

Withdrawal Management and Detoxification Programs: 2024 Legislative changes and program implementation plan

The 2024 Legislature made changes to several laws that impact Department of Human Services (DHS) licensed withdrawal management and detoxification programs. The sections below contain an overview of each change, instructions for what programs need to do about the change, a link to the change in law, and the date the change is effective.

The hyperlinks within this document go to where the new law can be found. The hyperlink will go to the exact section in session law but it may take a few seconds for the page to scroll down to the right spot. When reviewing the new law:

- 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.

Later this year, the Minnesota Office of the Revisor of Statutes will update the statutes on their website to reflect the new laws.

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Emergency overdose medications

Overview

In 2023, programs were required to maintain a supply of opiate antagonists (example, naloxone or Narcan®) for the emergency treatment of opioid overdoses. This session, DHS proposed technical changes to exempt programs from several medication storage and training requirements to ensure greater access to these lifesaving medications. These flexibilities now allow:

- staff and adult clients to freely carry emergency overdose medications anywhere at the program,
- staff and adult clients to store these medications in unlocked locations,
- staff who only administer emergency overdose medications to only receive training in how to administer that medication, and
- staff to receive this training from any knowledgeable trainer.

See [Chapter 127, Article 62, Section 13 \(2024 Minnesota Statutes, section 245A.242\)](#).

Effective May 25, 2024.

What programs need to do

Programs should update their policies and procedures for medication administration and training to reflect any of the exemptions they choose to use. Programs may choose to not use any of the exemptions if they determine there is a need to have more stringent policies and procedures in place.

Key staff position change notification

Overview

New standards require programs to notify DHS within five business days of a change or vacancy in any of these three key staff positions:

- program director,
- medical director, or
- the registered nurse responsible for staff supervision.

The notification processes for changes and vacancies are slightly different and the next section explains the steps. This process will help programs to ensure staff in these positions are qualified according to licensing standards and will assist programs when there is a vacancy.

For detoxification programs, see [Chapter 127, Article 62, Section 2 \(2024 Minnesota Statutes, section 245A.04\)](#).

For withdrawal management programs, see [Chapter 127, Article 62, Section 30 \(Minnesota Statutes, section 245F.14\)](#).

Effective January 1, 2025.

What programs need to do

Changes in a key position

If there is a change in a key position, complete the following steps:

1. Email or call your licensor within five business days to notify them that there will be a change and to request a Change in License Information Form (CLIF). Include all license numbers the change will impact. If you do not know who your licensor is, email dhs.mhcdlicensing@state.mn.us.
2. Your licensor will email you a CLIF for each license with the current information for each license.
3. When you receive the CLIF, draw a line through the person no longer in the position and add the name and contact information for the new person in the position.
4. Email the CLIF to your licensor with the staff person's qualifications for the position. This will include, as applicable, a copy or screenshot of the registered nurse's or medical director's license and verification of the program director qualifications in [Minnesota Statutes, section 245F.15, subdivision 3](#) or [Minnesota Rules 9530.6565, subpart 3](#).
5. Your licensor will review the qualifications and update your license information.

Vacancy in a key position

If there is a vacancy in a key position, email or call your program licensor to discuss your program's plan for fulfilling the duties of the position during the vacancy. If you do not know who your licensor is, email dhs.mhcdlicensing@state.mn.us.

Peer recovery services – withdrawal management programs only

Overview

The requirements for providing peer recovery support services and the qualifications for those who provide it change in several ways across different areas of statute. This section explains each change including the different effective dates for each.

Align peer recovery requirements

Changes to the definitions and requirements for peer recovery support services align [Minnesota Statutes, Chapter 245F](#) with the substance use disorder treatment program requirements in Minnesota Statutes, [Chapter 245G](#) and [Chapter 245I](#). This ensures a uniform set of requirements for the service and recovery peer qualifications and supervision across provider types.

