

**SENATE**  
**STATE OF MINNESOTA**  
**NINETY-FIRST SESSION**

**S.F. No. 4028**

(SENATE AUTHORS: BENSON and Jensen)

DATE  
03/05/2020

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OFFICIAL STATUS  
Introduction and first reading  
Referred to Health and Human Services Finance and Policy

- 1.1 A bill for an act
- 1.2 relating to human services; revising assessment processes for withdrawal
- 1.3 management programs to facilitate direct access to substance use disorder treatment;
- 1.4 correcting errors in the 2020-2021 biennial health and human services appropriation;
- 1.5 amending Minnesota Statutes 2018, sections 245F.03; 245F.04, by adding a
- 1.6 subdivision; 254B.03, subdivision 1; Minnesota Statutes 2019 Supplement, sections
- 1.7 254A.03, subdivision 3; 256B.0759, subdivision 4; Laws 2019, First Special
- 1.8 Session chapter 9, article 14, section 2, subdivisions 2, 24, 30, 31, by adding a
- 1.9 subdivision; repealing Minnesota Statutes 2019 Supplement, section 254B.03,
- 1.10 subdivision 4a; Minnesota Rules, parts 9530.6600, subparts 1, 3; 9530.6605,
- 1.11 subparts 1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 14, 21a, 21b, 24a, 25, 25a, 26; 9530.6610,
- 1.12 subparts 1, 2, 3, 5; 9530.6615; 9530.6620; 9530.6622; 9530.6655.
- 1.13 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.14 Section 1. Minnesota Statutes 2018, section 245F.03, is amended to read:
- 1.15 **245F.03 APPLICATION.**
- 1.16 (a) This chapter establishes minimum standards for withdrawal management programs
- 1.17 licensed by the commissioner that serve one or more unrelated persons.
- 1.18 (b) This chapter does not apply to a withdrawal management program licensed as a
- 1.19 hospital under sections 144.50 to 144.581. A withdrawal management program located in
- 1.20 a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this
- 1.21 chapter is deemed to be in compliance with section 245F.13.
- 1.22 (c) Minnesota Rules, parts 9530.6600 to 9530.6655, do not apply to withdrawal
- 1.23 management programs licensed under this chapter.
- 1.24 **EFFECTIVE DATE.** This section is effective the day following final enactment.

2.1 Sec. 2. Minnesota Statutes 2018, section 245F.04, is amended by adding a subdivision to  
2.2 read:

2.3 Subd. 5. **Withdrawal management services authorization.** A license holder providing  
2.4 withdrawal management services may admit an individual when the individual meets the  
2.5 admission criteria in section 245F.05, subdivisions 1 and 2. Any assessor providing an  
2.6 additional assessment to an individual must follow the process established in section 245F.06.  
2.7 If an assessor identifies an individual's need for withdrawal management services while the  
2.8 individual is a resident of a substance use disorder treatment facility, the provisions of  
2.9 section 256G.02, subdivision 4, paragraphs (c) and (d), shall apply.

2.10 **EFFECTIVE DATE.** This section is effective the day following final enactment.

2.11 Sec. 3. Minnesota Statutes 2019 Supplement, section 254A.03, subdivision 3, is amended  
2.12 to read:

2.13 Subd. 3. **Rules for substance use disorder care.** (a) The commissioner of human  
2.14 services shall establish by rule criteria to be used in determining the appropriate level of  
2.15 chemical dependency care for each recipient of public assistance seeking treatment for  
2.16 substance misuse or substance use disorder. Upon federal approval of a comprehensive  
2.17 assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding  
2.18 the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, an eligible vendor of  
2.19 comprehensive assessments under section 254B.05 may determine and approve the  
2.20 appropriate level of substance use disorder treatment for a recipient of public assistance.  
2.21 The process for determining an individual's financial eligibility for the consolidated chemical  
2.22 dependency treatment fund or determining an individual's enrollment in or eligibility for a  
2.23 publicly subsidized health plan is not affected by the individual's choice to access a  
2.24 comprehensive assessment for placement.

2.25 (b) The commissioner shall develop and implement a utilization review process for  
2.26 publicly funded treatment placements to monitor and review the clinical appropriateness  
2.27 and timeliness of all publicly funded placements in treatment.

