional. The goal of treatment is to assist or support the
10.16 client's efforts to ~~alter the client's harmful~~ recover from substance use disorder ~~pattern.~~

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

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

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

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

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

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

11.8 Subp. ~~17b.~~ 17c. **Substance use disorder.** "Substance use disorder" means a
11.9 pattern of substance use as defined in the Diagnostic and Statistical Manual of Mental
11.10 Disorders-IV-TR (DSM), et seq. The DSM-IV-TR is incorporated by reference. The DSM
11.11 was published by the American Psychiatric Association in 1994, in Washington D.C., and
11.12 is not subject to frequent change. The DSM-IV-TR is available through the Minitex
11.13 interlibrary loan system.

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

11.17 Subp. 19. [See repealer.]

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

11.19 **9530.6410 APPLICABILITY.**

11.20 Subpart 1. **Applicability.** Except as provided in subparts 2 and 3, no person,
11.21 corporation, partnership, voluntary association, controlling individual, or other

11.22 organization may provide chemical dependency treatment services to an individual who
11.23 ~~exhibits a pattern of~~ has a substance use disorder unless licensed by the commissioner.

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

12.1 Subp. 3. **Certain hospitals excluded from license requirement.** Parts 9530.6405
12.2 to 9530.6505 do not apply to ~~substance use disorder~~ chemical dependency treatment
12.3 provided by hospitals licensed under Minnesota Statutes, chapter 62J, or under Minnesota
12.4 Statutes, sections 144.50 to 144.56, unless the hospital accepts funds for ~~substance use~~
12.5 ~~disorder~~ chemical dependency treatment under the consolidated chemical dependency
12.6 treatment fund under Minnesota Statutes, chapter 254B, medical assistance under
12.7 Minnesota Statutes, chapter 256B, MinnesotaCare or health care cost containment under
12.8 Minnesota Statutes, chapter 256L, or general assistance medical care under Minnesota
12.9 Statutes, chapter 256D.

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

12.11 **9530.6415 LICENSING REQUIREMENTS.**

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

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

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

12.16 (1) a change in the Department of Health's licensure of the program;

12.17 (2) a change in whether the license holder provides services specified in
12.18 parts 9530.6485 to 9530.6505;

12.19 (3) a change in location; or

12.20 (4) a change in capacity if the license holder meets the requirements of
12.21 part 9530.6505.

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

12.23 **9530.6420 INITIAL SERVICES PLAN.**

13.1 The license holder must complete an initial services plan during or immediately
13.2 following the intake interview. The plan must address the client's immediate health and
13.3 safety concerns, ~~tell what~~ identify the issues are to be addressed in the first treatment
13.4 sessions, and make treatment suggestions for the client during the time between intake and
13.5 completion of the treatment plan. The initial services plan must include a determination
13.6 whether a client is a vulnerable adult as defined in Minnesota Statutes, section 626.5572,
13.7 subdivision 21. All adult clients of a residential program are vulnerable adults. An
13.8 individual abuse prevention plan, according to Minnesota Statutes, sections 245A.65,
13.9 subdivision 2, paragraph (b), and 626.557, subdivision 14, paragraph (b), is required for
13.10 all clients who meet the definition of "vulnerable adult."

13.11 **9530.6422 COMPREHENSIVE ASSESSMENT.**

13.12 Subpart 1. **Comprehensive assessment of client's substance use disorder**
13.13 **problems.** A comprehensive assessment of the client's ~~chemical~~ substance use ~~problems~~
13.14 disorder must be coordinated by an alcohol and drug counselor and completed within
13.15 three calendar days after service initiation for a residential program or three sessions of
13.16 the client's initiation to services for all other programs. The alcohol and drug counselor
13.17 may rely on current information provided by a referring agency or other sources as a
13.18 supplement when information is available. Information gathered more than ~~30~~ 45 days
13.19 before the date of admission is not current. If the comprehensive assessment cannot
13.20 be completed in the time specified, the treatment plan must indicate how and when it
13.21 will be completed. The assessment must include sufficient information to complete the
13.22 assessment summary according to subpart 2 and part 9530.6425. The comprehensive
13.23 assessment must include information about the client's problems that relate to chemical
13.24 use and personal strengths that support recovery, including:

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

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

14.6 [For text of items E and F, see M.R.]

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

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

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

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

14.14 Subp. 2. **Assessment summary.** An alcohol and drug counselor must prepare an
14.15 assessment summary within three calendar days for a residential program or within three
14.16 treatment sessions of service initiation. The narrative summary of the comprehensive
14.17 assessment results must meet the requirements of items A and B:

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

14.20 (1) a risk description according to part 9530.6622 for each dimension listed
14.21 in item B;

14.22 (2) narrative supporting the risk descriptions; and

14.23 (3) a determination of whether the client meets the DSM criteria for a
14.24 person with a substance use disorder.

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

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

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

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

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

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

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

15.24 **9530.6425 INDIVIDUAL TREATMENT PLANS.**

16.1 Subpart 1. **General.** Individual treatment plans for clients in treatment must be
16.2 completed within seven calendar days of completion of the assessment summary.
16.3 Treatment plans must continually be updated, based on new information gathered about
16.4 the client's condition and on whether planned treatment interventions have had the
16.5 intended effect. Treatment planning must include ongoing assessment in each of the
16.6 six dimensions according to part 9530.6422, subpart 2. The plan must provide for the
16.7 involvement of the client's family and those people selected by the client as being
16.8 important to the success of the treatment experience at the earliest opportunity, consistent
16.9 with the client's treatment needs and written consent. The plan must be developed
16.10 after completion of the comprehensive assessment and is subject to amendment until
16.11 services to the client are terminated. The client must have an opportunity to have active,
16.12 direct involvement in selecting the anticipated outcomes of the treatment process and in
16.13 developing the individual treatment plan. The individual treatment plan must be signed
16.14 by the client and the alcohol and drug counselor. The individual treatment plan may be a
16.15 continuation of the initial services plan required in part 9530.6420.

16.16 Subp. 2. **Plan contents.** An individual treatment plan must be recorded in the
16.17 six dimensions listed in part 9530.6422, subpart 2, item B, and address each problem
16.18 identified in the assessment summary, and include:

16.19 A. specific methods to be used to address identified problems, including
16.20 amount, frequency, and anticipated duration of treatment service. The methods must be
16.21 appropriate to the client's language, reading skills, cultural background, and strengths;

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

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

16.26 Subp. 3. **Progress notes and plan review.**

17.1 A. Progress notes must be entered in a client's file weekly or after each treatment
17.2 service, whichever is less frequent, by the staff person providing the service. The note
17.3 must reference the treatment plan. Progress notes must be recorded and address each of
17.4 the six dimensions listed in part 9530.6422, subpart 2, item B. Progress notes must:

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

17.6 B. Treatment plan review must:

17.7 (1) occur weekly or after each treatment service, whichever is less frequent;

17.8 (2) address each goal in the treatment plan that has been worked on since
17.9 the last review;

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

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

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

17.15 Subp. 3a. **Documentation.** Progress notes and plan review do not require separate
17.16 documentation if the information in the client file meets the requirements of subpart
17.17 3, items A and B.

