

September 2025

## **SUD: Implementation plan for 2025 legislative changes**

New laws passed by the 2025 Legislature include several provisions that impact substance use disorder (SUD) programs. This document outlines an overview of each change, instructions for what programs need to do about the change, and the date the change is effective.

The hyperlinks within this document direct license holders to where the new laws can be found. When reviewing the new laws:

- Text that is stricken with a line through it reflects words that are being removed from the law.
- Text that is underlined reflects words that are being added to the law.
- Text that is unchanged reflects what the law was before and continues to be the law.

Note that Minnesota Statutes 2024 will be updated with the changes from 2025 in the fall of 2025.

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## Effective July 1, 2025

### Temporary licensing moratorium

DHS may implement a temporary licensing moratorium when it determines that exceptional growth in applications for licensure or requests to add new services exceeds the determined need for service capacity. A temporary licensing moratorium may be effective for up to 24 months from the date it is issued. Any applicant that will not receive a license due to a moratorium may apply for a refund of application fees for up to one year from the date the moratorium is issued.

There are no moratoriums in place or current plans for a temporary moratorium for Minnesota Statute Chapter 245G programs. DHS will publish notice of a moratorium on the licensing webpage. DHS will also publish the processes and criteria that will be used to grant exceptions to the moratorium.

**Laws of MN, [1<sup>st</sup> special session, chapter 9, article 10, section 1](#)**. Amends [Minnesota Statutes 245A.03](#) by adding subdivision 7a.

### What programs need to do

No action is required.

### Time-based claims (SUD midpoint rule)

Provides further clarification on the SUD midpoint rule. The legislative changes establish requirements related to the prohibition of duplicative claims that are in alignment with guidance established for claims submissions.

**Laws of MN, [chapter 38, article 4, section 33](#)**. Amends [Minnesota Statutes 2024, section 254B.06](#).

### What programs need to do

Review current billing practices and update procedures to ensure compliance with MHCP billing requirements. If applicable, train staff on updated billing requirements.

Refer to the MHCP Provider Manual SUD Billing section for information on Billable Units and Time Requirements. The following documents provide additional guidance:

- [Minnesota Uniform Companion Guide \(MUCG\) Version 18.0 for the Implementation of the X12/005010X222A1 Health Care Claim: Professional \(837\)](#)
- [Medicare Claims Processing Manual Chapter 5 - 20.2 - Reporting of Service Units With HCPCS](#)

## Effective August 1, 2025

### Anti-kickback

The session law updates anti-kickback statutes to state that offering, giving, soliciting, or receiving anything of value to influence referrals or services could result in administrative sanctions, such as withholding payments or recovering overpayments. Providing services contingent on billing Medicaid or the Behavioral Health Fund may constitute a kickback. The session law also adds kickbacks to the Minnesota criminal code.

**Laws of MN, [chapter 38, article 5, sections 27, 28, and 32](#)**. Amends [Minnesota Statutes 2024, section 256.98, subdivision 1](#), [Minnesota Statutes 2024, section 256B.064, subdivision 1a](#) and adds new section 609.542.

### What programs need to do

Evaluate your program's services and any incentives associated with providing services to clients to determine if they may constitute a kickback. If needed, update policies and procedures and provide education and staff trainings on kickbacks and any programmatic changes.

Program-specific questions about kickbacks should be directed to your legal counsel. DHS is not able to provide legal advice.

### Comprehensive Assessment

Adds qualified staff who may administer a comprehensive assessment (CA). In addition to an alcohol and drug counselor, these qualified staff may administer a comprehensive assessment:

- a mental health professional who practices within the scope of their licensure and who has at least 12 hours of training on substance use disorder
- a clinical trainee practicing under the supervision of a mental health professional
- an advanced practice registered nurse (APRN) who practices within the scope of their licensure with at least 12 hours of SUD training

These qualified staff may also review and update a CA as clinically necessary when the CA authorized the treatment service.

**Laws of MN, [chapter 38, article 4, section 21](#) and [chapter 38, article 5, section 13](#)**. Amends [Minnesota Statutes 2024, section 245G.05, subdivision 1](#).

