DEFINITIONS.

Subd. 1. Scope.

The terms used in this chapter have the meanings given them.

Subd. 2. Administration of medication.

"Administration of medication" means providing a medication to a client, and includes the following tasks, performed in the following order:

1. checking the client's medication record;
2. preparing the medication for administration;
3. administering the medication to the client;
4. documenting the administration of the medication, or the reason for not administering a medication as prescribed; and
5. reporting information to a licensed practitioner or a nurse regarding a problem with the administration of medication or the client's refusal to take the medication, if applicable.

Subd. 3. Adolescent.

"Adolescent" means an individual under 18 years of age.

Subd. 4. Alcohol and drug counselor.

"Alcohol and drug counselor" has the meaning given in section 148F.01, subdivision 5.

Subd. 5. Applicant.

"Applicant" has the meaning given in section 245A.02, subdivision 3.

Subd. 6. Capacity management system.

"Capacity management system" means a database maintained by the department to compile and make information available to the public about the waiting list status and current admission capability of each opioid treatment program.

Subd. 7. Central registry.

"Central registry" means a database maintained by the department to collect identifying information from two or more programs about an individual applying for maintenance treatment or detoxification treatment for opioid addiction to prevent an individual's concurrent enrollment in more than one program.
Subd. 8. Client.

"Client" means an individual accepted by a license holder for assessment or treatment of a substance use disorder. An individual remains a client until the license holder no longer provides or intends to provide the individual with treatment service. For the purposes of defining client when referencing 144.651 in this statute, patient and client are given the same meaning.

Subd. 8a. Client Centered or Person Centered, Non-Directive. “Client centered” or “person centered, non-directive” means a client has an active role in the client’s treatment and the therapist or counselor is nondirective and supportive.

Subd. 9. Commissioner.

"Commissioner" means the commissioner of human services.

Subd. 10. Co-occurring disorders.

"Co-occurring disorders" means a diagnosis of both a substance use disorder and a mental health disorder.

Subd. 11. Department.

"Department" means the Department of Human Services.

Subd. 12. Direct contact.

"Direct contact" has the meaning given for "direct contact" in section 245C.02, subdivision 11.

Subd. 13. Face-to-face.

"Face-to-face" means two-way, real-time, interactive and visual communication between a client and a treatment service provider and includes services delivered in person or via telemedicine.


"License" has the meaning given in section 245A.02, subdivision 8.

Subd. 15. License holder.

"License holder" has the meaning given in section 245A.02, subdivision 9.

Subd. 16. Licensed practitioner.
"Licensed practitioner" means an individual who is authorized to prescribe medication as defined in section 151.01, subdivision 23.

Subd. 17. **Licensed professional in private practice.**

"Licensed professional in private practice" means an individual who:

1. is licensed under chapter 148F, or is exempt from licensure under that chapter but is otherwise licensed to provide alcohol and drug counseling services;
2. practices solely within the permissible scope of the individual's license as defined in the law authorizing licensure; and
3. does not affiliate with other licensed or unlicensed professionals to provide alcohol and drug counseling services. Affiliation does not include conferring with another professional or making a client referral.

Subd. 18. **Nurse.**

"Nurse" means an individual licensed and currently registered to practice professional or practical nursing as defined in section 148.171, subdivisions 14 and 15.

Subd. 19. **Opioid treatment program or OTP.**

"Opioid treatment program" or "OTP" means a program or practitioner engaged in opioid treatment of an individual that provides dispensing of an opioid agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects of an opioid addiction. OTP includes detoxification treatment, short-term detoxification treatment, long-term detoxification treatment, maintenance treatment, comprehensive maintenance treatment, and interim maintenance treatment.

Subd. 20. **Paraprofessional.**

"Paraprofessional" means an employee, agent, or independent contractor of the license holder who performs tasks to support treatment service. A paraprofessional may be referred to by a variety of titles including but not limited to technician, case aide, or counselor assistant. If currently a client of the license holder, the client cannot be a paraprofessional for the license holder.

Subd. 20a. **Service initiation.** "Service initiation" means the day the license holder provides a treatment service identified in 245G.07.

Subd. 20b. **Staff or Staff member.** "Staff" or "staff member" means a person who works under the direction of the license holder regardless of their employment status. This includes but is not limited to an intern, consultant, individual who works part-time, and an individual who does not provide direct care services.
Subd. 21. **Student intern.**

"Student intern" means an individual who is enrolled in a program specializing in alcohol and drug counseling or mental health counseling at an accredited educational institution and is authorized by a licensing board to provide services under supervision of a licensed professional.

Subd. 22. **Substance.**

"Substance" means alcohol, solvents, controlled substances as defined in section 152.01, subdivision 4, and other mood-altering substances.

Subd. 23. **Substance use disorder.**

"Substance use disorder" has the meaning given in the current Diagnostic and Statistical Manual of Mental Disorders.

Subd. 24. **Substance use disorder treatment.**

"Substance use disorder treatment" means treatment of a substance use disorder, including the process of assessment of a client's needs, development of planned methods, including interventions or services to address a client's needs, provision of services, facilitation of services provided by other service providers, and ongoing reassessment by a qualified professional when indicated. The goal of substance use disorder treatment is to assist or support the client's efforts to recover from a substance use disorder.

Subd. 25. **Target population.**

"Target population" means individuals with a substance use disorder and the specified characteristics that a license holder proposes to serve.

Subd. 26. **Telemedicine.**

"Telemedicine" means the delivery of a substance use disorder treatment service while the client is at an originating site and the licensed health care provider is at a distant site as specified in section 254B.05, subdivision 5, paragraph (f).

Subd. 27. **Treatment director.**

"Treatment director" means an individual who meets the qualifications specified in section 245G.11, subdivisions 1 and 3, and is designated by the license holder to be responsible for all aspects of the delivery of treatment service.

Subd. 27a. **Treatment Week.** “Treatment week” means the seven day period that the program identifies in the program policy and procedure manual to indicate the day of the week that the treatment program week starts and the day of the week that it
ends for the purpose of identifying the nature and number of treatment services an individual receives weekly.

Subd. 28. Volunteer. “Volunteer” means a person who, under the direction of the license holder, provides services or an activity without pay to an individual served by the license holder.

245G.02 APPLICABILITY.
   Subdivision 1. Applicability.

   Except as provided in subdivisions 2 and 3, no person, corporation, partnership, voluntary association, controlling individual, or other organization may provide a substance use disorder treatment service to an individual with a substance use disorder unless licensed by the commissioner.

   Subd. 2. Exemption from license requirement.

   This chapter does not apply to a county or recovery community organization that is providing a service for which the county or recovery community organization is an eligible vendor under section 254B.05. This chapter does not apply to an organization whose primary functions are information, referral, diagnosis, case management, and assessment for the purposes of client placement, education, support group services, or self-help programs. This chapter does not apply to the activities of a licensed professional in private practice.

   Subd. 3. Excluded hospitals.

   This chapter does not apply to substance use disorder treatment provided by a hospital licensed under chapter 62J, or under sections 144.50 to 144.56, unless the hospital accepts funds for substance use disorder treatment from the consolidated chemical dependency treatment fund under chapter 254B, medical assistance under chapter 256B, or MinnesotaCare or health care cost containment under chapter 256L, or general assistance medical care formerly codified in chapter 256D.