2.28 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for  
2.29 alcohol or substance use disorder that is provided to a recipient of public assistance within  
2.30 a primary care clinic, hospital, or other medical setting or school setting establishes medical  
2.31 necessity and approval for an initial set of substance use disorder services identified in  
2.32 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose  
2.33 screen result is positive may include any combination of up to four hours of individual or  
2.34 group substance use disorder treatment, two hours of substance use disorder treatment

3.1 coordination, or two hours of substance use disorder peer support services provided by a  
3.2 qualified individual according to chapter 245G. A recipient must obtain an assessment  
3.3 pursuant to paragraph (a) to be approved for additional treatment services.

3.4 (d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, an individual may  
3.5 choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals  
3.6 obtaining a comprehensive assessment may access any enrolled provider that is licensed to  
3.7 provide the level of service authorized pursuant to section 254A.19, subdivision 3, paragraph  
3.8 (d). If the individual is enrolled in a prepaid health plan, the individual must comply with  
3.9 any provider network requirements or limitations. This paragraph expires July 1, 2022.

3.10 **EFFECTIVE DATE.** This section is effective the day following final enactment.

3.11 Sec. 4. Minnesota Statutes 2018, section 254B.03, subdivision 1, is amended to read:

3.12 Subdivision 1. **Local agency duties.** (a) Every local agency shall provide chemical  
3.13 dependency services to persons residing within its jurisdiction who meet criteria established  
3.14 by the commissioner for placement in a chemical dependency residential or nonresidential  
3.15 treatment service. Chemical dependency money must be administered by the local agencies  
3.16 according to law and rules adopted by the commissioner under sections 14.001 to 14.69.

3.17 (b) In order to contain costs, the commissioner of human services shall select eligible  
3.18 vendors of chemical dependency services who can provide economical and appropriate  
3.19 treatment. Unless the local agency is a social services department directly administered by  
3.20 a county or human services board, the local agency shall not be an eligible vendor under  
3.21 section 254B.05. The commissioner may approve proposals from county boards to provide  
3.22 services in an economical manner or to control utilization, with safeguards to ensure that  
3.23 necessary services are provided. If a county implements a demonstration or experimental  
3.24 medical services funding plan, the commissioner shall transfer the money as appropriate.

3.25 (c) A culturally specific vendor that provides assessments under a variance under  
3.26 Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons  
3.27 not covered by the variance.

3.28 (d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, an individual may  
3.29 choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals  
3.30 obtaining a comprehensive assessment may access any enrolled provider that is licensed to  
3.31 provide the level of service authorized pursuant to section 254A.19, subdivision 3, paragraph  
3.32 (d). If the individual is enrolled in a prepaid health plan, the individual must comply with  
3.33 any provider network requirements or limitations.

4.1 (e) Beginning July 1, 2022, local agencies shall not make placement location  
 4.2 determinations.

4.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.

4.4 Sec. 5. Minnesota Statutes 2019 Supplement, section 256B.0759, subdivision 4, is amended  
 4.5 to read:

4.6 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must  
 4.7 be increased for services provided to medical assistance enrollees. To receive a rate increase,  
 4.8 participating providers must meet demonstration project requirements and provide evidence  
 4.9 of formal referral arrangements with providers delivering step-up or step-down levels of  
 4.10 care.

4.11 (b) For substance use disorder services under section 254B.05, subdivision 5, paragraph  
 4.12 (b), clause (8), provided on or after January 1, ~~2020~~ 2021, payment rates must be increased  
 4.13 by 15 percent over the rates in effect on December 31, 2020.

4.14 (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph  
 4.15 (b), clauses (1), (6), (7), and (10), provided on or after January 1, 2021, payment rates must  
 4.16 be increased by ten percent over the rates in effect on December 31, 2020.