17.18 Subp. 4. **Summary at termination of services.** An alcohol and drug counselor must
17.19 write a discharge summary for each client. The summary must be completed within five
17.20 days of the client's service termination or within five days from the client's or program's
17.21 decision to terminate services, whichever is earlier.

17.22 A. The summary at termination of services must be recorded in the six
17.23 dimensions listed in part 9530.6422, subpart 2, item B, and include the following
17.24 information:

18.1 (1) client's problems, strengths, and needs while participating in treatment,
18.2 including services provided;

18.3 (2) client's progress toward achieving each of the goals identified in the
18.4 individual treatment plan;

18.5 (3) reasons for and circumstances of service termination; and

18.6 (4) risk description according to part 9530.6622.

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

18.8 **9530.6430 TREATMENT SERVICES.**

18.9 Subpart 1. **Treatment services ~~provided~~ offered by license holder.**

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

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

18.13 (3) transition services to help the client integrate gains made during
18.14 treatment into daily living and to reduce reliance on the license holder's staff for support;

18.15 (4) services to address issues related to co-occurring mental illness,
18.16 including education for clients on basic symptoms of mental illness, the possibility
18.17 of comorbidity, and the need for continued medication compliance while working on
18.18 recovery from substance use disorder. Groups must address co-occurring mental illness
18.19 issues, as needed. When treatment for mental health problems is indicated, it is integrated
18.20 into the client's treatment plan; and

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

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

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

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

19.7 B. therapeutic recreation to provide the client with an opportunity to participate
19.8 in recreational activities without the use of mood-altering chemicals and to learn to plan
19.9 and select leisure activities that do not involve the inappropriate use of chemicals;

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

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

19.14 E. employment or educational services to help the client become financially
19.15 independent;

19.16 F. socialization skills development to help the client live and interact with others
19.17 in a positive and productive manner; and

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

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

19.21 Subp. 4. **Location of service provision.** A client of a license holder may only
19.22 receive services at any of the license holder's licensed locations or at the client's home,
19.23 except that services under subpart 1, item A, subitems (3) and (5), and subpart 2, items B
19.24 and E, may be provided in another suitable location.

19.25 **9530.6435 MEDICAL SERVICES.**

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

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

20.5 A. the license holder does not provide services under part 9530.6505; and

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

20.8 Subp. 2. **Consultation services.** The license holder must have access to and
20.9 document the availability of a licensed mental health professional to provide diagnostic
20.10 assessment and treatment planning assistance.

20.11 Subp. 3. **Administration of medications and assistance with self-medication.** A
20.12 license holder must meet the requirements in items A and B if services include medication
20.13 administration.

20.14 A. A staff member, other than a licensed practitioner or nurse, who is delegated
20.15 by a licensed practitioner or a registered nurse the task of administration of medication
20.16 or assistance with self-medication must:

20.17 (1) document that the staff member has successfully completed a medication
20.18 administration training program for unlicensed personnel through an accredited Minnesota
20.19 postsecondary educational institution. Completion of the course must be documented in
20.20 writing and placed in the staff member's personnel file; or

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

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

21.1 B. A registered nurse must be employed or contracted to develop the policies
21.2 and procedures for medication administration or assistance with self-administration
21.3 of medication or both. A registered nurse must provide supervision as defined in part
21.4 6321.0100. The registered nurse supervision must include monthly on-site supervision or
21.5 more often as warranted by client health needs. The policies and procedures must include:

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

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

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

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

21.11 **9530.6440 CLIENT RECORDS.**

21.12 Subpart 1. **Client records required.** A license holder must maintain a file of current
21.13 client records on the premises where the treatment services are provided or coordinated.
21.14 The content and format of client records must be uniform and entries in each case must be
21.15 signed and dated by the staff member making the entry. Client records must be protected
21.16 against loss, tampering, or unauthorized disclosure in compliance with Minnesota Statutes,
21.17 section 254A.09, Code of Federal Regulations, title 42, chapter 1, part 2, subpart B,
21.18 sections 2.1 to 2.67, and Code of Federal Regulations, title 45, parts 160 to 164, and, if
21.19 applicable, Minnesota Statutes, chapter 13.

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

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

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

21.23 B. an initial services plan completed according to part 9530.6420;

21.24 C. a comprehensive assessment completed according to part 9530.6422;

22.1 D. an assessment summary completed according to part 9530.6422, subpart 2;

22.2 E. an individual abuse prevention plan that complies with Minnesota Statutes,
22.3 sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;

22.4 F. an individual treatment plan, as required under part 9530.6425, subparts
22.5 1 and 2;

22.6 G. progress notes, as required in part 9530.6425, subpart 3; and

22.7 H. a summary of termination of services, written according to part 9530.6425,
22.8 subpart 4.

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

22.10 **9530.6445 STAFFING REQUIREMENTS.**

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

22.12 Subp. 3. **Responsible staff person.** A treatment director must designate a staff
22.13 member who, when present in the facility, is responsible for the delivery of treatment
22.14 services. A license holder must have a designated staff person during all hours of
22.15 operation. A license holder providing room and board and treatment at the same site must
22.16 have a responsible staff person on duty 24 hours a day. The designated staff person must
22.17 know and understand the implications of parts 9530.6405 to 9530.6505 and Minnesota
22.18 Statutes, sections 245A.65, 626.556, 626.557, and 626.5572.

22.19 Subp. 4. **Staffing requirements.** At least 25 percent of a counselor's scheduled
22.20 work hours must be allocated to indirect services, including documentation of client

22.21 services, coordination of services with others, treatment team meetings, and other duties.

22.22 A counseling group shall not exceed an average of 16 clients during any ~~seven~~ 30

22.23 consecutive calendar days. It is the responsibility of the license holder to determine an

22.24 acceptable group size based on the client's needs. A counselor in a program treating

23.1 intravenous drug abusers must not supervise more than 50 clients. The license holder must

23.2 maintain a record that documents compliance with this subpart.