   Subd. 4. Applicability of Minnesota Rules, chapter 2960.

   A residential adolescent substance use disorder treatment program serving an individual younger than 16 years of age must be licensed according to Minnesota Rules, chapter 2960.

245G.03 LICENSING REQUIREMENTS.
   Subdivision 1. License requirements.
(a) An applicant for a license to provide substance use disorder treatment must comply with the general requirements in chapters 245A and 245C, sections 626.556 and 626.557, and Minnesota Rules, chapter 9544.

(b) The commissioner may grant variances to the requirements in this chapter that do not affect the client's health or safety if the conditions in section 245A.04, subdivision 9, are met.

Subd. 2. Application.

Before the commissioner issues a license, an applicant must submit, on forms provided by the commissioner, any documents the commissioner requires.

Subd. 3. Change in license terms.

(a) The commissioner must determine whether a new license is needed when a change in clauses (1) to (4) occurs. A license holder must notify the commissioner before a change in one of the following occurs:

(1) the Department of Health's licensure of the program;
(2) whether the license holder discontinues or provides services specified in sections 245G.18.01 to 245G.22;
(3) location; or
(4) capacity if the license holder meets the requirements of section 245G.21.

(b) A license holder must notify the commissioner and must apply for a new license if there is a change in program ownership.

245G.04 INITIAL SERVICES INITIATION PLAN.

(a) Subdivision 1. Initial Services Plan. The license holder must complete an initial services plan on the day of service initiation. The plan must be person-centered and client-specific, and address the client's immediate health and safety concerns, and identify the treatment needs of the client to be addressed in the first treatment session, and make treatment suggestions for the client during the time between service initiation intake and completion of the individual treatment plan.

(b) Subd. 2. Vulnerable Adult Status. The initial services plan must include an On the day of service initiation, a nonresidential program must conduct a vulnerable adult determination of whether a client is a vulnerable adult as defined in section 626.5572, subdivision 21. An adult client of a residential program is a vulnerable adult.

Subd. 3. Individual Abuse Prevention Plan. An individual abuse prevention plan, according to sections 245A.65, subdivision 2, paragraph (b), and 626.557, subdivision 14, paragraph (b), is required for a client who meets the definition of vulnerable adult.
245G.05 COMPREHENSIVE ASSESSMENT AND ASSESSMENT SUMMARY.


(a) A comprehensive assessment of the client's substance use disorder must be administered face-to-face by an alcohol and drug counselor within three calendar days after service initiation for a residential program or on the day of service initiation for a non-residential program, during the initial session for all other programs. A program may use a staff person who is not qualified as an alcohol and drug counselor to interview the client in areas of the comprehensive assessment that are otherwise within the competencies and scope of practice of that staff person, and an alcohol and drug counselor does not need to be face to face with the client during this interview. The alcohol and drug counselor must review all of the information contained in a comprehensive assessment and by signature confirm the information is accurate and complete and meets the requirements for the comprehensive assessment. If the comprehensive assessment is not completed within the required timeframe, during the initial session, the client-centered reason for the delay must be documented in the client's file and the identified planned completion date. The comprehensive assessment is considered complete on the day the qualified staff person signs and dates it. If the client received a comprehensive assessment that authorized the treatment service, an alcohol and drug counselor may use that comprehensive assessment for requirements of this subdivision but must document a review and update to this assessment, to ensure compliance with this subdivision, including within applicable timelines. If available, the alcohol and drug counselor may use current information provided by a referring agency or other source as a supplement. Information gathered more than 45 days before the date of admission is not considered current. The comprehensive assessment must include sufficient information to complete the assessment summary according to subdivision 2 and the individual treatment plan according to section 245G.06. The comprehensive assessment must include information about the client's needs that relate to substance use and personal strengths that support recovery, including:

1. age, sex, cultural background, sexual orientation, living situation, economic status, and level of education;

2. a description of the circumstances of service initiation;

3. a list of all previous attempts at treatment for substance misuse or substance use disorder, compulsive gambling, or mental illness;

4. a list of all substance use history including amounts and types of substances used, frequency and duration of use, periods of abstinence, and circumstances of relapse, if any. For each substance used within the previous 30 days, the information must include the date of the most recent use and address absence or presence of previous withdrawal symptoms;
(5) specific problem behaviors exhibited by the client when under the influence of substances;

(6) family status, the client’s desire for family involvement in this treatment program, family history of substance use and misuse, including history or presence of physical or sexual abuse, and level of family support, and substance misuse or substance use disorder of a family member or significant other;

(7) physical and medical concerns or diagnoses, current medical treatment needed or currently receiving medical treatment related to diagnosis, the severity of the concerns, and or whether the concerns need to be referred to an appropriate are being addressed by a health care professional;

(8) mental health history and psychiatric status, including symptoms and the effect on functioning, disability, current mental health treatment supports, and psychotropic medication needed to maintain stability; the assessment must utilize screening tools approved by the commissioner pursuant to section 245.4863 to identify whether the client screens positive for co-occurring disorders;

(9) arrests and legal interventions related to substance use;

(10) a description of how the client’s use affected the ability of the client to function appropriately in work and educational settings;

(11) ability to understand written treatment materials, including rules and the client’s rights;

(12) a description of any risk-taking behavior, including behavior that puts the client at risk of exposure to blood-borne or sexually transmitted diseases;

(13) social network in relation to expected support for recovery; and

(14) leisure time activities that are associated with substance use;

(15) whether the client is pregnant and, if so, the health of the unborn child and the client's current involvement in prenatal care;

(16) whether the client recognizes problems needs related to substance use and is willing to follow treatment recommendations; and

(17) collateral information from a collateral contact may be included, but is not required. If the assessor gathered sufficient information from the referral source or the client to apply the criteria in Minnesota Rules, parts 9530.6620 and 9530.6622, a collateral contact is not required.

(b) If the client is identified as having opioid use disorder or seeking treatment for opioid use disorder, the program must provide educational information to the client concerning:

(1) risks for opioid use disorder and dependence;

(2) treatment options, including the use of a medication for opioid use disorder;

(3) the risk of and recognizing opioid overdose; and
(4) the use, availability, and administration of naloxone to respond to opioid overdose.

(c) The commissioner shall develop educational materials that are supported by research and updated periodically. The license holder must use the educational materials that are approved by the commissioner to comply with this requirement.

(d) If the comprehensive assessment is completed to authorize treatment service for the client, at the earliest opportunity during the assessment interview the assessor shall determine if:

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

If one or more of the conditions in clauses (1) to (3) are present, the assessor must end the assessment interview and follow the procedures in the program's medical services plan under section 245G.08, subdivision 2, to help the client obtain the appropriate services. The assessment interview may resume when the condition is resolved.

Subd. 2. Assessment summary.

(a) An alcohol and drug counselor must complete an assessment summary within three calendar days after service initiation for a residential program and within three sessions of the client's service initiation for non-residential programs, or all other programs. The comprehensive assessment summary is considered complete when the qualified staff persons signs and dates it. If the comprehensive assessment is used to authorize the treatment service, the alcohol and drug counselor must prepare an assessment summary on the same date the comprehensive assessment is completed. If the comprehensive assessment and assessment summary are to authorize treatment services, the assessor must determine appropriate services for the client using the dimensions in Minnesota Rules, part 9530.6622, and document the recommendations.