### What programs need to do

Update policies and procedures as necessary. For the staff types listed above, the personnel file must contain verification of qualifications, which includes documentation of completed trainings such as certificates, syllabus, transcripts, or other documentation.

## Training on the program's drug and alcohol policy

Beginning August 1, 2025, license holders must provide training to employees, subcontractors, and volunteers on the program's drug and alcohol policy *before the employee, subcontractor, or volunteer has direct contact with a person served by the program*. The drug and alcohol training is an existing training requirement, an addition to statute was made to clarify the timeline for completing the training. Section 245C.02 subdivision 11 provides a definition of direct contact.

**Laws of MN, [chapter 38, article 5, section 5](#)** . Amends [Minnesota Statutes 2024, section 245A.04, subdivision 1](#).

### What programs need to do

Programs must update policies, procedures, and staff training documentation to meet the new requirements. Ensure that the training is completed before direct contact with a person served by the program. Maintain documentation of all training transcripts in staff personnel files.

## Overdose medication administration training

Clarifies that training on the use of opiate antagonists for emergency treatment of opioid overdose must occur before the staff person has direct contact with a person served by the program.

**Laws of MN, [chapter 38, article 5, section 8](#)** . Amends [Minnesota Statutes 2024, section 245A.242, subdivision 2](#).

### What programs need to do

Programs must update policies, procedures, and staff training documentation to meet the new requirements. Ensure that the training is completed before direct contact with a person served by the program. Maintain documentation of all training transcripts in staff personnel files.

## Medication accounting

Programs may have their own documentation system for managing controlled substances (schedule II to V drugs).

This change will maintain the existing requirement to account for the medications but allows programs the flexibility to design their own process under the oversight of a Registered Nurse. This will allow programs account for medications more efficiently according to the newest and best medication practices.

**Laws of MN, [chapter 38, article 5, section 18](#)** . Amends [Minnesota Statutes 2024, section 245G.08, subdivision 6](#)

### What programs need to do

Inform your program's Registered Nurse of the statute change. The RN may update any policies and procedures as necessary and must train staff on new policies and procedures.

## Childcare license exemption

SUD programs that provide childcare for less than 3 hours a day while the parent is in the same or contiguous building are exempt from the childcare license requirement.

Most programs in Minnesota are exempt from childcare licensure if providing childcare for less than three hours while the child's parent is in the same building or in a contiguous building. This is a longstanding exemption used in many settings to provide short term childcare while a parent is close by. Existing examples of this exemption in are when a child is supervised for a couple of hours while a parent exercises at a gym or attends church services in the same building. Previously, substance use disorder treatment programs have not been allowed to use this exemption and were required to meet family childcare standards even when the parent is in the room next door to their child.

**Laws of MN, [chapter 38, article 5, sections 22 and 23](#).** Amends [Minnesota Statutes 2024, section 245G.19](#), subdivision 4 and new subdivision 5.

### What programs need to do

Update policies and procedures if applicable and providing training to staff on any updated policies and procedures as needed. Ensure that there is always a staff member present who is responsible for supervising the child who is trained in cardiopulmonary resuscitation (CPR) and first aid. This staff person must be able to immediately contact the child's parent at all times.

## Guest speaker documentation

When there is a guest speaker presentation during a treatment service, the staff member who provides the treatment service is responsible for documenting information on guest speakers.

Current policy in Minnesota Statutes 245G.09 subdivision 1 (b) requires that the date, duration, and nature of each treatment service provided to the client is tracked and recorded in the client's record. When a guest speaker presents during a treatment service, the additional information of the guest speaker's name, time the presentation began and ended, and a summary of the topic must be documented.

**Laws of MN, [chapter 38, article 5, section 15](#).** Amends [Minnesota Statutes 2024, section 245G.06](#), subdivision 2a.

### What programs need to do

Update policies and procedures and documentation templates regarding tracking and recording client attendance at treatment activities, as applicable. Train counseling staff on new requirements and ensure that documentation of treatment services provided by guest speakers meets all statute requirements.

## Client orientation timeframes

Clarifies client orientation timelines and provides timeframes within Minnesota Statutes, Chapter 245G.09 subdivision 3. Some orientation timeframes for DHS licensed SUD programs were already outlined in other parts of statute and are not new requirements.