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

23.4 **9530.6450 STAFF QUALIFICATIONS.**

23.5 Subpart 1. **Qualifications of all staff members with direct client contact.** All staff

23.6 members who have direct client contact must be at least 18 years of age. At the time

23.7 of hiring, all staff members must meet the qualifications in item A or B. A chemical

23.8 use problem for purposes of this subpart is a problem listed by the license holder in the

23.9 personnel policies and procedures according to part 9530.6460, subpart 1, item E.

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

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

23.12 Subp. 3. **Treatment director qualifications.** In addition to meeting the requirements

23.13 of subpart 1, a treatment director must know and understand the implications of parts

23.14 9530.6405 to 9530.6505 and Minnesota Statutes, chapter 245A, and sections 626.556,

23.15 626.557, and 626.5572. A treatment director must:

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

23.17 Subp. 4. **Alcohol and drug counselor supervisor qualifications.** In addition to

23.18 meeting the requirements of subpart 1, an alcohol and drug counselor supervisor must

23.19 meet the following qualifications:

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

23.21 C. the individual knows and understands the implications of parts 9530.6405 to
23.22 9530.6505 and Minnesota Statutes, sections 245A.65, 626.556, 626.557, and 626.5572.

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

24.1 Subp. 8. **Student interns.** A qualified staff person must supervise and be responsible
24.2 for all treatment services performed by student interns and must review and sign all
24.3 assessments, progress notes, and treatment plans prepared by the intern. Student interns
24.4 must meet the requirements in subpart 1, item A, and receive the orientation and training
24.5 required in part 9530.6460, subpart 1, item G, and subpart 2.

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

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

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

24.18 **9530.6455 PROVIDER POLICIES AND PROCEDURES.**

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

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

24.25 **9530.6460 PERSONNEL POLICIES AND PROCEDURES.**

25.1 Subpart 1. **Policy requirements.** License holders must have written personnel
25.2 policies and must make them available to each staff member. The policies must:

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

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

25.6 G. include orientation within ~~72~~ 24 working hours of starting for all new staff
25.7 based on a written plan that, at a minimum, must provide for training related to the
25.8 specific job functions for which the staff member was hired, policies and procedures,
25.9 client confidentiality, the human immunodeficiency virus minimum standards, and client
25.10 needs; and

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

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

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

25.16 E. Treatment directors, supervisors, nurses, and counselors must obtain 12
25.17 hours of training in co-occurring mental health problems and substance use disorder
25.18 that includes competencies related to philosophy, screening, assessment, diagnosis and
25.19 treatment planning, documentation, programming, medication, collaboration, mental
25.20 health consultation, and discharge planning. Staff employed by a license holder on the
25.21 date this rule is adopted must obtain the training within 12 months of the date of adoption.
25.22 New staff who have not obtained such training must obtain it within 12 months of the date

25.23 this rule is adopted or within six months of hire, whichever is later. Staff may request, and
25.24 the license holder may grant credit for, relevant training obtained prior to January 1, 2005.

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

26.1 **9530.6465 SERVICE INITIATION AND TERMINATION POLICIES.**

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

26.3 Subp. 2. **Individuals not served by license holder.** A license holder has specific
26.4 responsibilities when terminating services or denying treatment service initiation to clients
26.5 for reasons of health, behavior, or criminal activity.

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

26.7 B. All service termination policies and denials of service initiation that involve
26.8 the commission of a crime against a license holder's staff member or on a license holder's
26.9 property, as provided under Code of Federal Regulations, title 42, section 2.12(c)(5),
26.10 and Code of Federal Regulations, title 45, parts 160 to 164, must be reported to a law
26.11 enforcement agency with proper jurisdiction.

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

26.13 **9530.6470 POLICIES AND PROCEDURES THAT PROTECT CLIENT RIGHTS.**

26.14 Subpart 1. **Client rights; explanation.** Clients have the rights identified in part
26.15 4747.1500 and Minnesota Statutes, sections 144.651 and 253B.03, as applicable. The
26.16 license holder must give each client upon service initiation a written statement of client's
26.17 rights and responsibilities. Staff must review the statement with clients at that time.

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

26.19 **9530.6475 BEHAVIORAL EMERGENCY PROCEDURES.**

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

26.21 B. Behavioral emergency procedures must not be used to enforce facility rules
26.22 or for the convenience of staff. Behavioral emergency procedures must not be part of any
26.23 client's treatment plan, or used at any time for any reason except in response to specific
27.1 current behaviors that threaten the safety of the client or others. Behavioral emergency
27.2 procedures may not include the use of seclusion or restraint.

27.3 **9530.6480 EVALUATION.**

27.4 Subpart 1. **Participation in drug and alcohol abuse normative evaluation system.**
27.5 License holders must participate in the drug and alcohol abuse normative evaluation
27.6 system by submitting information about each client to the commissioner in a format
27.7 specified by the commissioner.

27.8 Subp. 2. **Commissioner requests.** A license holder must submit additional
27.9 information requested by the commissioner that is necessary to meet statutory or federal
27.10 funding requirements.

27.11 **9530.6495 ADDITIONAL REQUIREMENTS FOR LICENSE HOLDERS WHO**
27.12 **SPECIALIZE IN TREATMENT OF PERSONS WITH CHEMICAL ABUSE OR**
27.13 **DEPENDENCY AND MENTAL HEALTH DISORDERS.**

27.14 In addition to meeting the requirements of parts 9530.6405 to 9530.6490, license
27.15 holders specializing in the treatment of persons with substance use disorder and mental
27.16 health problems must:

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

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

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

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

27.24 **9530.6500 ADDITIONAL REQUIREMENTS FOR METHADONE PROGRAMS**
27.25 **SERVING INTRAVENOUS DRUG ABUSERS.**

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

28.2 Subp. 3. **Waiting list.** A program serving intravenous drug abusers must have a
28.3 waiting list system. Each person seeking admission must be placed on the waiting list
28.4 if the person cannot be admitted within 14 days of the date of application, unless the
28.5 applicant is assessed by the program and found not to be eligible for admission according
28.6 to parts 9530.6405 to 9530.6505, and Code of Federal Regulations, title 42, part 1,
28.7 subchapter A, section 8.12(e), and Code of Federal Regulations, title 45, parts 160 to
28.8 164. The waiting list must assign a unique patient identifier for each intravenous drug
28.9 abuser seeking treatment while awaiting admission. An applicant on a waiting list who
28.10 receives no services under part 9530.6430, subpart 1, must not be considered a "client"
28.11 as defined in part 9530.6405, subpart 8.