4.17 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

4.18 Sec. 6. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 2, is  
 4.19 amended to read:

4.20 Subd. 2. **TANF Maintenance of Effort**

4.21 (a) **Nonfederal Expenditures.** The  
 4.22 commissioner shall ensure that sufficient  
 4.23 qualified nonfederal expenditures are made  
 4.24 each year to meet the state's maintenance of  
 4.25 effort (MOE) requirements of the TANF block  
 4.26 grant specified under Code of Federal  
 4.27 Regulations, title 45, section 263.1. In order  
 4.28 to meet these basic TANF/MOE requirements,  
 4.29 the commissioner may report as TANF/MOE  
 4.30 expenditures only nonfederal money expended  
 4.31 for allowable activities listed in the following  
 4.32 clauses:

- 5.1 (1) MFIP cash, diversionary work program,  
5.2 and food assistance benefits under Minnesota  
5.3 Statutes, chapter 256J;
- 5.4 (2) the child care assistance programs under  
5.5 Minnesota Statutes, sections 119B.03 and  
5.6 119B.05, and county child care administrative  
5.7 costs under Minnesota Statutes, section  
5.8 119B.15;
- 5.9 (3) state and county MFIP administrative costs  
5.10 under Minnesota Statutes, chapters 256J and  
5.11 256K;
- 5.12 (4) state, county, and tribal MFIP employment  
5.13 services under Minnesota Statutes, chapters  
5.14 256J and 256K;
- 5.15 (5) expenditures made on behalf of legal  
5.16 noncitizen MFIP recipients who qualify for  
5.17 the MinnesotaCare program under Minnesota  
5.18 Statutes, chapter 256L;
- 5.19 (6) qualifying working family credit  
5.20 expenditures under Minnesota Statutes, section  
5.21 290.0671;
- 5.22 (7) qualifying Minnesota education credit  
5.23 expenditures under Minnesota Statutes, section  
5.24 290.0674; and
- 5.25 ~~(7)~~ (8) qualifying Head Start expenditures  
5.26 under Minnesota Statutes, section 119A.50.
- 5.27 **(b) Nonfederal Expenditures; Reporting.**  
5.28 For the activities listed in paragraph (a),  
5.29 clauses (2) to ~~(7)~~ (8), the commissioner may  
5.30 report only expenditures that are excluded  
5.31 from the definition of assistance under Code  
5.32 of Federal Regulations, title 45, section  
5.33 260.31.

6.1 **(c) Certain Expenditures Required.** The  
6.2 commissioner shall ensure that the MOE used  
6.3 by the commissioner of management and  
6.4 budget for the February and November  
6.5 forecasts required under Minnesota Statutes,  
6.6 section 16A.103, contains expenditures under  
6.7 paragraph (a), clause (1), equal to at least 16  
6.8 percent of the total required under Code of  
6.9 Federal Regulations, title 45, section 263.1.

6.10 **(d) Limitation; Exceptions.** The  
6.11 commissioner must not claim an amount of  
6.12 TANF/MOE in excess of the 75 percent  
6.13 standard in Code of Federal Regulations, title  
6.14 45, section 263.1(a)(2), except:

6.15 (1) to the extent necessary to meet the 80  
6.16 percent standard under Code of Federal  
6.17 Regulations, title 45, section 263.1(a)(1), if it  
6.18 is determined by the commissioner that the  
6.19 state will not meet the TANF work  
6.20 participation target rate for the current year;

6.21 (2) to provide any additional amounts under  
6.22 Code of Federal Regulations, title 45, section  
6.23 264.5, that relate to replacement of TANF  
6.24 funds due to the operation of TANF penalties;  
6.25 and

6.26 (3) to provide any additional amounts that may  
6.27 contribute to avoiding or reducing TANF work  
6.28 participation penalties through the operation  
6.29 of the excess MOE provisions of Code of  
6.30 Federal Regulations, title 45, section 261.43  
6.31 (a)(2).

6.32 **(e) Supplemental Expenditures.** For the  
6.33 purposes of paragraph (d), the commissioner  
6.34 may supplement the MOE claim with other

7.1 qualified expenditures to the extent such  
7.2 expenditures are otherwise available after  
7.3 considering the expenditures allowed in this  
7.4 subdivision.

7.5 **(f) Reduction of Appropriations; Exception.**

7.6 The requirement in Minnesota Statutes, section  
7.7 256.011, subdivision 3, that federal grants or  
7.8 aids secured or obtained under that subdivision  
7.9 be used to reduce any direct appropriations  
7.10 provided by law, does not apply if the grants  
7.11 or aids are federal TANF funds.