The new timeline that was not previously in statute is for providing information on tuberculosis within 72 hours of service initiation. License holders are no longer required to utilize a commissioner approved form. DHS recommends using Minnesota Department of Health, Center for Disease Control, or World Health Organization educational resources.

**Laws of MN, [chapter 38, article 5, section 19](#).** Amends [Minnesota Statutes 2024, section 245G.09, subdivision 3](#).

### What programs need to do

Update policies and procedures and client orientation documentation as needed and train staff on new requirements.

## Client records

Clarifies when new documents are required. Only certain new orientation documents are needed when a client transfers to another location of the same service class under the same license holder. Orientation for transferring clients must include the new location's grievance procedure, program abuse prevention plan, and maltreatment of minor and vulnerable adults reporting procedures.

This clarification applies to transfers to a location within the same service class with the same license holder. For example, it does not apply to transfers from a Minnesota Statute, Chapter 245G SUD program to a Chapter 245F withdrawal management program, even with the same license holder.

**Laws of MN 2025, [chapter 38, article 5, section 19](#).** Amends [Minnesota Statutes 2024, section 245G.09, subdivision 3](#).

### What programs need to do

Update policies and procedures and client orientation documentation as needed. Train staff to any updates to the program's client transfer procedures.

## Client bill of rights

Clarifies the applicability of the health care bill of rights to apply to clients in all similarly licensed programs.

Language was added to specify that the health care bill of rights is applicable to residential substance use disorder programs for persons under 19 years of age, outpatient substance use disorder programs, withdrawal management and detoxification programs, and intensive residential treatment services or residential crisis stabilization services.



Subdivisions 1, 3 to 16, 18, 20 and 30 apply to outpatient SUD services and Children’s Residential Facilities that provide mental health or substance use disorder services.

All subdivisions in the health care bill of rights except subdivisions 28 and 29 apply to residential SUD programs, withdrawal management and detoxification programs, and IRTS/RCS.

**Laws of MN, [chapter 38, article 5, section 4](#)**. Amends [Minnesota Statutes 2024, section 144.651, subdivision 2](#).

### **What programs need to do**

If your program already complies with the client bill of rights as described in 144.651, no change is needed.

Otherwise, ensure that client orientation includes a copy of the bill of rights as described in Minn. State 144.651, subdivision 4. Review and update policies to include all subdivisions required for your program, and train staff on policies. Update the client and employee handbooks.

### **Peer recovery support services**

Clarifies how peer recovery support services must be provided. The services must be provided one-to-one and face-to-face and may be provided through telehealth.

Previous changes to statute in 2023 removed the term “one-to-one” from the peer recovery service description in the licensing chapter. This led to confusion about whether services could be provided in a group setting. The “one-to-one” requirement was added back into statutes for billing requirements in 2024, but the term was missing from the licensing chapter.

**Laws of MN, [chapter 38, article 5, section 17](#)**. Amends [Minnesota Statutes 2024, section 245G.07, subdivision 2](#).

### **What programs need to do**

If necessary, update policies and procedures to ensure that peer recovery support services are only provided in a one-to-one setting. Services must be provided following the individual treatment plan according to the needs of the client.

### **Adolescent counselor qualifications**

Clarifies and simplifies the additional requirements needed to qualify as an adolescent counselor that results in reduced paperwork documentation. The changes remove the requirement to have at least 150 hours of supervised experience as an adolescent counselor. Training or classroom instruction is required, and the changes clarify that the additional training includes classroom instruction or college courses and must be interactive. The training must be completed within six months after first providing services to adolescents and may be completed before hire. An alcohol and drug counselor who is also qualified as a mental health professional is exempt from the additional training requirements.

**Laws of MN, [chapter 38, article 5, section 21](#)**. Amends [Minnesota Statutes 2024, section 245G.18, subdivision 2](#).

## What programs need to do

Must have documentation in staff personnel file, verifying that the counselor meets the qualifications of an adolescent counselor.