See [Chapter 108, Article 4, Sections 2-5 \(2024 Minnesota Statutes, Chapter 245F\)](#).

Effective May 18, 2024. This section is effective earlier than the other changes but only aligns the licensing chapters with existing requirements. The new service requirements are effective upon the later dates below.

Providing peer recovery support services

The description for what peer recovery support services include changes to refer to new standards in [Minnesota Statutes, Chapter 254B](#), which must be followed by both licensed programs and unlicensed providers. The following requirements must be met for each peer recovery support service provided.

- A qualified recovery peer must provide the service.
- The service must be a one-to-one and face-to-face interaction between one recovery peer and one client at a time. Face-to-face may include telehealth services.
- The service must be provided according to the client’s stabilization plan.
- Specific goals in the client’s stabilization plan must be discussed and addressed during the service.
- The service must promote the client’s recovery goals, self-sufficiency, self-advocacy, and development of natural supports to support maintenance of a client's recovery.

The license holder must always ensure that a client receiving peer recovery support services is participating in the services voluntarily and must provide written notice to the client that peer recovery support services will be provided. Peer recovery support services may not be provided to a client residing with or employed by a recovery peer from whom they receive services.

See Chapter 127, Article 48, [Section 3 \(2024 Minnesota Statutes, section 245G.07\)](#) and [Section 9 \(2024 Minnesota Statutes, section 254B.052\)](#).

Effective January 1, 2025.

Documenting services

Existing requirements in [Minnesota Statutes, section 245F.07, subdivision 2](#), for all stabilization services already require documenting the type and amount of each peer recovery support service. New standards in [Minnesota Statutes, section 254B.052, subdivision 3](#), require this documentation to also include each peer recovery support service interaction between the client and the recovery peer along with the client's response, the name of the recovery peer who provided the service, and the start and end time with a.m. and p.m. designations.

See [Chapter 127, Article 48, Section 9 \(2024 Minnesota Statutes, section 254B.052\)](#).

Effective January 1, 2025.

Recovery peer supervision and scope of practice

The supervision requirements for a recovery peer change in the following ways:

- The qualifications for who must supervise a recovery peer change to require either a Licensed Alcohol and Drug Counselor (LADC) or a mental health professional qualified under [Minnesota Statutes, section 245I.04, subdivision 2](#) to provide the supervision.

- The standards increase to require supervision once each month. Previously there was no specific frequency.
- The LADC or mental health professional supervision must be face-to-face with the recovery peer. Face-to-face may be in person or remotely.
- The supervision must include reviewing documentation of peer recovery support services provided for clients.
- The supervision may also include client updates, discussion of ethical considerations, and any other questions or issues relevant to peer recovery support services.

Effective July 1, 2024. [Chapter 127, Article 48, Section 4 \(2024 Minnesota Statutes, section 245I.04\)](#)

Recovery peer employment status

License holders must not classify or treat a recovery peer as an independent contractor.

- For recovery peers hired **on or after** July 1, 2024, this became effective July 1, 2024.
- For recovery peers hired **before** July 1, 2024, this becomes effective January 1, 2025.

[Chapter 108, Article 4, Section 15 \(2024 Minnesota Statutes, section 245I.04\)](#)

What programs need to do

License holder must begin meeting the new requirements upon each effective date listed above.

Contraindicated restraints

Overview

In 2023, language was added to 245A.211 prohibiting the use of prone restraints and contraindicated restraints. Clarifying language has been added to 245A.211, subd. 4 to make clear that the requirements of the subdivision only apply when there is a known medical or psychological condition for which restraints are contraindicated.

See [MN Laws, Chapter 127, Article 62, Section 12 \(2024 Minnesota Statutes, section 245A.211\)](#).

Effective date: May 25, 2024

What providers need to do

If a program is aware of a condition for a client or patient for which the use of restraints would be contraindicated, the program must document it, train staff, and ensure the contraindicated restraint is not used on that client or patient. The new language clarifies that an assessment is not required.