7.12 **(g) IT Appropriations Generally.** This

7.13 appropriation includes funds for information  
7.14 technology projects, services, and support.

7.15 Notwithstanding Minnesota Statutes, section  
7.16 16E.0466, funding for information technology  
7.17 project costs shall be incorporated into the  
7.18 service level agreement and paid to the Office  
7.19 of MN.IT Services by the Department of  
7.20 Human Services under the rates and  
7.21 mechanism specified in that agreement.

7.22 **(h) Receipts for Systems Project.**

7.23 Appropriations and federal receipts for  
7.24 information systems projects for MAXIS,  
7.25 PRISM, MMIS, ISDS, METS, and SSIS must  
7.26 be deposited in the state systems account  
7.27 authorized in Minnesota Statutes, section  
7.28 256.014. Money appropriated for computer  
7.29 projects approved by the commissioner of the  
7.30 Office of MN.IT Services, funded by the  
7.31 legislature, and approved by the commissioner  
7.32 of management and budget may be transferred  
7.33 from one project to another and from  
7.34 development to operations as the  
7.35 commissioner of human services considers

8.1 necessary. Any unexpended balance in the  
 8.2 appropriation for these projects does not  
 8.3 cancel and is available for ongoing  
 8.4 development and operations.

8.5 **(i) Federal SNAP Education and Training**  
 8.6 **Grants.** Federal funds available during fiscal  
 8.7 years 2020 and 2021 for Supplemental  
 8.8 Nutrition Assistance Program Education and  
 8.9 Training and SNAP Quality Control  
 8.10 Performance Bonus grants are appropriated  
 8.11 to the commissioner of human services for the  
 8.12 purposes allowable under the terms of the  
 8.13 federal award. This paragraph is effective the  
 8.14 day following final enactment.

8.15 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

8.16 Sec. 7. Laws 2019, First Special Session chapter 9, article 14, section 2, is amended by  
 8.17 adding a subdivision to read:

8.18 Subd. 2a. **Working Family Credit as TANF/MOE**

8.19 The commissioner may claim as TANF/MOE  
 8.20 up to \$6,707,000 per year of working family  
 8.21 credit expenditures in each fiscal year.

8.22 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

8.23 Sec. 8. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 24,  
 8.24 is amended to read:

8.25	<b>Subd. 24. Grant Programs; Children and</b>		
8.26	<b>Economic Support Grants</b>	24,315,000	24,315,000

8.27 **(a) Minnesota Food Assistance Program.**  
 8.28 Unexpended funds for the Minnesota food  
 8.29 assistance program for fiscal year 2020 do not  
 8.30 cancel but are available for this purpose in  
 8.31 fiscal year 2021.



9.1 **(b) Shelter-Linked Youth Mental Health**  
 9.2 **Grants.** \$250,000 in fiscal year 2020 and  
 9.3 \$250,000 in fiscal year 2021 are from the  
 9.4 general fund for shelter-linked youth mental  
 9.5 health grants under Minnesota Statutes, section  
 9.6 256K.46.

9.7 **(c) Emergency Services Grants. \$1,500,000**  
 9.8 **in fiscal year 2020 and \$1,500,000 in fiscal**  
 9.9 **year 2021 are to provide emergency services**  
 9.10 **grants under Minnesota Statutes, section**  
 9.11 **256E.36. This is a onetime appropriation.**

9.12 **(d) Base Level Adjustment.** The general fund  
 9.13 base is \$22,815,000 in fiscal year 2022 and  
 9.14 \$22,815,000 in fiscal year 2023.