## Temporary permit holders (ADC-T)

Clarifies which services may be provided by an individual with a temporary permit from the Board of Behavioral Health and Therapy. This clarification aligns with BBHT's scope of practice for ADC-T, where the individual may provide all SUD treatment services, following the weekly supervision requirements in Minnesota Statutes, Chapter 245G.11 subdivision 11.

**Laws of MN, [chapter 38, article 5, section 20](#).** Amends [Minnesota Statutes 2024, section 245G.11, subdivision 11](#).

## What programs need to do

No action needed.

## Treatment coordinator qualifications

Modifies treatment coordination provider requirements by removing the requirement to have 30 hours of classroom instruction on treatment coordination and instead requiring 15 hours of education or training on substance use disorder and co-occurring disorders. In addition to the existing criteria having a bachelor's degree in behavioral sciences or a related field, a person with a high school diploma or equivalent, or a behavioral health practitioner qualified under Minnesota Statutes 245I.04, subdivision 4 can also meet the qualifications of treatment coordination provider.

The changes reduce the experience hours from 2,000 to 1,000 hours, where the treatment coordinator either has at least 1,000 hours working with individuals with substance use disorder or receives treatment supervision at least weekly until obtaining 1,000 hours of experience.

**Laws of MN, [chapter 38, article 4, section 22](#).** Amends [Minnesota Statutes 2024, section 245G.11, subdivision 7](#).

## What programs need to do

No action is necessary. Maintain documentation of verification of qualifications and/or training and supervision hours, if applicable.

## Opioid Treatment Programs:

### Pharmacy license exemption -- OTP

Clarifies pharmacy license exemption for opioid treatment programs. The change aligns DHS licensing requirements with the Board of Pharmacy's rules and statutes that allow OTPs to operate without a pharmacy license.

When an Opioid Treatment Program uses dispensing by a practitioner rather than a license from the Minnesota Board of Pharmacy, the program must meet the requirements in Minnesota Statute section 151.37, subdivision 2, and Minnesota Rules, parts 6800.9950 to 6800.9954.

**Laws of MN, [chapter 38, article 5, section 24](#).** Amends [Minnesota Statutes 2024, section 245G.22, subdivision 1](#).

### **What programs need to do**

If using the exemption, ensure your dispensing practitioners understand their roles and responsibilities. The license holder must maintain documentation that the practitioner or practitioners responsible for complying with the dispensing requirements have signed a statement attesting that they are the practitioner responsible for complying with the applicable statutes and rules and acknowledge they have read and understand the requirements. This documentation should be maintained in the personnel file.

### **Treatment plan timeline - OTP**

To align with federal requirements, changes the number of days to complete the individual treatment plan from 21 days to 14 days.

**Laws of MN, [chapter 38, article 5, section 14](#).** Amends [Minnesota Statutes 2024, section 245G.06, subdivision 1](#).

### **What programs need to do**

Update policies and procedures to ensure completion of treatment plans within the timeline. Train staff on policy and procedures.

### **Treatment plan reviews - OTP**

Revision of the ten-week timeframe for weekly non-medication treatment services and treatment plan reviews. The ten-week timeframe may include a client's previous time at another OTP if the client was enrolled immediately prior to admission in the current program, the client did not miss taking daily medication to treat opioid use disorder, and the current license holder obtains, from the previous OTP, the client's number of days in comprehensive maintenance treatment, discharge summary, amount of daily milligram dose of medication for opioid use disorder, and previous three drug abuse test results.

This change codifies a frequent variance request, with the goal of reducing paperwork for programs.

For example:

- A client directly transfers to your OTP from another OTP and you received all the required paperwork from the transferring program. The client was admitted to the other OTP program 3 weeks prior and there were no missed doses during that time. You would need to offer weekly nonmedication treatment services and complete treatment plan reviews for the next 7 weeks. After those 7 weeks, then you may offer individual or group therapy treatment services and complete treatment plan reviews monthly.

- A client directly transfers to your OTP from another OTP and was admitted to the other program 6 weeks prior. The documentation sent over by the other OTP indicated that the client has recently missed 3 days of dosing. You would not be able to count that client's previous time in program and would need offer weekly nonmedication treatment services and complete a treatment plan review weekly for the first 10 weeks, then you may offer individual or group therapy treatment services and complete treatment plan reviews monthly.
- A client directly transferred to your OTP from another OTP and you received all the required paperwork from the transferring program. The client was admitted to the other program 3 years prior and there have been no missed doses for the past year. You would need to offer monthly nonmedication treatment services and complete a treatment plan review at least monthly.

