

Modifications to Substance Use Disorder Treatment Licensing Requirements

The Commissioner of Human Services has temporarily modified certain requirements for licensed substance use disorder treatment programs, whose services have been designated as essential during the peacetime emergency due to the COVID-19 pandemic. In addition to the modifications issued on March 20, 2020, which temporarily suspended routine inspections, the issuance of correction orders and other licensing actions, and extended expired training timelines, these modifications are necessary to provide flexibility to providers, mitigate the spread of the virus, and protect the health and safety of clients and staff.

These additional modifications apply to requirements for treatment delivery, ancillary services, documentation and personnel, and impose a new requirement to be familiar with and follow the guidelines on COVID-19 from the Minnesota Department of Health (MDH) and the Centers for Disease Control and Prevention (CDC) specific to residential and non-residential settings, as appropriate. The changes to treatment delivery, ancillary services, documentation and personnel are effective retroactively from March 13, 2020, until the conclusion of the peacetime emergency.

By making these modifications to licensing standards and practices, the Department of Human Services (DHS) is providing substance use disorder treatment programs with more flexibility to operate in a pandemic and to be able to focus on the most critical health and safety measures needed during this time. Any departures from statute that a program implements from the list below must be documented in the program's emergency plan. This change does not waive or modify any requirements regarding the Positive Supports Rule under Minnesota Rules, Chapter 9544.

After the peacetime emergency ends, DHS will provide additional information regarding when programs will need to complete the trainings, evaluations, and other activities that were temporarily suspended.

The modifications of requirements for licensed programs are as follows.

New requirement for programs operating during the peacetime emergency

During the peacetime emergency, license holders are required to be familiar with the [MDH guidance](#) and [CDC guidance](#) on COVID-19. If a person receiving services or a staff person tests positive for COVID-19 or has symptoms of COVID-19, the license holder must follow the MDH and CDC guidance specific to the situation and program capabilities. As the guidance will evolve during the pandemic, license holders need to remain familiar with the guidance as it changes.

Treatment delivery

1. Programs may temporarily suspend group counseling or limit the attendance of clients or staff at sessions if they are unable to accommodate requirements for social distancing or other community mitigation strategies.

If programs continue to provide therapy or counseling services in a group setting, programs are encouraged to limit group sizes to no more than ten people total, including clients and staff, based on recommendations from MDH and CDC to limit group activities and maintain social distancing.

2. The timeline for completion of the initial services plan is extended from within 24 hours of a client's day of service initiation to the program to within 72 hours of a client's day of service initiation to the program.
3. Comprehensive assessments may be completed by telephone or telehealth.
4. The frequency for completion of treatment plan reviews is extended from weekly, or after each treatment service, whichever is less frequent, to monthly.
5. A counselor, recovery peer, or treatment coordinator may provide treatment services from their home via telephone or video communication (telehealth) to a client in their home.
6. Treatment plans for adolescent clients are not required to contain documentation of coordination with the school system.
7. Programs may follow the Substance Abuse and Mental Health Services Administration's guidelines for allowing an increased number of take home doses as directed by the State Opioid Treatment Authority within the DHS Behavioral Health Division. Programs are still required to follow the eight-point criteria assessment for take home doses under Minnesota Statutes, section 245G.22, subdivision 6 to ensure the number or take home doses is clinically appropriate and safe. For SAMHSA guidelines, see [FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency](#).
8. Programs are not required to have a 5% sample of clients return to the program each month to verify their number of take home medication doses in order to identify any possible diversion or misuse. Programs may continue to require clients to return to the program to verify take home medication doses when they have concerns about possible diversion or misuse.

Ancillary services

9. Opioid treatment programs are not required to conduct outreach activities in the community to encourage individuals in need of treatment to undergo treatment.

Documentation

10. If a program limits a client's right to have visitors in the program due to COVID-19 concerns, the limitation and the reasons are not required to be documented in the client's file. However, the program must offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video communication) and must implement additional measures to allow for continued social contact including the recommendations in the MDH [Interim Guidance for the Prevention of COVID-19 in DHS-Licensed Residential and Non-Residential Settings with At-Risk Persons](#).
11. Programs may document a client's verbal approval of a treatment plan in the client file instead of requiring the client's signature.

12. The timeline for completion of the discharge summary is extended from within five days of the client's discharge to within 14 days of the client's discharge.

Personnel

13. **Nonresidential** programs are not required to have at least one staff person present at the program who is first aid and CPR certified. **Residential** programs are required to have at least one staff person on site who has completed online training in first aid and CPR. The requirement for an in-person assessment by a certifying agency is waived due to lack of availability of these in-person trainings during the pandemic.
14. Programs are only required to provide orientation trainings to staff persons on the following topics:
 - emergency procedures
 - client rights
 - confidentiality
 - maltreatment reporting procedures
 - job specific responsibilities.Orientation to these topics must be completed prior to the staff person having direct contact with a client.
15. Annual and two-year training requirements for staff members are temporarily suspended.
16. Annual job performance evaluation requirements are temporarily suspended.

Additional information

In addition to the links above, you may find it helpful to review the following links for more COVID-19 information and resources.

[DHS Licensing COVID-19 latest information](#)

[Background studies COVID-19 temporary changes](#)

[All DHS COVID-19 waivers and modifications](#)

[Minnesota Health Care Programs Provider Manual telemedicine and COVID-19](#)

[MDH community settings and COVID-19](#)

Questions, technical assistance and variances

For questions, concerns, technical assistance, or to request a program specific variance to a requirement not addressed by these modifications, please contact the Behavioral Health and Children's Residential Facility Licensing Unit at dhs.mhcdlicensing@state.mn.us.