(b) An assessment summary must include:

1. a risk description according to section 245G.05 for each dimension listed in paragraph (c);
2. a narrative summary supporting the risk descriptions; and
3. a determination of whether the client has a substance use disorder.

(c) An assessment summary must contain information relevant to treatment service planning and recorded in the dimensions in clauses (1) to (6). The license holder must consider:

1. Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with withdrawal symptoms and current state of intoxication;
(2) Dimension 2, biomedical conditions and complications; the degree to which
any physical disorder of the client would interfere with treatment for substance use,
and the client's ability to tolerate any related discomfort. The license holder must
determine the impact of continued chemical use on the unborn child, if the client is
pregnant;

(3) Dimension 3, emotional, behavioral, and cognitive conditions and
complications; the degree to which any condition or complication is likely to interfere
with treatment for substance use or with functioning in significant life areas and the
likelihood of harm to self or others;

(4) Dimension 4, readiness for change; the support necessary to keep the client
involved in treatment service;

(5) Dimension 5, relapse, continued use, and continued problem potential; the
degree to which the client recognizes relapse issues and has the skills to prevent
relapse of either substance use or mental health problems; and

(6) Dimension 6, recovery environment; whether the areas of the client's life are
supportive of or antagonistic to treatment participation and recovery.

245G.06 INDIVIDUAL TREATMENT PLAN.
Subdivision 1. General.

Each client must have an a client-centered individual treatment plan developed by an
alcohol and drug counselor within seven days of service initiation for a residential
program and before within four sessions of a client’s service initiation in a non-
residential program, within three sessions for all other programs. The client must have
active, direct involvement in selecting the anticipated outcomes of the treatment
planning process, and developing the treatment plan. The individual treatment plan
must be signed by the client and the alcohol and drug counselor and document the
client's involvement in the development of the plan. The plan is considered complete
at the time the qualified staff person signs and dates the treatment plan. The plan may
be a continuation of the initial services plan required in section 245G.04. Treatment
planning must include ongoing assessment of client needs. An individual treatment
plan must be updated based on new information gathered about the client's condition,
the client’s level of participation, and on whether methods identified have the
intended effect. A change to the plan must be signed by the client and the alcohol and
drug counselor. If the client chooses to have family or others involved in the client’s
treatment, the plan must include goals and methods identifying how the family or
others will be involved in the treatment process. The plan must provide for the
involvement of the client's family and people selected by the client as important to the
success of treatment at the earliest opportunity, consistent with the client's treatment
needs and written consent.

Subd. 2. Plan contents.
An individual treatment plan must be recorded in the six dimensions listed in section 245G.05, subdivision 2, paragraph (c), must address each issue identified in the assessment summary, prioritized according to the client's needs and focus, and must include:

1. specific goals and methods to address each identified need in the comprehensive assessment summary, including amount, frequency, and anticipated duration of treatment service. The methods must be appropriate to the client's language, reading skills, cultural background, and strengths;

2. resources to refer the client to when the client's needs are to be addressed concurrently by another provider and identify whether the client is assessed as in need of peer support services and how peer support will be made available to the client if this need is assessed; and

3. goals the client must reach to complete treatment and terminate services.

Subd. 3. Documentation of treatment services; treatment plan review.

(a) A review of all treatment services must be documented weekly and include a review of:

1. care coordination activities;
2. medical and other appointments the client attended;
3. issues related to medications that are not documented in the medication administration record; and
4. issues related to attendance for treatment services, including the reason for any client absence from a treatment service.

All treatment services must be documented in the client file by the person who provided the treatment service. The documentation must be completed within 24 hours of the service and include the:

1. type of treatment service as described in 245G.07, subdivisions 1 and 2;
2. date of treatment service;
3. duration of the client's attendance, including start time and end time;
4. name and title of staff person(s) that provided the service; and
5. client's response to the service.

Subd. 3a. Treatment plan review.

(b) A note must be entered immediately following any significant event. A significant event is an event that impacts the client's relationship with other clients, staff, the client's family, or the client's treatment plan.

(e) A treatment plan review must be documented entered in a client's file weekly or after each treatment service, whichever is less frequent, by the staff member providing the service. The review must indicate the span of time covered by the
review and each of the six dimensions listed in section 245G.05, subdivision 2, paragraph (c). The review must:

1. indicate the date, type, and amount of each treatment service provided and the client's response to each service; summarize the weekly amount and type of treatment services provided according to 245G.07, and document client not attending treatment services, including rationale;

2. address each goal in the treatment plan worked on during the review period and document whether the methods to address the goals are effective;

3. include monitoring of any physical and mental health problems;

4. document the participation of others;

5. document staff recommendations for changes in the methods identified in the treatment plan and whether the client agrees with the change; and

6. include a review and evaluation of the individual abuse prevention plan according to section 245A.65.

(b) A note must be entered immediately following any significant event. A significant event is an event that impacts the client's relationship with other clients, staff, or the client's family; the client's treatment plan; alleged maltreatment; a medical emergency; or any behavioral issue. The weekly treatment plan review must include a summary of each significant event and describe how the program responded to the event.

(c) Each entry in a client's record must be accurate, legible, signed, and dated. A late entry must be clearly labeled "late entry." If documentation does not occur within 24 hours of the service or incident, a correction to an entry must be made in a way in which the original entry can still be read.

Subd. 4. Service discharge summary.

(a) An alcohol and drug counselor must write a discharge summary for each client. The summary must be completed within five days of the client's service termination or within five days from the client's or program's decision to terminate services, whichever is earlier. Verification of a copy provided to the client must be in the client file. If the program is not able to provide a copy directly to the client, the program must document the reason the client was not provided a copy directly and include verification that the summary was mailed to an address the client authorized to receive correspondence from the program.

(b) The service discharge summary must be recorded in the six dimensions listed in section 245G.05, subdivision 2, paragraph (c), and include the following information:

1. the client's issues, strengths, and needs while participating in treatment, including services provided;
(2) the client's progress toward achieving each goal identified in the individual treatment plan;

(3) a risk description according to section 245G.05; and

(4) the reasons for and circumstances of service termination. If a program discharges a client at staff request, the reason for discharge and the procedure followed for the decision to discharge must be documented and comply with the requirements outlined in 245G.14, subdivision 3, paragraph 3, program's policies on staff-initiated client discharge. If a client is discharged at staff request, the program must give the client crisis and other referrals appropriate for the client's needs and offer assistance to the client to access the services.

(c) For a client who successfully completes treatment, the summary must also include:

(1) the client's living arrangements at service termination, including location at service termination;

(2) continuing care recommendations, including transitions between more or less intense services, or more frequent to less frequent services, and referrals made with specific attention to continuity of care for mental health, as needed;

(3) service termination diagnosis; and

(4) the client's prognosis.

245G.07 TREATMENT SERVICE.
Subdivision 1. Treatment service.