9.15 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

9.16 Sec. 9. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 30,  
 9.17 is amended to read:

9.18	<b>Subd. 30. Grant Programs; Housing Support</b>		
9.19	<b>Grants</b>	9,264,000	10,364,000

9.20 ~~**Emergency Services Grants. \$1,500,000 in**~~  
 9.21 ~~**fiscal year 2020 and \$1,500,000 in fiscal year**~~  
 9.22 ~~**2021 are to provide emergency services grants**~~  
 9.23 ~~**under Minnesota Statutes, section 256E.36.**~~  
 9.24 ~~**This is a onetime appropriation.**~~

9.25 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

9.26 Sec. 10. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 31,  
 9.27 is amended to read:

9.28	<b>Subd. 31. Grant Programs; Adult Mental Health</b>		
9.29	<b>Grants</b>	82,302,000	79,877,000

9.30 **(a) Certified Community Behavioral Health**  
 9.31 **Center (CCBHC) Expansion. \$100,000 in**  
 9.32 **fiscal year 2020 and \$200,000 in fiscal year**  
 9.33 **2021 is** ~~**are**~~ from the general fund for grants

10.1 for planning, staff training, and other quality  
10.2 improvements that are required to comply with  
10.3 federal CCBHC criteria for three expansion  
10.4 sites.

10.5 **(b) Mobile Mental Health Crisis Response**  
10.6 **Team Funding.** \$1,250,000 in fiscal year  
10.7 2020 and \$1,250,000 in fiscal year 2021 are  
10.8 for adult mental health grants under Minnesota  
10.9 Statutes, section 245.4661, subdivision 9,  
10.10 paragraph (a), clause (1), to fund regional  
10.11 mobile mental health crisis response teams  
10.12 throughout the state. The base for this  
10.13 appropriation is \$4,896,000 in fiscal year 2022  
10.14 and \$4,897,000 in fiscal year 2023.

10.15 **(c) Specialized Mental Health Community**  
10.16 **Supervision Pilot Project.** \$400,000 in fiscal  
10.17 year 2020 is for a grant to Anoka County for  
10.18 establishment of a specialized mental health  
10.19 community supervision caseload pilot project.  
10.20 This is a onetime appropriation.

10.21 **(d) Base Level Adjustment.** The general fund  
10.22 base is \$83,323,000 in fiscal year 2022 and  
10.23 \$83,324,000 in fiscal year 2023.

10.24 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

10.25 Sec. 11. **REVIVAL AND REENACTMENT.**

10.26 **Minnesota Statutes, section 254B.03, subdivision 4a, is revived and reenacted effective**  
10.27 **retroactively and without interruption from July 1, 2019.**

10.28 **EFFECTIVE DATE.** This section is effective the day following final enactment.

10.29 Sec. 12. **REPEALER.**

10.30 **(a) Minnesota Statutes 2019 Supplement, section 254B.03, subdivision 4a, is repealed**  
10.31 **effective July 1, 2020.**

- 11.1 (b) Minnesota Rules, parts 9530.6600, subparts 1 and 3; 9530.6605, subparts 1, 2, 3, 4,  
11.2 5, 8, 9, 10, 11, 12, 13, 14, 21a, 21b, 24a, 25, 25a, and 26; 9530.6610, subparts 1, 2, 3, and  
11.3 5; 9530.6615; 9530.6620; 9530.6622; and 9530.6655, are repealed effective July 1, 2022.

APPENDIX  
Repealed Minnesota Statutes: 20-6932

**254B.03 RESPONSIBILITY TO PROVIDE CHEMICAL DEPENDENCY TREATMENT.**

Subd. 4a. **Division of costs for medical assistance services.** Notwithstanding subdivision 4, for chemical dependency services provided on or after October 1, 2008, and reimbursed by medical assistance, the county share is 30 percent of the nonfederal share.

**9530.6600 SUBSTANCE USE DISORDER; USE OF PUBLIC FUNDS.**

Subpart 1. **Applicability.** Parts 9530.6600 to 9530.6655 establish criteria that counties, tribal governing boards, and prepaid health plans or their designees shall apply to determine the appropriate care for a client seeking treatment for substance use disorder that requires the expenditure of public funds for treatment. Part 9530.6622 does not apply to court commitments under Minnesota Statutes, chapter 253B.

Subp. 3. **Funding sources governed.** All financial resources allocated for chemical abusing or dependent individuals under Minnesota Statutes, chapters 246, 254B, 256B, and 256D, shall be expended in accordance with parts 9530.6600 to 9530.6655.

**9530.6605 DEFINITIONS.**

Subpart 1. **Scope.** For the purpose of parts 9530.6600 to 9530.6655 the following terms have the meanings given them.