Public email address

Overview

The license holder's email address will become public data. The license holder can choose which email to provide as their public license holder email address.

See [MN Laws, Chapter 115, Article 19, Section 1 \(2024 Minnesota Statutes, section 13.46\)](#).

Effective January 1, 2025.

What programs need to do

Programs do not need to make any changes at this time. DHS Licensing will provide further guidance prior to January 1, 2025.

Change in ownership

Overview

A license holder must notify DHS and follow specific processes if there will be a change in ownership. These existing standards were revised to clarify and improve the process. The description of the types of changes that require a new license replaces legal terms with easier to understand language. These updates are technical and the types of changes that require a new license will stay the same. The requirements clarify there are two different processes: (1) standard change of ownership process and (2) emergency change in ownership process. Most will use the standard process unless a specific emergency occurs.

The notification and application timeframes for the standard change of ownership process increase to align with the 90 days DHS has to act on a complete application. Other updates in this area clarify the existing language.

The new emergency change in ownership process explains the steps to take if a license holder is inaccessible or unable to operate a program. This process allows another party to assume operation of a program if they notify DHS, receive approval, and meet certain requirements.

The requirements remove the temporary change in ownership license and most ownership transitions will use the standard change in ownership process.

[Chapter 127, Article 62, Sections 3-7 \(2024 Minnesota Statutes, section 245A.043\)](#)

Effective January 1, 2025.

What programs need to do

License holders do not need to take any action unless they anticipate a change in ownership. The current process will change beginning January 1, 2025. Contact your program's licensor to discuss this process.

Child passenger restraint systems

Overview

This section applies to any program that transports any children under the age of 18. Starting August 1, 2024, every driver who transports children under age 18 in a vehicle are required to have them restrained with a seat belt. The updated law also specifies additional requirements for children under age 13 that withdrawal management and detoxification programs likely do not serve.

The Department of Public Safety explains how to implement these changes and provides links to several resources in their news release: [Changes to Minnesota’s Child Passenger Safety Law go into effect Aug. 1 \(mn.gov\)](#).

All licensed programs that transport children are required to follow this law by the licensing requirements in Minnesota Statutes, section [245A.18. subdivision 1](#).

See [MN Laws, Chapter 104, Article 1, Sec. 42 \(2024 Minnesota Statutes, section 169.685\)](#).

Effective August 1, 2024.

What programs need to do

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

Reporting maltreatment of minors definitions

Overview

The following two revisions are made to definitions in the maltreatment of minors reporting statute.

The definition for threatened injury (a type of maltreatment) adds the term parent.

[Chapter 115, Article 18, Section 45 \(2024 Minnesota Statutes, section 260E.03\)](#)

Effective July 1, 2024.

The definition for substantial child endangerment (another type of maltreatment) adds labor trafficking.

[Chapter 115, Article 12, Sections 13 and 16 \(2024 Minnesota Statutes, section 260E.03\)](#)

Effective July 1, 2025.

What programs need to do

Programs should update any program materials if they contain these definitions including maltreatment of minors reporting policies, procedures, client and patient orientation material, staff training material, and

postings. Staff should be trained according to the new definitions upon orientation or at their next annual training.

Personnel file technical correction – withdrawal management programs only

Overview

In 2023, the requirement to document a staff's freedom from substance use problems was eliminated. The requirement to maintain this in a personnel file was accidentally left in chapter 245F. This change removes this reference to a requirement that has not existed since 2022.

See [Chapter 127, Article 62, Section 31 \(2024 Minnesota Statutes, section 245F.17\)](#).

Effective May 25, 2024.

What programs need to do

Nothing.

Questions

If you have questions about this implementation plan or other licensing requirements, please contact your licensor directly or email dhs.mhcdlicensing@state.mn.us.

Background studies

Updates on legislative changes related to background studies are posted on the ["What's new" for background studies webpage](#).