(a) A licensed residential treatment program license holder must offer the following treatment services in paragraph (1) through (6) to each client, unless clinically inappropriate and the justifying clinical rationale is documented. A non-residential program must be able to offer all treatment services in paragraphs (1) through (6) and document in the individual treatment plan the specific services a client has been assessed to need and the plan to provide that service:

(1) individual and group counseling to help the client identify and address needs related to substance use and develop strategies to avoid harmful substance use after discharge and to help the client obtain the services necessary to establish a lifestyle free of the harmful effects of substance use disorder;

(2) client education strategies to avoid inappropriate substance use and health problems related to substance use and the necessary lifestyle changes to regain and maintain health. Client education must include information on tuberculosis education on a form approved by the commissioner, the human immunodeficiency virus according to section 245A.19, other sexually transmitted diseases, drug and alcohol use during pregnancy, and hepatitis. A licensed alcohol and drug counselor must be present during an educational group;
(3) a service to help the client integrate gains made during treatment into daily living and to reduce the client's reliance on a staff member for support;

(4) a service to address issues related to co-occurring disorders, including client education on symptoms of mental illness, the possibility of comorbidity, and the need for continued medication compliance while recovering from substance use disorder. A group must address co-occurring disorders, as needed. When treatment for mental health problems is indicated, the treatment must be integrated into the client's individual treatment plan; and

(5) on July 1, 2018, or upon federal approval, whichever is later, peer recovery support services provided one to one by an individual in recovery. Peer support services include education, advocacy, mentoring through self-disclosure of personal recovery experiences, attending recovery and other support groups with a client, accompanying the client to appointments that support recovery, assistance accessing resources to obtain housing, employment, education, and advocacy services, and nonclinical recovery support to assist the transition from treatment into the recovery community; and

(6) on July 1, 2018, or upon federal approval, whichever is later, care treatment coordination provided by an individual who meets the staff qualifications in section 245G.11, subdivision 7 or an alcohol and drug counselor under 245G.11, subdivision 5. Care Treatment coordination services include:

(i) assistance in coordination with significant others to help in the treatment planning process whenever possible;

(ii) assistance in coordination with and follow up for medical services as identified in the treatment plan;

(iii) facilitation of referrals to substance use disorder services as indicated by a client's medical provider, comprehensive assessment, or treatment plan;

(iv) facilitation of referrals to mental health services as identified by a client's comprehensive assessment or treatment plan;

(v) assistance with referrals to economic assistance, social services, housing resources, and prenatal care according to the client's needs;

(vi) life skills advocacy and support accessing treatment follow-up, disease management, and education services, including referral and linkages to long-term services and supports as needed; and

(vii) documentation of the provision of care treatment coordination services in the client's file.

(b) A treatment service provided to a client must be provided according to the individual treatment plan and must consider cultural differences and special needs of a client.

Subd. 2. Additional treatment service.
A license holder may provide or arrange the following additional treatment service as a part of the client's individual treatment plan:

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

2. therapeutic recreation to allow the client to participate in recreational activities without the use of mood-altering chemicals and to plan and select leisure activities that do not involve the inappropriate use of chemicals;

3. stress management and physical well-being to help the client reach and maintain an appropriate level of health, physical fitness, and well-being;

4. living skills development to help the client learn basic skills necessary for independent living;

5. employment or educational services to help the client become financially independent;

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

7. room, board, and supervision at the treatment site to provide the client with a safe and appropriate environment to gain and practice new skills.

8. on July 1, 2018, or upon federal approval, whichever is later, peer recovery support services provided one-to-one by an individual in recovery. Peer support services include education, advocacy, mentoring through self-disclosure of personal recovery experiences, attending recovery and other support groups with a client, accompanying the client to appointments that support recovery, assistance accessing resources to obtain housing, employment, education, and advocacy services, and nonclinical recovery support to assist the transition from treatment into the recovery community. The program can provide the peer recovery support services to a client who is assessed as in need of this service or the program can refer the client to another recovery peer or self-help organization to help the client address this need.

Subd. 3. Counselors.

A treatment service, including therapeutic recreation, must be provided by an alcohol and drug counselor according to section 245G.11, unless the individual providing the service is specifically qualified according to the accepted credential required to provide the service. Therapeutic recreation does not include planned leisure activities. The Behavioral Health Division in the Department of Human Services shall maintain a current list of individuals qualified to provide treatment services, notwithstanding the staff qualification requirements in section 245G.11, subdivision 4.

Subd. 4. Location of service provision.
The license holder may provide services at any of the license holder's licensed locations or at another suitable location including a school, government building, medical or behavioral health facility, or social service organization, upon notification and approval of the commissioner. If services are provided off site from the licensed site, the reason for the provision of services remotely must be documented. License holders providing additional services under 245G.07, subdivision 2, paragraphs (2), (3), (4) and (5) may provide these services under licensure with a policy and procedure detailing the location off site as a part of the treatment service description and program abuse prevention plan.

245G.08 MEDICAL SERVICES.

Subdivision 1. Health care services.

An applicant or license holder must maintain a complete description of the health care services, nursing services, dietary services, and emergency physician services offered by the applicant or license holder.

Subd. 2. Procedures.

The applicant or license holder must have written procedures for obtaining a medical intervention for a client, that are approved in writing by a physician who is licensed under chapter 147, unless:

(1) the license holder does not provide a service under section 245G.21; and
(2) a medical intervention is referred to 911, the emergency telephone number, or the client's physician.

Subd. 3. Standing order protocol.

A license holder that maintains a supply of naloxone available for emergency treatment of opioid overdose must have a written standing order protocol by a physician who is licensed under chapter 147, that permits the license holder to maintain a supply of naloxone on site, and must require staff to undergo specific training in administration of naloxone the mode of administration used at the program, which can include intranasal administration or intramuscular injection, or both.

Subd. 4. Consultation services.

The license holder must have access to and document the availability of a licensed mental health professional to provide diagnostic assessment and treatment planning assistance.

Subd. 5. Administration of medication and assistance with self-medication.
(a) A license holder must meet the requirements in this subdivision if a service provided includes the administration of medication.

(b) A staff member, other than a licensed practitioner or nurse, who is delegated by a licensed practitioner or a registered nurse the task of administration of medication or assisting with self-medication, must:

(1) successfully complete a medication administration training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution. A staff member's completion of the course must be documented in writing and placed in the staff member's personnel file;

(2) be trained according to a formalized training program that is taught by a registered nurse and offered by the license holder. The training must include the process for administration of naloxone, if naloxone is kept on site. A staff member's completion of the training must be documented in writing and placed in the staff member's personnel records; or

(3) demonstrate to a registered nurse competency to perform the delegated activity. A registered nurse must be employed or contracted to develop the policies and procedures for administration of medication or assisting with self-administration of medication, or both.

(c) A registered nurse must provide supervision as defined in section 148.171, subdivision 23. The registered nurse's supervision must include, at a minimum, monthly on-site supervision or more often if warranted by a client's health needs. The policies and procedures must include:

(1) a provision that a delegation of administration of medication is limited to the administration of a medication that is administered orally, topically, or as a suppository, an eye drop, an ear drop, or an inhalant;

(2) a provision that each client's file must include documentation indicating whether staff must conduct the administration of medication or the client must self-administer medication, or both;

(3) a provision that a client may carry emergency medication such as nitroglycerin as instructed by the client's physician;

(4) a provision for the client to self-administer medication when a client is scheduled to be away from the facility;

(5) a provision that if a client self-administers medication when the client is present in the facility, the client must self-administer medication under the observation of a trained staff member;

(6) a provision that when a license holder serves a client who is a parent with a child, the parent may only administer medication to the child under a staff member's supervision;

(7) requirements for recording the client's use of medication, including staff signatures with date and time;
guidelines for when to inform a nurse of problems with self-administration of medication, including a client's failure to administer, refusal of a medication, adverse reaction, or error; and

(9) procedures for acceptance, documentation, and implementation of a prescription, whether written, verbal, telephonic, or electronic.