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

28.13 Subp. 5. **Outreach.** Programs serving intravenous drug abusers must carry out
28.14 activities to encourage individuals in need of treatment to undergo treatment. The
28.15 program's outreach model must:

28.16 A. select, train, and supervise outreach workers;

28.17 B. contact, communicate, and follow up with high risk substance abusers,
28.18 their associates, and neighborhood residents within the constraints of federal and state
28.19 confidentiality requirements, including Code of Federal Regulations, title 42, sections 2.1
28.20 to 2.67, and Code of Federal Regulations, title 45, parts 160 to 164;

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

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

28.23 **9530.6505 ADDITIONAL REQUIREMENTS FOR LICENSE HOLDERS ALSO**
28.24 **PROVIDING SUPERVISED ROOM AND BOARD.**

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

29.1 Subp. 3. **Client property management.** A license holder who provides room
29.2 and board and treatment services to clients in the same facility, and any license holder
29.3 that accepts client property must meet the requirements in Minnesota Statutes, section
29.4 245A.04, subdivision 13, for handling resident funds and property. In the course of client
29.5 property management, license holders:

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

29.7 D. must return all property held in trust to the client upon service termination
29.8 regardless of the client's service termination status, except:

29.9 (1) drugs, drug paraphernalia, and drug containers that are forfeited under
29.10 Minnesota Statutes, section 609.5316, must be destroyed by staff or given over to the
29.11 custody of a local law enforcement agency, according to Code of Federal Regulations, title
29.12 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and Code of Federal Regulations,
29.13 title 45, parts 160 to 164;

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

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

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

29.18 **9530.6510 DEFINITIONS.**

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

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

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

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

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

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

30.6 ~~Subp. 13a.~~ 13b. **Substance use disorder.** "Substance use disorder" means a pattern
30.7 of substance use as defined in the most current edition of the Diagnostic and Statistical
30.8 Manual of Mental Disorders-IV-TR (DSM), et seq. The DSM-IV-TR is incorporated by
30.9 reference. The DSM-IV-TR was published by the American Psychiatric Association in
30.10 1994, in Washington D.C., and is not subject to frequent change. The DSM-IV-TR is
30.11 available through the Minitex interlibrary loan system.

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

30.13 **9530.6520 PROGRAM LICENSURE.**

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

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

30.22 **9530.6525 ADMISSION AND DISCHARGE POLICIES.**

30.23 Subpart 1. **Admission policy.** A license holder must have a written admission policy
30.24 containing specific admission criteria. The policy must describe the admission process

30.25 and the point at which a person who is eligible under subpart 2 is admitted to the program.
31.1 License holders must not admit individuals who do not meet the admission criteria. The
31.2 admission policy must be approved and signed by the medical director of the facility
31.3 and designate which staff members are authorized to admit and discharge clients. The
31.4 admission policy must be posted in the area of the facility where clients are admitted, or
31.5 given to all interested persons upon request.

31.6 Subp. 2. **Admission criteria.** A detoxification program may only admit persons who
31.7 meet the admission criteria and who, at the time of admission:

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

31.9 F. need to stay temporarily in a protective environment because of a crisis
31.10 related to substance use disorder-related crisis disorder. Persons meeting this criterion
31.11 may be admitted only at the request of the county of fiscal responsibility, as determined
31.12 according to Minnesota Statutes, section 256G.02, subdivision 4. Persons admitted
31.13 according to this provision must not be restricted to the facility.

31.14 [For text of subps 3 and 4, see M.R.]

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

31.19 **9530.6530 CLIENT SERVICES.**

31.20 Subpart 1. **Chemical use screening.** A license holder must screen each client
31.21 admitted to determine whether the client suffers from substance use disorder ~~as defined~~
31.22 ~~in part 9530.6605, subparts 6 and 7~~. The license holder must screen clients at each
31.23 admission, except if the client has already been determined to suffer from substance use
31.24 disorder, the provisions in subpart 2 apply.

32.1 Subp. 2. **Chemical use assessment.** A license holder must provide or arrange for
32.2 the provision of a chemical use assessment, according to parts 9530.6600 to 9530.6660,
32.3 for each client who suffers from substance use disorder at the time the client is identified.
32.4 If a client is readmitted within one year of the most recent assessment, an update to the
32.5 assessment must be completed. If a client is readmitted and it has been more than one
32.6 year since the last assessment, a new assessment must be completed. The chemical use
32.7 assessment must include documentation of the appropriateness of an involuntary referral
32.8 through the civil commitment process.

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

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

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

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

32.15 **9530.6535 PROTECTIVE PROCEDURES.**

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

32.17 Subp. 2. **Protective procedures plan.** A license holder and applicant must have a
32.18 written plan that establishes the protective procedures that program staff must follow
32.19 when a client's behavior threatens the safety of the client or others. The plan must be
32.20 appropriate to the type of facility and the level of staff training. The protective procedures
32.21 plan must include:

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

- 33.1 B. which protective procedures the license holder will use to prevent clients
33.2 from harming self or others;
- 33.3 C. the emergency conditions under which the protective procedures are used, if
33.4 any;
- 33.5 D. the client's health conditions that limit the specific procedures that can be
33.6 used and alternative means of ensuring safety;
- 33.7 E. emergency resources the program staff must contact when a client's behavior
33.8 cannot be controlled by the procedures established in the plan;
- 33.9 F. the training staff must have before using any protective procedure;
- 33.10 G. documentation of approved therapeutic holds; and
- 33.11 H. the use of law enforcement personnel.

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

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

- 33.15 E. the physician's order authorizing the use of restraints as required by subpart 6;
- 33.16 F. a brief description of the purpose for using the protective procedure, including
33.17 less restrictive interventions considered prior to the decision to use the protective procedure
33.18 and a description of the behavioral results obtained through the use of the procedure;
- 33.19 G. documentation of reassessment of the client at least every 15 minutes to
33.20 determine if seclusion, physical hold, or use of restraint equipment can be terminated;
- 33.21 H. the description of the physical holds or restraint equipment used in escorting
33.22 a client; and
- 33.23 I. any injury to the client that occurred during the use of a protective procedure.

34.1 Subp. 4. **Standards governing emergency use of seclusion.** Seclusion must be used
34.2 only when less restrictive measures are ineffective or not feasible. The standards in items
34.3 A to G must be met when seclusion is used with a client.

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

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

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

34.10 Subp. 5. **Physical holds or restraint equipment.** Physical holds or restraint
34.11 equipment may only be used in cases where seclusion will not assure the client's safety
34.12 and must meet the requirements in items A to C.