Treatment services and treatment plan reviews may be offered/completed more frequently if clinically necessary for the client.

**Laws of MN, [chapter 38, article 5, sections 16 and 26](#).** Amends [Minnesota Statutes 2024, section 245G.06, subdivision 3a](#) and [Minnesota Statutes 2024, section 245G.22, subdivision 15](#)

### **What programs need to do**

Update policies and procedures and train staff. Maintain the required documentation received by from the previous OTP in the client's file.

### **OTP client information requirements**

Eliminates the requirement that OTP clients must provide a government issued photo identification card number or driver's license number when enrolling in an OTP. Many clients struggle to provide photo ID due to barriers to obtaining a replacement and DHS frequently varied this standard. This change removes a barrier to accessing treatment.

**Laws of MN, [chapter 38, article 5, section 25](#).** Amends Minnesota Statutes 2024, section [245G.22, subdivision 14](#)

### **What programs need to do**

Update admission policies and procedures, train staff on policy and procedures. Current variances are no longer needed.

## Effective January 1, 2026

### License application and renewal fees

Effective January 1, 2026, license application fees for 245G licenses will increase to \$2,100. License renewal fees will also increase, based on licensed capacity. Session law clarifies that the maximum number and ages of persons that may receive services from the program includes persons served at satellite locations.

**Laws of MN, 2025, 1st special session, chapter 9, article 10, sections 2, 6 and 8**. Amends [Minnesota Statutes 2024, section 245A.10, subdivisions 3 and 4](#).

The legislature increased renewal fees for most licensed programs, including SUD programs. In the fall, DHS will issue invoices for the next year's license renewal fees. The license holder will be charged the new fee based on the program's capacity according to Minnesota Statutes, section 245A.10, subdivision 4. The license holder must pay the renewal fee before the upcoming calendar year to receive a license for that year.

#### **Residential programs/Residential and nonresidential co-located licensed programs:**

If your program is licensed to provide residential SUD treatment, your licensing fee for 2026 and ongoing will be determined based on the current maximum capacity that is on record with DHS.

For example, if you are licensed with a maximum capacity of 54 beds, your license renewal fee for 2026 will be \$5,000.

For the calendar year 2026, if your program is licensed to provide both residential and nonresidential SUD treatment under one license, the licensing fee will be based on the residential capacity. In 2027, it will be a total of residential plus non-residential capacity.

#### **Nonresidential Licensed Programs (standalones):**

For the calendar year 2026, if your program is only licensed to provide nonresidential SUD treatment, your licensing fee will be defaulted to the lowest licensed capacity, plus a fee per satellite location.

DHS has not been recording current maximum capacities for nonresidential programs. A process for inputting this information into our records will be developed in preparation for licensing fees in calendar year 2027.

#### **Satellite Locations:**

For 2026 and ongoing, in addition to the licensing fee structure outlined above, an additional \$500 annual license renewal fee is added onto the invoice for every satellite location that is approved for the licensed program.

### **Substance Use Disorder Treatment Program License Renewal Fee Schedule**

#### **Current and Future Fees Comparison Table**

*Minnesota Statutes, section 245A.10 subdivision 4 (b)*

| Licensed Capacity   | Current | January 2026 |
|---------------------|---------|--------------|
| 1 to 24 persons     | \$600   | \$2,600      |
| 25 to 49 persons    | \$800   | \$3,000      |
| 50 to 74 persons    | \$1,000 | \$5,000      |
| 75 to 99 persons    | \$1,200 | \$10,000     |
| 100 to 199 persons  | \$1,400 | \$15,000     |
| 200 or more persons | -       | \$20,000     |