Subd. 6. Control of drugs.

A license holder must have and implement written policies and procedures developed by a registered nurse that contain:

(1) a requirement that each drug must be stored in a locked compartment. A Schedule II drug, as defined by section 152.02, subdivision 3, must be stored in a separately locked compartment, permanently affixed to the physical plant or medication cart;

(2) a system which accounts for all scheduled drugs each shift;

(3) a procedure for recording the client's use of medication, including the signature of the staff member who completed the administration of the medication with the time and date;

(4) a procedure to destroy a discontinued, outdated, or deteriorated medication;

(5) a statement that only authorized personnel are permitted access to the keys to a locked compartment;

(6) a statement that no legend drug supply for one client shall be given to another client; and

(7) a procedure for monitoring the available supply of naloxone on site, replenishing the naloxone supply when needed, and destroying naloxone according to clause (4).

245G.09 CLIENT RECORDS.

Subdivision 1. Client records required.

(a) A license holder must maintain a file of current and accurate client records on the premises where the treatment service is provided or coordinated. For services provided off site, client records must be available at the program and adhere to the same clinical and administrative policies and procedures as services provided on site. The content and format of client records must be uniform and entries in each record must be signed and dated by the staff member making the entry. Client records must be protected against loss, tampering, or unauthorized disclosure according to section 254A.09, chapter 13, and Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and title 45, parts 160 to 164.
(b) The program must have a policy and procedure that identifies how the program will track and record client attendance at treatment activities, including the date, duration, and nature of each treatment service provided to the client.

Subd. 2. Record retention.

The client records of a discharged client must be retained by a license holder for seven years. A license holder that ceases to provide treatment service must retain client records for seven years from the date of facility closure and must notify the commissioner of the location of the client records and the name of the individual responsible for maintaining the client's records.

Subd. 3. Contents.

Client records must contain the following:

1. documentation that the client was given information on client rights and responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided an orientation to the program abuse prevention plan required under section 245A.65, subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record must contain documentation that the client was provided educational information according to section 245G.05, subdivision 1, paragraph (b);
2. an initial services plan completed according to section 245G.04;
3. a comprehensive assessment completed according to section 245G.05;
4. an assessment summary completed according to section 245G.05, subdivision 2;
5. an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;
6. an individual treatment plan according to section 245G.06, subdivisions 1 and 2;
7. documentation of treatment services and treatment plan review according to section 245G.06, subdivision 3; and
8. a summary at the time of service termination according to section 245G.06, subdivision 4.

245G.10 STAFF REQUIREMENTS.
Subdivision 1. Treatment director.

A license holder must have a treatment director.

Subd. 2. Alcohol and drug counselor supervisor.
A license holder must employ an alcohol and drug counselor supervisor who meets the requirements of section 245G.11, subdivision 4. An individual may be simultaneously employed as a treatment director, alcohol and drug counselor supervisor, and an alcohol and drug counselor if the individual meets the qualifications for each position. If an alcohol and drug counselor is simultaneously employed as an alcohol and drug counselor supervisor or treatment director, that individual must be considered a 0.5 full-time equivalent alcohol and drug counselor for staff requirements under subdivision 4.

Subd. 3. Responsible staff member.

A treatment director must designate a staff member who, when present in the facility, is responsible for the delivery of treatment service. A license holder must have a designated staff member during all hours of operation. A license holder providing room and board and treatment at the same site must have a responsible staff member on duty 24 hours a day. The designated staff member must know and understand the implications of this chapter and sections 245A.65, 626.556, 626.557, and 626.5572.

Subd. 4. Staff requirement.

It is the responsibility of the license holder to determine an acceptable group size based on each client's needs except that treatment services provided in a group shall not exceed 16 clients. A counselor in an opioid treatment program must not supervise more than 50 clients. The license holder must maintain a record that documents compliance with this subdivision.

Subd. 5. Medical emergency.

When a client is present, a license holder must have at least one staff member on the premises who has a current American Red Cross standard first aid certificate or an equivalent certificate and at least one staff member on the premises who has a current American Red Cross community, American Heart Association, or equivalent CPR certificate. A single staff member with both certifications satisfies this requirement.

245G.11 STAFF QUALIFICATIONS.

Subdivision 1. General qualifications.

(a) All staff members who have direct contact must be 18 years of age or older. At the time of employment, each staff member must meet the qualifications in this subdivision. For purposes of this subdivision, "problematic substance use" means a behavior or incident listed by the license holder in the personnel policies and procedures according to section 245G.13, subdivision 1, clause (5).
(b) A treatment director, supervisor, nurse, counselor, student intern, or other professional must be free of problematic substance use for at least the two years immediately preceding employment and must sign a statement attesting to that fact.

(c) A paraprofessional, recovery peer, or any other staff member with direct contact must be free of problematic substance use for at least one year immediately preceding employment and must sign a statement attesting to that fact.

Subd. 2. Employment; prohibition on problematic substance use.

A staff member with direct contact must be free from problematic substance use as a condition of employment, but is not required to sign additional statements. A staff member with direct contact who is not free from problematic substance use must be removed from any responsibilities that include direct contact for the time period specified in subdivision 1. The time period begins to run on the date of the last incident of problematic substance use as described in the facility’s policies and procedures according to section 245G.13, subdivision 1, clause (5).

Subd. 3. Treatment directors.

A treatment director must:

(1) have at least one year of work experience in direct service to an individual with substance use disorder or one year of work experience in the management or administration of direct service to an individual with substance use disorder;

(2) have a baccalaureate degree or three years of work experience in administration or personnel supervision in human services; and

(3) know and understand the implications of this chapter, chapter 245A, and sections 626.556, 626.557, and 626.5572. Demonstration of the treatment director’s knowledge must be documented in the personnel record.

Subd. 4. Alcohol and drug counselor supervisors.

An alcohol and drug counselor supervisor must:

(1) meet the qualification requirements in subdivision 5;

(2) have three or more years of experience providing individual and group counseling to individuals with substance use disorder; and

(3) know and understand the implications of this chapter and sections 245A.65, 626.556, 626.557, and 626.5572.

Subd. 5. Alcohol and drug counselor qualifications.

(a) An alcohol and drug counselor must either be licensed or exempt from licensure under chapter 148F.
(b) An individual who is exempt from licensure under chapter 148F, must meet one of the following additional requirements:

1. completion of at least a baccalaureate degree with a major or concentration in social work, nursing, sociology, human services, or psychology, or licensure as a registered nurse; successful completion of a minimum of 120 hours of classroom instruction in which each of the core functions listed in chapter 148F is covered; and successful completion of 440 hours of supervised experience as an alcohol and drug counselor, either as a student or a staff member;

2. completion of at least 270 hours of drug counselor training in which each of the core functions listed in chapter 148F is covered, and successful completion of 880 hours of supervised experience as an alcohol and drug counselor, either as a student or as a staff member;

3. current certification as an alcohol and drug counselor or alcohol and drug counselor reciprocal, through the evaluation process established by the International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse, Inc.;

4. completion of a bachelor's degree including 480 hours of alcohol and drug counseling education from an accredited school or educational program and 880 hours of alcohol and drug counseling practicum; or

5. employment in a program formerly licensed under Minnesota Rules, parts 9530.5000 to 9530.6400, and successful completion of 6,000 hours of supervised work experience in a licensed program as an alcohol and drug counselor prior to January 1, 2005.