Subp. 2. **Adolescent.** "Adolescent" means an individual under 18 years of age, defined as a child under Minnesota Statutes, section 260B.007, subdivision 3.

Subp. 3. **Arrest or legal intervention related to chemical use.** "Arrest or legal intervention related to chemical use" means an arrest or legal intervention for a crime that took place while the individual was under the influence of chemicals, took place in order to obtain chemicals, or took place in order to obtain money to purchase chemicals. When the client is an adolescent, arrest or legal intervention related to chemical use also means contact with law enforcement personnel as a result of a crime that meets this definition but for which no arrest took place, and status offenses and petitions of incorrigibility in which behavior resulting from chemical use played a significant role.

Subp. 4. **Assessor.** "Assessor" means an individual qualified under part 9530.6615, subpart 2 to perform an assessment of chemical use.

Subp. 5. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, section 152.01, subdivision 4.

Subp. 8. **Chemical use assessment.** "Chemical use assessment" means an assessment interview and written listing of the client's specific problems related to chemical use and risk description that will enable the assessor to determine an appropriate treatment planning decision according to part 9530.6622.

Subp. 9. **Client.** "Client" means an individual who is eligible for treatment funded under Minnesota Statutes, chapters 246, 254B, 256B, 256D, and 256M, and who has requested chemical use assessment services or for whom chemical use assessment services has been requested from a placing authority.

Subp. 10. **Collateral contact.** "Collateral contact" means an oral or written communication initiated or approved by an assessor for the purpose of gathering information from an individual or agency, other than the client, to verify or supplement information provided by the client during an assessment under part 9530.6615. Collateral contact includes contacts with family members, criminal justice agencies, educational institutions, and employers.

Subp. 11. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designated representative.

Subp. 12. **County.** "County" means the county of financial responsibility as defined under Minnesota Statutes, section 256G.02, subdivision 4, or the county designee.

Subp. 13. **Culturally specific programs.** "Culturally specific programs" means programs or subprograms:

A. designed to address the unique needs of individuals who share a common language, racial, ethnic, or social background;

B. governed with significant input from individuals of that specific background;  
and

C. that employ individuals to provide individual or group therapy, at least 50 percent of whom are of that specific background.

Subp. 14. **Department.** "Department" means the Department of Human Services.

Subp. 21a. **Placing authority.** "Placing authority" means a county, prepaid health plan, or tribal governing board governed by parts 9530.6600 to 9530.6655.

Subp. 21b. **Prepaid health plan.** "Prepaid health plan" means an organization that contracts with the department to provide medical services, including chemical dependency treatment services, to enrollees in exchange for a prepaid capitation rate; and that uses funds authorized under Minnesota Statutes, chapters 256B and 256D.

Subp. 24a. **Service coordination.** "Service coordination" means helping the client obtain the services and support the client needs to establish a lifestyle free from the harmful effects of substance abuse disorder.

Subp. 25. **Significant other.** "Significant other" means an individual not related by blood or marriage on whom another individual relies for emotional support.

Subp. 25a. **Substance.** "Substance" means "chemical" as defined in subpart 5.

Subp. 26. **Substance use disorder.** "Substance use disorder" means a pattern of substance use as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM). The DSM is incorporated by reference. The DSM was published by the American Psychiatric Association in 1994, in Washington, D.C., and is not subject to frequent change. The DSM is available through the Minitex interlibrary loan system.

#### **9530.6610 COMPLIANCE PROVISIONS.**

Subpart 1. **Assessment responsibility.** The placing authority must provide assessment services for clients without regard to national origin, marital status, race, color, religion, creed, disability, sex, or sexual orientation according to Minnesota Statutes, section 363A.11. The assessment must be done in a language the client understands. The requirements in items A to C apply to the placing authority.

A. The county shall provide a chemical use assessment as provided in part 9530.6615 for all clients who do not have an assessment available to them from a tribal governing board or prepaid health plan. If the county of financial responsibility does not arrange for or provide the service, the county where the client requested the service must provide the service, and then follow the procedures in Minnesota Statutes, section 256G.09, to resolve any dispute between counties.