### Nonresidential Program License Renewal Fee Examples

|                                      | 2026   | 2027   |
|--------------------------------------|--|--|
| <b>Licensed Capacity</b>             | Nonresidential: 60   | Nonresidential: 60   |
| <b>Number of Satellite locations</b> | 0  | 0  |
| <b>Fee Total</b>                     | \$2,600<br><i>*Fee based on lowest capacity in fee schedule</i>                      | \$5,000<br><i>*Fee based on nonresidential capacity</i>                              |
| <b>Licensed Capacity</b>             | Nonresidential: 16   | Nonresidential: 16   |
| <b>Number of Satellite locations</b> | 0  | 0  |
| <b>Fee Total</b>                     | \$2,600<br><i>*Fee based on lowest capacity in fee schedule</i>                      | \$2,600<br><i>*Fee based on nonresidential capacity</i>                              |
| <b>Licensed Capacity</b>             | Nonresidential: 50   | Nonresidential: 50   |
| <b>Number of Satellite locations</b> | 4, with a total capacity of 40<br><i>*\$500 fee per satellite location = \$2,000</i> | 4, with a total capacity of 40<br><i>*\$500 fee per satellite location = \$2,000</i> |

|                       |   |   |
|-----------------------|---|---|
| <b>Total Capacity</b> | 90  | 90  |
| <b>Fee total</b>      | \$4,600<br><br>\$2,600 (lowest capacity fee default)<br>+ \$2,000 (satellite locations) =<br>\$4,600<br><br><i>*Fee based on lowest capacity in fee<br/>           schedule and number of satellite<br/>           locations.</i> | \$12,000<br><br>\$10,000 (75-99 person combination<br>capacity) + \$2,000 (satellite locations) =<br>\$12,000<br><br><i>*Fee based on total capacities of<br/>           nonresidential and satellite, and number<br/>           of satellite locations</i> |

### Residential and Nonresidential Programs:

If your program is licensed to provide both residential and nonresidential SUD treatment, your licensing fee for 2027 will be based on a combination of your maximum capacity for both residential and nonresidential SUD programming, including the capacity of satellite locations.

The residential and non-residential capacity is the maximum number of persons that may receive services from the program as stated on a license (245A.04 subd. 7, clause (5)).

### Residential and Nonresidential Program Renewal Fee Examples

The examples used are for programs under one license.

|                                      | 2026  | 2027  |
|--------------------------------------|---|---|
| <b>Licensed Capacity</b>             | Residential: 30<br><br>Nonresidential: 60<br><br>Total: 90    | Residential: 30<br><br>Nonresidential: 60<br><br>Total: 90  |
| <b>Number of Satellite locations</b> | 0   | 0   |
| <b>Fee Total</b>                     | \$3,000<br><br><i>*Fee based on residential capacity only</i> | \$10,000<br><br><i>*Fee based on total residential and<br/>           nonresidential capacities</i> |
| <b>Licensed Capacity</b>             | Residential: 16<br><br>Nonresidential: 16<br><br>Total: 32    | Residential: 16<br><br>Nonresidential: 16<br><br>Total: 32  |

|                                      |   |  |
|--------------------------------------|---|--|
| <b>Number of Satellite locations</b> | 0   | 0  |
| <b>Fee Total</b>                     | \$2,600<br><i>*Fee based on residential capacity only</i>   | \$3,000<br><i>*Fee based on total residential and nonresidential capacities</i>  |
| <b>Licensed Capacity</b>             | Residential: 35<br>Nonresidential: 40   | Residential: 35<br>Nonresidential: 40  |
| <b>Number of Satellite locations</b> | 3, with a total capacity of 30<br><i>*\$500 fee per satellite location = \$1,500</i>  | 3, with a total capacity of 30<br><i>*\$500 fee per satellite location = \$1,500</i>   |
| <b>Total Capacity</b>                | 35 (residential) + 40 (nonresidential) + 30 (satellite) = 105   | 35 (residential) + 40 (nonresidential) + 30 (satellite) = 105  |
| <b>Fee Total</b>                     | \$4,500<br><i>*Fee based on residential capacity and number of satellite locations</i><br><br>\$3,000 (25-49 person residential capacity) + \$1,500 for satellite locations = \$4,500 | \$16,500<br><i>*Fee based on total residential, nonresidential, satellite capacities, and number of satellite locations</i><br><br>\$15,000 (100-199 person combination capacities) + \$1,500 for satellite locations = \$16,500 |

### What programs need to do

No action needed at this time. Invoices for the 2026 calendar year will be sent out towards the end of September 2025. DHS Licensing staff will contact Authorized Agents to obtain nonresidential maximum capacities over the 2026 calendar year.