34.13 A. The following requirements apply to the use of physical holds or restraint
34.14 equipment:

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

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

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

34.22 (4) only approved holds may be utilized; and

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

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

35.1 C. A client in restraint equipment must be checked for circulatory difficulties
35.2 every 15 minutes. Restraint equipment must be loosened at least once every 60 minutes to
35.3 allow change of position unless loosening the restraints would be dangerous to the client
35.4 or others. If the restraint equipment is not loosened every hour, the client's behavior that
35.5 prevented loosening the restraints must be documented in the client's file.

35.6 Subp. 6. [See repealer.]

35.7 Subp. 7. [See repealer.]

35.8 Subp. 8. **Use of law enforcement.**

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

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

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

35.17 A. the required documentation was recorded for each use of a protective
35.18 procedure;

35.19 B. the protective procedure was used according to the protective procedures
35.20 plan;

35.21 C. the staff who implemented the protective procedure were properly trained;

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

36.1 E. any injuries resulting from the use of protective procedures;

36.2 F. actions needed to correct deficiencies in the program's implementation of
36.3 protective procedures;

36.4 G. an assessment of opportunities missed to avoid the use of protective
36.5 procedures; and

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

36.7 **9530.6545 CLIENT PROPERTY MANAGEMENT.**

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

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

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

36.13 (1) drugs, drug paraphernalia, and drug containers that are forfeited under
36.14 Minnesota Statutes, section 609.5316, must be destroyed by staff or given over to the
36.15 custody of a local law enforcement agency, according to Code of Federal Regulations, title
36.16 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67-1, and Code of Federal Regulations,
36.17 title 45, parts 160 to 164; and

36.18 (2) weapons, explosives, and other property that may cause serious harm
36.19 to self or others must be transferred to a local law enforcement agency. The client must
36.20 be notified of the transfer and of the right to reclaim the property if the client has a legal
36.21 right to possess the item.

36.22 **9530.6560 STAFFING REQUIREMENTS.**

36.23 [For text of subps 1 to 5, see M.R.]

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

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

37.7 **9530.6565 STAFF QUALIFICATIONS.**

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

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

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

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

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

37.18 Subp. 4. **Responsible staff person qualifications.** In addition to the requirements
37.19 in subpart 1, each responsible staff person must know and understand the implications
37.20 of parts 9530.6510 to 9530.6590 and Minnesota Statutes, sections 245A.65, 253B.04,
37.21 253B.05, 626.556, 626.557, and 626.5572.

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

37.23 **9530.6570 PERSONNEL POLICIES AND PROCEDURES.**

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

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

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

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

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

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

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

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

38.19 E. orientation and annual training for all staff with direct client contact on
38.20 mandatory reporting under Minnesota Statutes, sections 245A.65, 626.556, and 626.557,
38.21 including specific training covering the facility's policies concerning obtaining client
38.22 releases of information;

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

39.1 G. orientation training must include eight hours of training on the protective
39.2 procedures plan in part 9530.6535, subpart 2. Each staff person must receive updated
39.3 training at least every two years and the training must include:

39.4 (1) approved therapeutic holds;

39.5 (2) protective procedures used to prevent clients from harming self or
39.6 others;

39.7 (3) the emergency conditions under which the protective procedures are
39.8 used if any;

39.9 (4) documentation standards for using protective procedures;

39.10 (5) the physiological and psychological impact of physical holding and
39.11 seclusions; and

39.12 (6) how to monitor and respond to client distress.

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

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

39.20 **9530.6580 POLICY AND PROCEDURES MANUAL.**

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

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

40.1 **9530.6585 CLIENT RECORDS.**

40.2 Subpart 1. **Client records required.** A license holder must maintain a file of current
40.3 client records on the program premises where the treatment is provided. Each entry in
40.4 each client case record must be signed and dated by the staff member making the entry.
40.5 Client records must be protected against loss, tampering, or unauthorized disclosure in
40.6 compliance with Minnesota Statutes, section 254A.09; Code of Federal Regulations, title
40.7 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and Code of Federal Regulations, title
40.8 45, parts 160 to 164, and Minnesota Statutes, chapter 13.

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

40.10 **9530.6590 DATA COLLECTION REQUIRED.**

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

40.14 **9530.6600 SUBSTANCE USE DISORDER; USE OF PUBLIC FUNDS.**

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

40.20 Subp. 2. [See repealer.]

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

40.22 **9530.6605 DEFINITIONS.**

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

41.1 Subp. 5. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering
41.2 substances, including controlled substances as defined in Minnesota Statutes, section
41.3 152.01, subdivision 4.

41.4 Subp. 6. [See repealer.]

41.5 Subp. 7. [See repealer.]

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

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

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

41.20 Subp. 10a. [See repealer.]

41.21 [For text of subps 11 to 14, see M.R.]

41.22 Subp. 15. [See repealer.]

41.23 Subp. 15a. [See repealer.]

41.24 Subp. 16. [See repealer.]

42.1 Subp. 17. [See repealer.]

42.2 Subp. 18. [See repealer.]

42.3 Subp. 19. [See repealer.]

42.4 Subp. 20. [See repealer.]

42.5 Subp. 21. [See repealer.]

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

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

42.12 Subp. 22. [See repealer.]

42.13 Subp. 23. [See repealer.]

42.14 Subp. 24. [See repealer.]

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

42.18 [For text of subp 25, see M.R.]

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

42.20 Subp. 26. **Substance use disorder.** "Substance use disorder" means a pattern of
42.21 substance use as defined in the most current edition of the Diagnostic and Statistical
42.22 Manual of Mental Disorders-IV-TR (DSM). The DSM is incorporated by reference. The
42.23 DSM was published by the American Psychiatric Association in 1994, in Washington,

43.1 D.C., and is not subject to frequent change. The DSM is available through the Minitex
43.2 interlibrary loan system.

43.3 **9530.6610 COMPLIANCE PROVISIONS.**

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

43.9 A. The county shall provide a chemical use assessment as provided in part
43.10 9530.6615 for all clients who do not have an assessment available to them from a tribal
43.11 governing board or prepaid health plan. If the county of financial responsibility does
43.12 not arrange for or provide the service, the county where the client requested the service
43.13 must provide the service, and then follow the procedures in Minnesota Statutes, section
43.14 256G.09, to resolve any dispute between counties.