(c) An alcohol and drug counselor may not provide a treatment service that requires professional licensure unless the individual possesses the necessary license. For the purposes of enforcing this section, the commissioner has the authority to monitor a service provider's compliance with the relevant standards of the service provider's profession and may issue licensing actions against the license holder according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's determination of noncompliance.

Subd. 6. Paraprofessionals.

A paraprofessional must have knowledge of client rights, according to section 148F.165, and staff member responsibilities. A paraprofessional may not admit, transfer, or discharge a client but may be responsible for the delivery of treatment service according to section 245G.10, subdivision 3.

Subd. 7. Care Treatment coordination provider qualifications.

(a) Care Treatment coordination must be provided by qualified staff. An individual is qualified to provide Care treatment coordination if the individual meets the qualifications of an alcohol and drug counselor under 245G.11, subdivision 11 or
if the individual. An individual who does not meet the qualifications of an alcohol and drug counselor is qualified to do treatment coordination if the individual:

1. is skilled in the process of identifying and assessing a wide range of client needs;
2. is knowledgeable about local community resources and how to use those resources for the benefit of the client;
3. has successfully completed 30 hours of classroom instruction on care treatment coordination for an individual with substance use disorder;
4. has either:
   i. a bachelor's degree in one of the behavioral sciences or related fields; or
   ii. current certification as an alcohol and drug counselor, level I, by the Upper Midwest Indian Council on Addictive Disorders; and
5. has at least 2,000 hours of supervised experience working with individuals with substance use disorder.

b) A care treatment coordinator must receive at least one hour of supervision regarding individual service delivery from an alcohol and drug counselor weekly.

c) An individual who meets the qualifications of an alcohol and drug counselor under 245G.11, subdivision 5 is qualified to do treatment coordination.

Subd. 8. Recovery peer qualifications.

A recovery peer must:
1. have a high school diploma or its equivalent;
2. have a minimum of one year in recovery from substance use disorder;
3. hold a current credential from a certification body approved by the commissioner that demonstrates skills and training in the domains of ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support; and
4. receive ongoing supervision in areas specific to the domains of the recovery peer's role by an alcohol and drug counselor or an individual with a certification approved by the commissioner.

Subd. 9. Volunteers.

A volunteer may provide treatment service when the volunteer is supervised and can be seen or heard by a staff member meeting the criteria in subdivision 4 or 5, but may not practice alcohol and drug counseling unless qualified under subdivision 5.

Subd. 10. Student interns.
A qualified staff member must supervise and be responsible for a treatment service performed by a student intern and must review and sign each assessment, progress note, documentation of treatment services, and individual treatment plan, and treatment plan review prepared by a student intern. A student intern must receive the orientation and training required in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the treatment staff may be students or licensing candidates with time documented to be directly related to the provision of treatment services for which the staff are authorized.

Subd. 11. **Individuals with temporary permit.**

An individual with a temporary permit from the Board of Behavioral Health and Therapy may provide chemical dependency treatment service according to this subdivision if they meet the requirements of either paragraph (a) or (b).

(a) An individual with a temporary permit must be supervised by a licensed alcohol and drug counselor assigned by the license holder. The supervising licensed alcohol and drug counselor must document the amount and type of supervision provided at least on a weekly basis. The supervision must relate to the clinical practice.

(b) An individual with a temporary permit must be supervised by a clinical supervisor approved by the Board of Behavioral Health and Therapy. The supervision must be documented and meet the requirements of section 148F.04, subdivision 4.

**245G.12 PROVIDER POLICIES AND PROCEDURES.**

A license holder must develop a written policies and procedures manual, indexed according to section 245A.04, subdivision 14, paragraph (c), that provides staff members immediate access to all policies and procedures and provides a client and other authorized parties access to all policies and procedures. The manual must contain the following materials:

1. assessment and treatment planning policies, including screening for mental health concerns and treatment objectives related to the client's identified mental health concerns in the client's treatment plan;
2. policies and procedures regarding HIV according to section 245A.19;
3. the license holder's methods and resources to provide information on tuberculosis and tuberculosis screening to each client and to report a known tuberculosis infection according to section 144.4804;
4. personnel policies according to section 245G.13;
5. policies and procedures that protect a client's rights according to section 245G.15;
6. a medical services plan according to section 245G.08;
7. emergency procedures according to section 245G.16;
(8) policies and procedures for maintaining client records according to section 245G.09;

(9) procedures for reporting the maltreatment of minors according to section 626.556, and vulnerable adults according to sections 245A.65, 626.557, and 626.5572;

(10) a description of treatment services, including the amount and type of services provided and an identification of the start and end day of the program’s treatment week that will be used to identify services provided to a client each week;

(11) the methods used to achieve desired client outcomes;

(12) the hours of operation; and

(13) the target population served.

245G.13 PROVIDER PERSONNEL POLICIES.

Subdivision 1. Personnel policy requirements.

A license holder must have written personnel policies that are available to each staff member. The personnel policies must:

(1) ensure that staff member retention, promotion, job assignment, or pay are not affected by a good faith communication between a staff member and the department, the Department of Health, the ombudsman for mental health and developmental disabilities, law enforcement, or a local agency for the investigation of a complaint regarding a client's rights, health, or safety;

(2) contain a job description for each staff member position specifying responsibilities, degree of authority to execute job responsibilities, and qualification requirements;

(3) provide for a job performance evaluation based on standards of job performance conducted on a regular and continuing basis, including a written annual review;

(4) describe behavior that constitutes grounds for disciplinary action, suspension, or dismissal, including policies that address staff member problematic substance use and the requirements of section 245G.11, subdivision 1, policies prohibiting personal involvement with a client in violation of chapter 604, and policies prohibiting client abuse described in sections 245A.65, 626.556, 626.557, and 626.5572;

(5) identify how the program will identify whether behaviors or incidents are problematic substance use, including a description of how the facility must address:

(i) receiving treatment for substance use within the period specified for the position in the staff qualification requirements, including medication-assisted treatment;

(ii) substance use that negatively impacts the staff member's job performance;
(iii) chemical use that affects the credibility of treatment services with a client, referral source, or other member of the community;

(iv) symptoms of intoxication or withdrawal on the job; and

(v) the circumstances under which an individual who participates in monitoring by the health professional services program for a substance use or mental health disorder is able to provide services to the program's clients;

(6) include a chart or description of the organizational structure indicating lines of authority and responsibilities;

(7) include orientation within 24 working hours of starting for each new staff member based on a written plan that, at a minimum, must provide training related to the staff member's specific job responsibilities, policies and procedures, client confidentiality, HIV minimum standards, and client needs; and

(8) include policies outlining the license holder's response to a staff member with a behavior problem that interferes with the provision of treatment service.

