

Substance Use Disorder Treatment: 2020 Legislative Changes

The 2020 Legislature changed several laws that impact Department of Human Services (DHS) licensed substance use disorder treatment programs. The sections below contain an overview of each new or changed requirement, instructions for what providers need to do in response to the change, and a link to the law that was changed.

Documentation and requirements for Screening, Brief Intervention and Referral to Treatment (SBIRT) services

Overview

Nonresidential programs are now exempt from certain requirements **only** while providing Screening, Brief Intervention, and Referral to Treatment (SBIRT) services allowed by Minnesota Statutes, section 254A.03, subdivision 3, paragraph (c) to a client referred to the program due to a positive screen for alcohol or substance misuse. During the time period in which these services are provided, the following documents are **not** required to be completed for the client: comprehensive assessment, assessment summary, individual treatment plan, discharge summary, and drug and alcohol abuse normative evaluation system (DAANES) submissions.

These documents **must** be completed after the SBIRT services end, if the client continues treatment at the program. In this case, the timeline for completion begins on the first day a non-SBIRT treatment service is provided to the client.

Programs are **not** required to offer the full array of treatment services during the time when SBIRT services are being provided and are only required to offer the following treatment services: individual counseling, group counseling, treatment coordination, and peer recovery support services. All required treatment services must be offered if the client continues treatment at the program.

The client record must contain a clear designation that a client was receiving SBIRT services and the start date and end date of the SBIRT services. If this information is not recorded in the client file, licensors will be unable to apply these exemptions.

These changes are effective August 1, 2020. See [Minnesota Session Laws - 2020, 1st Special Session, Chapter 2, Article 5, Section 31](#), for the full text of the law.

What do providers need to do?

Providers must clearly document in the client record a designation that a client was receiving SBIRT services and the start date and end date of the SBIRT services. If this information is documented, providers are exempted from completing certain documents and providing certain services during the period that the client receives SBIRT services, as described above.

Advanced Practice Registered Nurses

Overview

An advanced practice registered nurse (APRN) was added as an alternative to a physician in several requirements that previously only included a physician. The requirements in law where an APRN was added include:

- An APRN may approve the procedures for obtaining medical interventions for a client. (245G.08, subdivision 2)
- Nonresidential programs whose procedures for obtaining medical interventions are not already approved by a physician or an APRN now have the option to refer medical interventions to an APRN. (245G.08, subdivision 2)
- An APRN may write naloxone standing order protocols. (245G.08, subdivision 3)
- An APRN may approve a client to carry an emergency medication. (245G.08, subdivision 5)
- The list of people a client must be allowed to receive visits from at all reasonable times now includes a personal APRN. (245G.21, subdivision 2)
- An APRN may make determinations upon discharge about whether or not a medication may be harmful to a client. (245G.21, subdivision 3)
- For providers that serve parents with infant children who sleep at the program, an APRN may direct an alternative sleeping position for an infant. (245A.1435)
- The definition of “serious maltreatment” in background study law now includes neglect resulting in serious injury which reasonably requires the care of an APRN or a physician. (245C.02, subdivision 18)

This change is effective August 1, 2020. See [Minnesota Session Laws - 2020, Regular Session, Chapter 115, Article 4, Sections 78, 79, and 85 to 89](#), for the full text of the law.

What do providers need to do?

Providers will need to update any policies and procedures that relate to these requirements.

Maltreatment of Minors Act (MOMA)

Overview

Where MOMA is located in the law is changing from Minnesota Statutes, section 626.556 to [Minnesota Statutes, chapter 260E](#), as of August 1, 2020.

What do providers need to do?

This does not change any reporting or training requirements for substance use disorder treatment providers. Providers will need to update any policies, procedures, or forms that reference Minnesota Statutes, section 626.556 with the new statute number. DHS will update its website and forms to reflect this new statutory citation.

Discharge procedures for committed clients

Overview

Several changes were made to the Minnesota Commitment and Treatment Act, Minnesota Statutes, Chapter 253B. Changes to this law that impact licensing requirements relate to the process and timelines for notifications prior to the discharge of a committed client in section 253B.16, subdivision 2. Programs must have discharge policies and procedures for staff members to follow that are consistent with section 253B.16, subdivision 2. These changes are effective August 1, 2020. See [Minnesota Session Laws - 2020, 1st Special Session, Chapter 2, Article 6, Section 80](#), for the full text of the law.

What do providers need to do?

Providers will need to update their discharge policies and procedures to be consistent with the new language in section 253B.16, subdivision 2.