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

43.20 (1) recognized as an American Indian; or

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

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

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

44.8 A. maintain records that demonstrate compliance with parts 9530.6600 to
44.9 9530.6660 for at least three years, except that records pertaining to individual client
44.10 services must be maintained for at least four years; and

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

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

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

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

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

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

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

45.11 Subp. 4. [See repealer.]

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

45.16 **9530.6615 CHEMICAL USE ASSESSMENTS.**

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

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

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

46.3 C. If the client is in jail or prison, the placing authority according to part
46.4 9530.6610, subpart 1, must complete the assessment and placement authorization. If the
46.5 placing authority does not assess the client, the county where the client is held must assess
46.6 the client and resolve disputes according to Minnesota Statutes, section 256G.09. The
46.7 update in item D is not required if the client has been in jail or prison continuously from
46.8 the time of the assessment interview until the initiation of service.

46.9 D. If ~~30~~ 45 calendar days have elapsed between the interview and initiation of
46.10 services, the placing authority must update the assessment to determine whether the risk
46.11 description has changed and whether the change in risk description results in a change in
46.12 planned services. An update does not require a face-to-face contact and may be based on
46.13 information from the client, collateral source, or treatment provider.

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

46.16 F. A placing authority may accept an assessment completed according to parts
46.17 9530.6600 to 9530.6655 from any other placing authority or designee in order to meet the
46.18 requirements of this part.

46.19 Subp. 2. **Staff performing assessment.** Chemical use assessments must be
46.20 conducted by qualified staff. An individual is qualified to perform chemical use
46.21 assessments if the individual ~~annually completes a minimum of eight hours of in-service~~
46.22 ~~training or continuing education related to providing chemical use assessments, and meets~~
46.23 ~~the criteria in one of the items listed below~~ item A, B, or C:

46.24 A. The individual meets the exception in Minnesota Statutes, section 148C.11,
46.25 and has successfully completed ~~the following:~~

- 47.1 (1) 30 hours of classroom instruction on chemical use assessments; and has
47.2 (2) 2,000 hours of work experience in chemical use assessments, either as
47.3 an intern or as an employee, ~~and has successfully completed two additional years of work~~
47.4 ~~experience in chemical dependency assessments or treatment before July 1, 1987; or~~
- 47.5 (3) ~~is clinically supervised by an individual who meets the requirements~~
47.6 ~~of this subpart.~~ An individual qualified under this item must also annually complete a
47.7 minimum of eight hours of in-service training or continuing education related to providing
47.8 chemical use assessments.

47.9 B. The individual is:

- 47.10 (1) licensed under Minnesota Statutes, chapter 148C, and not excluded
47.11 under Minnesota Statutes, section 148C.11;
- 47.12 (2) certified by the Upper Midwest Indian Council on Addictive Disorders;
47.13 or
- 47.14 (3) designated by a federally recognized Indian tribe and provides
47.15 assessments under the jurisdiction of that tribe.

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

47.20 Subp. 3. **Method of assessment.** The assessor must gather the information necessary
47.21 to determine the application of the criteria in parts 9530.6600 to 9530.6655 and record
47.22 the information in a format prescribed by the commissioner. The assessor must complete
47.23 an assessment summary as prescribed by the commissioner for each client assessed
47.24 for treatment services. The assessment summary and information gathered shall be

48.1 maintained in the client's case record and submitted to the department using procedures
48.2 specified by the commissioner. At a minimum, the assessment must include:

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

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

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

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

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

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

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

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

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

48.24 A. applicable placement information gathered in compliance with part
48.25 9530.6620, subpart 1, ~~as required by the commissioner;~~

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

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

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

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

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

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

49.11 A. confidentiality of records as required under Minnesota Statutes, chapter
49.12 13, and section 254A.09;

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

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

49.17 **9530.6620 PLACEMENT INFORMATION.**

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

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

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

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

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

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

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

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

51.15 A. is in severe withdrawal and likely to be a danger to self or others;

51.16 B. has severe medical problems that require immediate attention; or

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

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

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

52.1 Subp. 4. **Risk description and treatment planning decision.** The placing authority
52.2 must determine appropriate services for clients according to the dimensions in part
52.3 9530.6622, subparts 1 to 6. In each dimension the risk description corresponds to a
52.4 similarly numbered treatment planning decision. The placing authority must arrange
52.5 services according to the treatment planning decision which corresponds to the client's
52.6 risk description.

52.7 Subp. 5. **Treatment service authorization.** The placing authority must authorize
52.8 treatment services for clients who meet the criteria for substance use disorder according
52.9 to the current DSM publication, and have a risk description of 2, 3, or 4 under part
52.10 9530.6622, subpart 4, 5, or 6.

52.11 Subp. 6. **Other services.** The placing authority must authorize appropriate services
52.12 in part 9530.6622, subpart 1, 2, or 3, only in conjunction with treatment services in part
52.13 9530.6622, subpart 4, 5, or 6.

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

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

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

53.1 preference. The placing authority maintains the responsibility and right to choose the
53.2 specific provider. The provider must meet the criteria in Minnesota Statutes, section
53.3 ~~245B.05~~ 254B.05, and apply under part 9505.0195 to participate in the medical assistance
53.4 program. The placing authority may deviate from the treatment planning decisions in part
53.5 9530.6622 if necessary to authorize appropriate services according to this subpart.

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

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

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

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

53.20 B. The adolescent client has a mental disorder documented by a mental health
53.21 professional as defined in Minnesota Statutes, sections 245.462, subdivision 18, and
53.22 245.4871, subdivision 27, that in combination with a substance use disorder present a
53.23 serious health risk to the client.

53.24 Subp. 13. **Additional information.** If a treatment provider identifies additional
53.25 information about a client that indicates that the placing authority has not authorized the
53.26 most appropriate array of services, the provider must provide the placing authority the

54.1 additional information to consider in determining whether a different authorization must
 54.2 be made. The treatment provider must comply with confidentiality and data privacy
 54.3 provisions in part 9530.6615, subpart 6.

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

54.10 **9530.6622 PLACEMENT CRITERIA.**

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

54.14 **RISK DESCRIPTION**

54.15 0 The client displays full functioning
 54.16 with good ability to tolerate and cope
 54.17 with withdrawal discomfort. No signs or
 54.18 symptoms of intoxication or withdrawal
 54.19 or diminishing signs or symptoms.

54.20 1 The client can tolerate and cope with
 54.21 withdrawal discomfort. The client
 54.22 displays mild to moderate intoxication or
 54.23 signs and symptoms interfering with daily
 54.24 functioning but does not immediately
 54.25 endanger self or others. The client poses
 54.26 minimal risk of severe withdrawal.

TREATMENT PLANNING DECISION

0 The client's condition described in the
 risk description does not impact treatment
 planning decision.

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.

55.1 2 The client has some difficulty tolerating
 55.2 and coping with withdrawal discomfort.
 55.3 The client's intoxication may be severe,
 55.4 but responds to support and treatment
 55.5 such that the client does not immediately
 55.6 endanger self or others. The client
 55.7 displays moderate signs and symptoms
 55.8 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.