Subd. 2. Staff development.

(a) A license holder must ensure that each staff member has the training described in this subdivision.

(b) Each staff member must be trained every two years in:

(1) client confidentiality rules and regulations and client ethical boundaries; and

(2) emergency procedures and client rights as specified in sections 144.651, 148F.165, and 253B.03.

(c) Annually each staff member with direct contact must be trained on mandatory reporting as specified in sections 245A.65, 626.556, 626.5561, 626.557, and 626.5572, including specific training covering the license holder's policies for obtaining a release of client information.

(d) Upon employment and annually thereafter, each staff member with direct contact must receive training on HIV minimum standards according to section 245A.19.

(e) A treatment director, supervisor, nurse, or counselor must have a minimum of 12 hours of training in co-occurring disorders that includes competencies related to philosophy, trauma-informed care, screening, assessment, diagnosis and person-centered treatment planning, documentation, programming, medication, collaboration, mental health consultation, and discharge planning. A new staff member who has not obtained the training must complete the training within six months of employment. A staff member may request, and the license holder may grant, credit for relevant training obtained before employment, which must be documented in the staff member's personnel file.

Subd. 3. Personnel files.
The license holder must maintain a separate personnel file for each staff member. At a minimum, the personnel file must conform to the requirements of this chapter. A personnel file must contain the following:

1. A completed application for employment signed by the staff member and containing the staff member's qualifications for employment;
2. Documentation related to the staff member's background study data, according to chapter 245C;
3. For a staff member who provides psychotherapy services, employer names and addresses for the past five years for which the staff member provided psychotherapy services, and documentation of an inquiry required by sections 604.20 to 604.205 made to the staff member's former employer regarding substantiated sexual contact with a client;
4. Documentation that the staff member completed orientation and training;
5. Documentation that the staff member meets the requirements in section 245G.11;
6. Documentation demonstrating the staff member's compliance with section 245G.08, subdivision 3, for a staff member who conducts administration of medication; and
7. Documentation demonstrating the staff member's compliance with section 245G.18, subdivision 2, for a staff member that treats an adolescent client.

**245G.14 SERVICE INITIATION AND TERMINATION POLICIES.**

**Subdivision 1. Service initiation policy.**

A license holder must have a written service initiation policy containing service initiation preferences that comply with this section and Code of Federal Regulations, title 45, part 96.131, and specific service initiation criteria. The license holder must not initiate services for an individual who does not meet the service initiation criteria. The service initiation criteria must be either posted in the area of the facility where services for a client are initiated, or given to each interested person upon request. Titles of each staff member authorized to initiate services for a client must be listed in the services initiation and termination policies.

**Subd. 2. License holder responsibilities.**

(a) The license holder must have and comply with a written protocol for (1) assisting a client in need of care not provided by the license holder, and (2) a client who poses a substantial likelihood of harm to the client or others, if the behavior is beyond the behavior management capabilities of the staff members.
(b) A service termination and denial of service initiation that poses an immediate threat to the health of any individual or requires immediate medical intervention must be referred to a medical facility capable of admitting the client.

(c) A service termination policy and a denial of service initiation that involves the commission of a crime against a license holder's staff member or on a license holder's premises, as provided under Code of Federal Regulations, title 42, section 2.12 (c)(5), and title 45, parts 160 to 164, must be reported to a law enforcement agency with jurisdiction.

Subd. 3. Service termination policies.

A license holder must have a written policy specifying the conditions when a client must be terminated from service. The service termination policy must include:

1. procedures for a client whose services were terminated under subdivision 2;
2. a description of client behavior that constitutes reason for a staff-requested service termination and a process for providing this information to a client;
3. a requirement that before discharging a client from a residential setting, for not reaching treatment plan goals, the license holder must confer with other interested persons to review the issues involved in the decision. The documentation requirements for a staff-requested service termination must describe why the decision to discharge is warranted, the reasons for the discharge, and the alternatives considered or attempted before discharging the client;
4. procedures consistent with section 253B.16, subdivision 2, that staff members must follow when a client admitted under chapter 253B is to have services terminated;
5. procedures a staff member must follow when a client leaves against staff or medical advice and when the client may be dangerous to the client or others, including a policy that requires a staff member to assist the client with assessing needs of care or other resources;
6. procedures for communicating staff-approved service termination criteria to a client, including the expectations in the client's individual treatment plan according to section 245G.06; and
7. titles of each staff member authorized to terminate a client's service must be listed in the service initiation and service termination policies.

245G.15 CLIENT RIGHTS PROTECTION.

Subdivision 1. Explanation.

A client has the rights identified in sections 144.651, 148F.165, 253B.03, and 254B.02, 254B.03, subdivision 2, as applicable. The license holder must give each client at service initiation a written statement of the client's rights and responsibilities. A staff member must review the statement with a client at that time.
Subd. 2. Grievance procedure.

At service initiation, the license holder must explain the grievance procedure to the client or the client's representative. The grievance procedure must be posted in a place visible to clients, and made available upon a client's or former client's request. The grievance procedure must require that:

1. a staff member helps the client develop and process a grievance;
2. current telephone numbers and addresses of the Department of Human Services, Licensing Division; the Office of Ombudsman for Mental Health and Developmental Disabilities; the Department of Health Office of Health Facilities Complaints; and the Board of Behavioral Health and Therapy, when applicable, be made available to a client; and
3. a license holder responds to the client's grievance within three days of a staff member's receipt of the grievance, and the client may bring the grievance to the highest level of authority in the program if not resolved by another staff member.

Subd. 3. Photographs of client.

(a) A photograph, video, or motion picture of a client taken in the provision of treatment service is considered client records. A photograph for identification and a recording by video or audio technology to enhance either therapy or staff member supervision may be required of a client, but may only be available for use as communications within a program. A client must be informed when the client's actions are being recorded by camera or other technology, and the client must have the right to refuse any recording or photography, except as authorized by this subdivision.

(b) A license holder must have a written policy regarding the use of any personal electronic device that can record, transmit, or make images of another client. A license holder must inform each client of this policy and the client's right to refuse being photographed or recorded.

245G.16 BEHAVIORAL EMERGENCY PROCEDURES.

(a) A license holder or applicant must have written behavioral emergency procedures that staff must follow when responding to a client who exhibits behavior that is threatening to the safety of the client or others. Programs must incorporate person-centered planning and trauma-informed care in the program's behavioral emergency procedure policies. The procedures must include:

1. a plan designed to prevent a client from hurting themselves or others;
2. contact information for emergency resources that staff must consult when a client's behavior cannot be controlled by the behavioral emergency procedures;
3. types of procedures that may be used;
(4) circumstances under which behavioral emergency procedures may be used; and

(5) staff members authorized to implement behavioral emergency procedures.

(b) Behavioral emergency procedures must not be used to enforce facility rules or for the convenience of staff. Behavioral emergency procedures must not be part of any client's treatment plan, or used at any time for any reason except in response to specific current behavior that threatens the safety of the client or others. Behavioral emergency procedures may not include the use of seclusion or restraint.

245G.17 EVALUATION.

A license holder must participate in the drug and alcohol abuse normative evaluation system by submitting information about each client to the commissioner in a manner prescribed by the commissioner. A license holder must submit additional information requested by the commissioner that is necessary to meet statutory or federal funding requirements.