### Change of ownership

Whenever there is any change to ownership, including a change of ownership that qualifies for the exception under section 245A.043, subdivision 2, paragraph (b), the license holder must notify DHS of the change and the date it takes effect. License holders will be charged a fee of \$2,100 for each license subject to the change of ownership, including the exception under section 245A.043, subdivision 2, paragraph (b).

**Laws of MN, 2025, [1st special session, chapter 9, article 10, sections 3 and 7](#).** Amends [Minnesota Statutes 2024, section 245A.043](#) and [Minnesota Statutes 2024, section 245A.10](#).

### What programs need to do

License holders must notify DHS by contacting their licensor when they sell 100% of their program assets.



If 100% of the assets are being sold and all of the controlling individuals will change, the new license holder(s) must complete a new license application and submit an application fee. Starting January 1, 2026, the application fee for a 245G license is \$2,100.

Starting January 1, 2026, a fee of \$2,100 must be submitted if 100% of the assets are being sold but at least one controlling individual who has been affiliated with the license for at least 12 months prior is remaining on the license. A new license application does not need to be completed, but the change will need to be communicated to DHS through a change in information form. The process for submitting the fee and change form will be provided to the license holder after the notification to their licenser of the change.

## **Child passenger restraint systems training**

Aligns training language with 2024 legislative changes to require children up to age 9 to use a child passenger restraint. The prior language stated that this was the requirement for children under 8 years of age.

**Laws of MN, 2025, [chapter 3, article 14, sections 9 and 13](#)** . Amends [Minnesota Statutes 2024, section 142B.51](#), subdivision 2 and [Minnesota Statutes 2024, section 142B.70](#), subdivision 7.

### **What programs need to do**

Programs that serve children under 18 years old must ensure staff who transport a child are aware of the language in Minnesota Statutes, section 169.685 and comply with those requirements for safely transporting children.

## **Effective July 1, 2026 or upon federal approval, whichever is later**

### **ASAM 4<sup>th</sup> Edition**

**See Laws of MN, 2025, [1st Spec. Sess. chapter 9, article 4, sections 5, 11-15, 17, 18](#)**

Statute describing the treatment services that programs must offer was amended as part of implementing the American Society of Addiction Medicine (ASAM) 4<sup>th</sup> edition criteria in assessment, treatment planning and service delivery for SUD treatment.

### **What programs need to do**

This policy is awaiting federal approval. No action is required at this time, we will provide updates closer to implementation.

### **Treatment service**

The amended section distinguishes treatment services and supportive services, with examples of supportive services. Supportive services include milieu management, transporting clients, waiting with clients for appointment at social service agencies, court hearings, and similar activities, and collecting urinalysis samples. The change applies to both residential and nonresidential programs.

Amends [Minnesota Statutes 2024, section 245G.07, subdivision 1](#)

**Psychosocial treatment service**

Adds a description of psychosocial treatment services, which must be offered as part of the client’s individual treatment. The services include individual and group counseling services as well as psychoeducation services.

Amends [Minnesota Statutes 2024, section 245G.07, new subdivision 1a](#)

**Treatment coordination**

Describes what is included in treatment coordination services provided by a treatment coordination provider. Treatment coordination does not include coordinating services or communicating with staff members within the licensed program.

Amends [Minnesota Statutes 2024, section 245G.07, new subdivision 1b](#)

**Ancillary treatment service**

Describes ancillary treatment services, which may be provided in addition to the hours of psychosocial treatment services.