55.9 3 The client tolerates and copes with
 55.10 withdrawal discomfort poorly. The client
 55.11 has severe intoxication, such that the client
 55.12 endangers self or others, or intoxication
 55.13 has not abated with less intensive
 55.14 services. The client displays severe signs
 55.15 and symptoms; or risk of severe, but
 55.16 manageable withdrawal; or withdrawal
 55.17 worsening despite detoxification at less
 55.18 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.

55.19 4 The client is incapacitated with severe
 55.20 signs and symptoms. The client displays
 55.21 severe withdrawal and is a danger to self
 55.22 or others.
 55.23

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

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

55.27 RISK DESCRIPTION

TREATMENT PLANNING DECISION

55.28 0 The client displays full functioning
 55.29 with good ability to cope with physical
 55.30 discomfort.

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

56.1 1 The client tolerates and copes with
 56.2 physical discomfort and is able to get the
 56.3 services that the client needs.

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

56.4 2 The client has difficulty tolerating and
 56.5 coping with physical problems or has
 56.6 other biomedical problems that interfere
 56.7 with recovery and treatment. The client
 56.8 neglects or does not seek care for serious
 56.9 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.

56.10 3 The client tolerates and copes poorly
 56.11 with physical problems or has poor
 56.12 general health. The client neglects the
 56.13 client's medical problems without active
 56.14 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.

56.17 4 The client is unable to participate in
 56.18 chemical dependency treatment and has
 56.19 severe medical problems, a condition that
 56.20 requires immediate intervention, or is
 56.21 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.

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

56.25 RISK DESCRIPTION

TREATMENT PLANNING DECISION

56.26 0 The client has good impulse control and
 56.27 coping skills and presents no risk of harm
 56.28 to self or others. The client functions in
 56.29 all life areas and displays no emotional,
 56.30 behavioral, or cognitive problems or the
 56.31 problems are stable.

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

- | | |
|---|--|
| <p>57.1 1 The client has impulse control and
 57.2 coping skills. The client presents a mild
 57.3 to moderate risk of harm to self or others
 57.4 or displays symptoms of emotional,
 57.5 behavioral, or cognitive problems. The
 57.6 client has a mental health diagnosis and is
 57.7 stable. The client functions adequately in
 57.8 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>57.9 2 The client has difficulty with impulse
 57.10 control and lacks coping skills. The
 57.11 client has thoughts of suicide or harm
 57.12 to others without means; however, the
 57.13 thoughts may interfere with participation
 57.14 in some activities. The client has difficulty
 57.15 functioning in significant life areas.
 57.16 The client has moderate symptoms of
 57.17 emotional, behavioral, or cognitive
 57.18 problems. The client is able to participate
 57.19 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>57.20 3 The client has a severe lack of impulse
 57.21 control and coping skills. The client also
 57.22 has frequent thoughts of suicide or harm
 57.23 to others including a plan and the means to
 57.24 carry out the plan. In addition, the client is
 57.25 severely impaired in significant life areas
 57.26 and has severe symptoms of emotional,
 57.27 behavioral, or cognitive problems that
 57.28 interfere with the client's participation in
 57.29 treatment activities.</p> | <p>3 The placing authority must authorize
 integrated chemical and mental health
 treatment services provided by a provider
 licensed under part 9530.6495 and 24-hour
 supervision.</p> |

58.1 4 The client has severe emotional or
 58.2 behavioral symptoms that place the client
 58.3 or others at acute risk of harm. The client
 58.4 also has intrusive thoughts of harming
 58.5 self or others. The client is unable to
 58.6 participate in treatment activities.
 58.7
 58.8

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.

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

58.11 RISK DESCRIPTION

TREATMENT PLANNING DECISION

58.12 0 The client is cooperative, motivated,
 58.13 ready to change, admits problems,
 58.14 committed to change, and engaged in
 58.15 treatment as a responsible participant.

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

58.16 1 The client is motivated with active
 58.17 reinforcement, to explore treatment and
 58.18 strategies for change, but ambivalent
 58.19 about illness or need for change.
 58.20

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

58.21 2 The client displays verbal compliance,
 58.22 but lacks consistent behaviors; has low
 58.23 motivation for change; and is passively
 58.24 involved in treatment.

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

58.25 3 The client displays inconsistent
 58.26 compliance, minimal awareness of either
 58.27 the client's addiction or mental disorder,
 58.28 and is minimally cooperative.

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

58.29 4 The client is:
 58.30

4 The placing authority must authorize
 treatment services that include:

- | | | |
|--------------------------------------|---|---|
| 59.1
59.2
59.3
59.4
59.5 | (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 |
| 59.6
59.7
59.8 | (B) the client is dangerously oppositional to the extent that the client is a threat of imminent harm to self and others. | (B) 24-hour supervision and care that meets the requirements of part 9530.6505. |

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

- | 59.12 RISK DESCRIPTION | TREATMENT PLANNING DECISION |
|---|--|
| 59.13 0 The client recognizes risk well and is
59.14 able to manage potential problems. | 0 The placing authority may facilitate peer support for the client. |
| 59.15 1 The client recognizes relapse issues and
59.16 prevention strategies, but displays some
59.17 vulnerability for further substance use or
59.18 mental health problems. | 1 The placing authority may promote peer support and authorize counseling services to reduce risk. |
| 59.19 2 (A) The client has minimal recognition
59.20 and understanding of relapse and
59.21 recidivism issues and displays moderate
59.22 vulnerability for further substance use or
59.23 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. |
| 59.24 (B) The client has some coping skills
59.25 consistently <u>inconsistently</u> applied.
59.26
59.27
59.28 | (B) The placing authority must promote peer support and authorize counseling services or service coordination programs that comply with part 9530.6500 or Code of Federal Regulations, title 42, part 8. |

60.1 3 The client has poor recognition and
 60.2 understanding of relapse and recidivism
 60.3 issues and displays moderately high
 60.4 vulnerability for further substance use or
 60.5 mental health problems. The client has
 60.6 few coping skills and rarely applies coping
 60.7 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.

60.8 4 The client has no coping skills to arrest
 60.9 mental health or addiction illnesses,
 60.10 or prevent relapse. The client has no
 60.11 recognition or understanding of relapse
 60.12 and recidivism issues and displays high
 60.13 vulnerability for further substance use
 60.14 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.

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

60.17 RISK DESCRIPTION

TREATMENT PLANNING DECISION

60.18 0 The client is engaged in structured,
 60.19 meaningful activity and has a supportive
 60.20 significant other, family, and living
 60.21 environment.