245G.18 LICENSE HOLDERS SERVING ADOLESCENTS.

Subdivision 1. License.

A residential treatment program that serves an adolescent younger than 16 years of age must be licensed as a residential program for a child in out-of-home placement by the department unless the license holder is exempt under section 245A.03, subdivision 2.

Subd. 2. Alcohol and drug counselor qualifications.

In addition to the requirements specified in section 245G.11, subdivisions 1 and 5, an alcohol and drug counselor providing treatment service to an adolescent must have:

(1) an additional 30 hours of classroom instruction or one three-credit semester college course in adolescent development. This training need only be completed one time; and

(2) at least 150 hours of supervised experience as an adolescent counselor, either as a student or as a staff member.

Subd. 3. Staff ratios.

At least 25 percent of a counselor's scheduled work hours must be allocated to indirect services, including documentation of client services, coordination of services with others, treatment team meetings, and other duties. A counseling group consisting entirely of adolescents must not exceed 16 adolescents. It is the responsibility of the license holder to determine an acceptable group size based on the needs of the clients.
Subd. 4. **Academic program requirements.**

A client who is required to attend school must be enrolled and attending an educational program that was approved by the Department of Education.

Subd. 5. **Program requirements.**

In addition to the requirements specified in the client's treatment plan under section 245G.06, programs serving an adolescent must include:

1. coordination with the school system to address the client's academic needs;
2. when appropriate, a plan that addresses the client's leisure activities without chemical use; and
3. a plan that addresses family involvement in the adolescent's treatment.

**245G.19 LICENSE HOLDERS SERVING CLIENTS WITH CHILDREN.**

**Subdivision 1. Health license requirements.**

In addition to the requirements of sections 245G.01 to 245G.17, a license holder that offers supervision of a child of a client is subject to the requirements of this section. A license holder providing room and board for a client and the client's child must have an appropriate facility license from the Department of Health.

Subd. 2. **Supervision of a child.**

"Supervision of a child" means a caregiver is within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver can intervene to protect the child's health and safety. For a school-age child it means a caregiver is available to help and care for the child to protect the child's health and safety.

Subd. 3. **Policy and schedule required.**

A license holder must meet the following requirements:

1. have a policy and schedule delineating the times and circumstances when the license holder is responsible for supervision of a child in the program and when the child's parents are responsible for supervision of a child. The policy must explain how the program will communicate its policy about supervision of a child responsibility to the parent; and
2. have written procedures addressing the actions a staff member must take if a child is neglected or abused, including while the child is under the supervision of the child's parent.

Subd. 4. **Additional licensing requirements.**
During the times the license holder is responsible for the supervision of a child, the license holder must meet the following standards:

1. child and adult ratios in Minnesota Rules, part 9502.0367;
2. day care training in section 245A.50;
3. behavior guidance in Minnesota Rules, part 9502.0395;
4. activities and equipment in Minnesota Rules, part 9502.0415;
5. physical environment in Minnesota Rules, part 9502.0425; and
6. water, food, and nutrition in Minnesota Rules, part 9502.0445, unless the license holder has a license from the Department of Health.

245G.20 LICENSE HOLDERS SERVING PERSONS WITH CO-OCCURRING DISORDERS.

A license holder specializing in the treatment of a person with co-occurring disorders must:

1. demonstrate that staff levels are appropriate for treating a client with a co-occurring disorder, and that there are adequate staff members with mental health training;
2. have continuing access to a medical provider with appropriate expertise in prescribing psychotropic medication;
3. have a mental health professional available for staff member supervision and consultation;
4. determine group size, structure, and content considering the special needs of a client with a co-occurring disorder;
5. have documentation of active interventions to stabilize mental health symptoms present in the individual treatment plans and progress notes;
6. have continuing documentation of collaboration with continuing care mental health providers, and involvement of the providers in treatment planning meetings;
7. have available program materials adapted to a client with a mental health problem;
8. have policies that provide flexibility for a client who may lapse in treatment or may have difficulty adhering to established treatment rules as a result of a mental illness, with the goal of helping a client successfully complete treatment; and
9. have individual psychotherapy and case management available during treatment service.

245G.21 REQUIREMENTS FOR LICENSED RESIDENTIAL TREATMENT.

Subdivision 1. Applicability.
A license holder who provides supervised room and board at the licensed program site as a treatment component is defined as a residential program according to section 245A.02, subdivision 14, and is subject to this section.

Subd. 2. Visitors.

A client must be allowed to receive visitors at times prescribed by the license holder. The license holder must set and post a notice of visiting rules and hours, including both day and evening times. A client's right to receive visitors other than a personal physician, religious adviser, county case manager, parole or probation officer, or attorney may be subject to visiting hours established by the license holder for all clients. The treatment director or designee may impose limitations as necessary for the welfare of a client provided the limitation and the reasons for the limitation are documented in the client's file. A client must be allowed to receive visits at all reasonable times from the client's personal physician, religious adviser, county case manager, parole or probation officer, and attorney.

Subd. 3. Client property management.

A license holder who provides room and board and treatment services to a client in the same facility, and any license holder that accepts client property must meet the requirements for handling client funds and property in section 245A.04, subdivision 13. License holders:

1. may establish policies regarding the use of personal property to ensure that treatment activities and the rights of other clients are not infringed upon;

2. may take temporary custody of a client's property for violation of a facility policy;

3. must retain the client's property for a minimum of seven days after the client's service termination if the client does not reclaim property upon service termination, or for a minimum of 30 days if the client does not reclaim property upon service termination and has received room and board services from the license holder; and

4. must return all property held in trust to the client at service termination regardless of the client's service termination status, except that:

   i. a drug, drug paraphernalia, or drug container that is subject to forfeiture under section 609.5316, must be given to the custody of a local law enforcement agency. If giving the property to the custody of a local law enforcement agency violates Code of Federal Regulations, title 42, sections 2.1 to 2.67, or title 45, parts 160 to 164, a drug, drug paraphernalia, or drug container must be destroyed by a staff member designated by the program director; and

   ii. a weapon, explosive, and other property that can cause serious harm to the client or others must be given to the custody of a local law enforcement agency, and
the client must be notified of the transfer and of the client's right to reclaim any lawful property transferred; and

(iii) a medication that was determined by a physician to be harmful after examining the client must be destroyed, except when the client's personal physician approves the medication for continued use.

Subd. 4. **Health facility license.**

A license holder who provides room and board and treatment services in the same facility must have the appropriate license from the Department of Health.

Subd. 5. **Facility abuse prevention plan.**

A license holder must establish and enforce an ongoing facility abuse prevention plan consistent with sections 245A.65 and 626.557, subdivision 14.

Subd. 6. **Individual abuse prevention plan.**

A license holder must prepare an individual abuse prevention plan for each client as specified under sections 245A.65, subdivision 2, and 626.557, subdivision 14.

Subd. 7. **Health services.**

A license holder must have written procedures for assessing and monitoring a client's health, including a standardized data collection tool for collecting health-related information about each client. The policies and procedures must be approved and signed by a registered nurse.

Subd. 8. **Administration of medication.**

A license holder must meet the administration of medications requirements of section 245G.08, subdivision 5, if services include medication administration.