Amends [Minnesota Statutes 2024, section 245G.07, new subdivision 2a](#)

**License Requirements for SUD Treatment Services**

***Minnesota Statutes, chapter 245G.07***

The chart below shows where current statutory language describing treatment services is compared to new language that is effective July 1, 2026 or upon federal approval.

| Current Policy Terms<br>and Location in Statute                        | Future Policy Terms and Location in Statute                       |
|--|---|
| <b>Treatment Service</b><br>Minnesota Statutes, 245G.07, subdivision 1 | <b>Psychosocial treatment service</b><br>New subdivision 1a       |
| <b>Individual and group counseling</b><br>Subdivision 1, clause (1)    | <b>Counseling</b><br>New subdivision 1a, clause (1)               |
| <b>Client education strategies</b><br>Subdivision 1, clause (2)        | <b>Psychoeducation services</b><br>New subdivision 1a, clause (2) |

|  |  |
|--|--|
| <b>Treatment coordination</b><br>Subdivision 1, clause (5) | <b>Treatment coordination</b><br>New subdivision 1b      |
| <b>Additional treatment service</b><br>Subdivision 2       | <b>Ancillary treatment service</b><br>New subdivision 2a |

## Treatment service providers

Describes which type of qualified staff must provide each type of treatment service. Psychosocial treatment services must be provided by an alcohol and drug counselor qualified according to Minnesota Statutes section 245G.11, unless the individual has other qualifications accepted by DHS to provide the service. Treatment coordination must be provided by an individual who meets the qualifications of a treatment coordinator according to section 245G.11, subdivision 7. Recovery support services must be provided by a behavioral health practitioner according to section 245G.11, subdivision 12. Peer recovery support services must be provided by a recovery peer qualified according to section 245I.04, subdivision 18.

Amends [Minnesota Statutes 2024, section 245G.07, subdivision 3](#)

## Paraprofessionals

Clarifies the description of paraprofessional, including tasks and responsibilities. A paraprofessional may not make decisions to admit, transfer or discharge a patient but make perform tasks related to intake and orientation.

Amends [Minnesota Statutes 2024, section 245G.11, subdivision 6](#)

## Behavioral health practitioners:

Adds a new staff type that meets the qualifications for mental health practitioner as described in 245I.04, subd. 4. Describes the scope of practice for a behavioral health practitioner, including supervision requirements. Behavioral health practitioners may provide recovery support services to clients.

Amends [Minnesota Statutes 2024, section 245G.11, new subdivision 12](#)

## Definition of individual counseling

Adds a definition of individual counseling, meaning professionally led psychotherapeutic treatment for substance use disorders that is delivered in a one-to-one setting or in a setting with the client and the client's family and other natural supports.

Minnesota Statutes 2024, section 245G.01, new subdivision 3d

## Additional information

### Temporary Immediate Suspension

This change allows DHS to issue a temporary immediate suspension if the license holder or controlling individual is the subject of a pending administrative, civil, or criminal investigation or subject to an administrative or civil action related to fraud against a program administered by a state or federal agency.

[Laws of Minnesota 2025, 1<sup>st</sup> Spec. Sess., chapter 3, article 17, section 6.](#) Amends [Minnesota Statutes 2024, section 245A.07, subdivision 2](#)

*Effective date: July 1, 2025*

### Denial of Application

This change allows DHS to deny a license application if an applicant or controlling individual is the subject of a pending administrative, civil, or criminal investigation.

[Laws of Minnesota 2025, 1<sup>st</sup> Spec. Sess., chapter 3, article 17, section 5.](#) Amends [Minnesota Statutes 2024, section 245A.05](#)

*Effective date: July 1, 2025*

### Audio-only telehealth

For telehealth service provision, audio-only communication between providers and patients was extended until July 1, 2027.

[Laws of MN, 1<sup>st</sup> special session, chapter 3, article 8, section 1.](#) Amends [Minnesota Statutes 2024, section 62A.673, subdivision 2.](#)

*Effective date: July 1, 2025*

### Compliance education

Starting in 2027, DHS will make licensing compliance education available to all license holders. The education materials will include clear explanations about how to comply with licensing requirements.

[Laws of Minnesota 2025, 1<sup>st</sup> Spec. Sess., chapter 9, article 2, section 2.](#) Amends [Minnesota Statutes 2024, section 245A.042](#) with new subdivision 5.

*Effective date: January 1, 2027*

## **Background studies**

Updates on legislative changes related to background studies, as they become available, will be posted on the ["What's new" for background studies webpage](#).