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

60.22 1 The client has passive social network
 60.23 support or family and significant other are
 60.24 not interested in the client's recovery. The
 60.25 client is engaged in structured meaningful
 60.26 activity.

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

61.1 2 The client is engaged in structured,
 61.2 meaningful activity, but peers, family,
 61.3 significant other, and living environment
 61.4 are unsupportive, or there is criminal
 61.5 justice involvement by the client or among
 61.6 the client's peers, significant other, or in
 61.7 the client's living environment.

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

61.8 3 The client is not engaged in structured,
 61.9 meaningful activity and the client's peers,
 61.10 family, significant other, and living
 61.11 environment are unsupportive, or there
 61.12 is significant criminal justice system
 61.13 involvement.

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

61.14 4 The client has:
 61.15

4 The placing authority must authorize for
 the client:

61.16 (A) a chronically antagonistic significant
 61.17 other, living environment, family, peer
 61.18 group, or long-term criminal justice
 61.19 involvement that is harmful to recovery or
 61.20 treatment progress; or
 61.21

(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

61.22 (B) the client has an actively antagonistic
 61.23 significant other, family, work, or living
 61.24 environment, with immediate threat to the
 61.25 client's safety and well-being.
 61.26
 61.27

(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.

61.28 **9530.6655 APPEALS.**

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

62.6 The placing authority must authorize a second chemical use assessment by a different
62.7 qualified assessor within five working days of receipt of a request for reassessment. If
62.8 the client agrees with the outcome of the second assessment, the placing authority shall
62.9 place the client in accordance with part 9530.6622 and the second assessment. If the client
62.10 disagrees with the outcome of the second assessment, the placing authority must place
62.11 the client according to the assessment that is most consistent with the client's collateral
62.12 information.

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

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

62.17 B. is denied a second assessment under subpart 1 or denied a second assessment
62.18 within the timelines in part ~~9530.6615~~ 9530.6655, subpart 1;

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

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

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

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

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

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

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

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

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

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

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

64.1 B. whether the client is making satisfactory progress toward achieving the
64.2 objectives stated in the client's individual treatment plan;

64.3 C. whether there is a plan that reasonably addresses the client's needs for
64.4 continued service; and

64.5 D. whether the client's risk description in the dimensions being addressed by the
64.6 service provider is 2 or greater according to part 9530.6622, subpart 4, 5, or 6.

64.7 **9530.7000 DEFINITIONS.**

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

64.9 Subp. 3. [See repealer.]

64.10 Subp. 4. [See repealer.]

64.11 Subp. 5. **Chemical dependency treatment services.** "Chemical dependency
64.12 treatment services" means services provided by chemical dependency treatment programs
64.13 licensed according to parts 9530.6405 to 9530.6505 or certified according to parts
64.14 2960.0450 to 2960.0490.

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

64.16 Subp. 9a. [See repealer.]

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

64.18 Subp. 12. [See repealer.]

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

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

64.24 [For text of subp 15, see M.R.]

65.1 Subp. 16. [See repealer.]

65.2 Subp. 17. [See repealer.]

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

65.4 Subp. 18. [See repealer.]

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

65.6 **9530.7010 COUNTY RESPONSIBILITY TO PROVIDE CHEMICAL**
65.7 **DEPENDENCY TREATMENT SERVICES.**

65.8 The local agency shall provide chemical dependency treatment services to eligible
65.9 clients who have been assessed and placed by the county according to parts 9530.6600 to
65.10 9530.6655 and Minnesota Statutes, chapter 256G.

65.11 **9530.7012 VENDOR AGREEMENTS.**

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

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

65.17 A. The services are provided within a program licensed according to parts
65.18 9530.6405 to 9530.6505 or certified according to parts 2960.0430 to 2960.0490.

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

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

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

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

66.6 **9530.7015 CLIENT ELIGIBILITY UNDER THE CONSOLIDATED CHEMICAL**
66.7 **DEPENDENCY TREATMENT FUND.**

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

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

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

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

66.18 Subp. 2. [See repealer.]

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

66.24 Subp. 3. [See repealer.]

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

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

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

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

67.15 A. ~~be eligible according to subparts 1 and 2a; and~~ continue to be enrolled in
67.16 MinnesotaCare, medical assistance, or general assistance medical care; or

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

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

67.24 **9530.7020 LOCAL AGENCY TO DETERMINE CLIENT ELIGIBILITY.**

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

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

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

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

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

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

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

69.9 **9530.7021 PAYMENT AGREEMENTS.**

69.10 When the local agency, the client, and the vendor agree that the vendor will accept
69.11 payment from a third-party payment source for an eligible client's treatment, the local
69.12 agency, the client, and the vendor shall enter into a third-party payment agreement. The
69.13 agreement must stipulate that the vendor will accept, as payment in full for services
69.14 provided to the client, the amount the third-party payor is obligated to pay for services
69.15 provided to the client. The agreement must be executed in a form prescribed by the
69.16 commissioner and is not effective unless an authorized representative of each of the three
69.17 parties has signed it. The local agency shall maintain a record of third-party payment
69.18 agreements into which the local agency has entered.

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

69.23 **9530.7022 CLIENT FEES.**

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

70.1 Subp. 2. [See repealer.]

70.2 **9530.7030 VENDOR MUST PARTICIPATE IN DAANES SYSTEM.**

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

70.8 Subp. 2. [See repealer.]

70.9 Subp. 3. [See repealer.]

70.10 Subp. 4. [See repealer.]

70.11 **REPEALER.** Minnesota Rules, parts 2960.0020, subparts 12, 13, 41, and 52; 2960.0460,
70.12 subpart 6; 2960.3010, subpart 10; 9530.6405, subpart 19; 9530.6535, subparts 6 and 7;
70.13 9530.6600, subpart 2; 9530.6605, subparts 6, 7, 10a, 15, 15a, 16, 17, 18, 19, 20, 21, 22,
70.14 23, 24; 9530.6610, subpart 4; 9530.6625; 9530.6630; 9530.6631; 9530.6635; 9530.6640;
70.15 9530.6641; 9530.6645; 9530.6650; 9530.6660; 9530.7000, subparts 3, 4, 9a, 12, 16,
70.16 17, and 18; 9530.7015, subparts 2 and 3; 9530.7022, subpart 2; 9530.7024; 9530.7030,
70.17 subparts 2, 3, and 4; and 9530.7031, are repealed.

70.18 **EFFECTIVE DATE.** The amendments to chapters 2960 and 9530 are effective July
70.19 1, 2008.