B. A tribal governing board that contracts with the department to provide chemical use assessments and that authorizes payment for chemical dependency treatment under Minnesota Statutes, chapter 254B, must provide a chemical use assessment for a person residing on a reservation who seeks assessment or treatment or for whom treatment is sought, as provided in part 9530.6615, if the person is:

(1) recognized as an American Indian; or

(2) a relative of a person who is recognized as an American Indian. For purposes of this subpart, a "relative" means a person who is related by blood, marriage, or adoption, or is an important friend who resides with a person recognized as an American Indian on a reservation.

C. Organizations contracting with the department to provide a prepaid health plan that includes the provision of chemical dependency services to enrollees, and that utilizes funds authorized under Minnesota Statutes, chapters 256B and 256D, shall provide a chemical use assessment for enrollees who seek treatment or for whom treatment is sought as provided in part 9530.6615, and shall place enrollees in accordance with the contract that is currently in force with the department.

Subp. 2. **Placing authority records.** The placing authority must:

A. maintain records that demonstrate compliance with parts 9530.6600 to 9530.6660 for at least three years, except that records pertaining to individual client services must be maintained for at least four years; and

B. provide documentation of the qualifications of assessors according to the standards established under part 9530.6615, subpart 2.

Subp. 3. **County designee.** The county may designate public, nonprofit, or proprietary agencies or individuals to provide assessments according to part 9530.6615 by a qualified assessor. An assessor designated by the county shall have no direct shared financial interest or referral relationship resulting in shared financial gain with a treatment provider, unless the county documents that either of the exceptions in item A or B exists:

A. the treatment provider is a culturally specific service provider or a service provider with a program designed to treat persons of a specific age, sex, or sexual orientation and is available in the county and the service provider employs a qualified assessor;

B. the county does not employ a sufficient number of qualified assessors and the only qualified assessors available in the county have a direct shared financial interest or a referral relationship resulting in shared financial gain with a treatment provider; or

C. the county social service agency has an existing relationship with an assessor or service provider and elects to enter into a contract with that assessor to provide both assessment and treatment under the circumstances specified in the county contract and the county retains responsibility for making placement decisions.

Documentation of the exceptions in items A and B must be maintained at the county's office and be current within the last two years. The placing authority's assessment designee shall provide assessments and required documentation to the placing authority according to parts 9530.6600 to 9530.6660.

The placing authority is responsible for and cannot delegate making appropriate treatment planning decisions and placement authorizations.

Subp. 5. **Information release.** The placing authority shall, with proper releases of information, provide a copy of the assessment to the treatment provider who is authorized to provide services to the client. The placing authority shall provide the assessment to the treatment provider within seven days of the date of placement determination.

### **9530.6615 CHEMICAL USE ASSESSMENTS.**

Subpart 1. **Assessment mandate; timelines.** The placing authority shall provide a chemical use assessment for each client seeking treatment or for whom treatment is sought for substance use disorder before the client is placed in a treatment program. The assessment must be done in a language the client understands and must be completed within the time limits specified. The placing authority shall provide interpreters for people who are deaf, deafblind, and hard-of-hearing and foreign language interpretive services when necessary.

A. The placing authority must provide an assessment interview for the client within 20 calendar days from the date an appointment was requested for the client. The placing authority must interview clients who miss an appointment within 20 days of a subsequent request for an appointment.

APPENDIX  
Repealed Minnesota Rules: 20-6932

B. Within ten calendar days after the initial assessment interview, the placing authority must complete the assessment, make determinations, and authorize services.

C. If the client is in jail or prison, the placing authority according to part 9530.6610, subpart 1, must complete the assessment and placement authorization. If the placing authority does not assess the client, the county where the client is held must assess the client and resolve disputes according to Minnesota Statutes, section 256G.09. The update in item D is not required if the client has been in jail or prison continuously from the time of the assessment interview until the initiation of service.

D. If 45 calendar days have elapsed between the interview and initiation of services, the placing authority must update the assessment to determine whether the risk description has changed and whether the change in risk description results in a change in planned services. An update does not require a face-to-face contact and may be based on information from the client, collateral source, or treatment provider.

E. The placing authority must provide a new assessment if six months have passed since the most recent assessment or assessment update.

F. A placing authority may accept an assessment completed according to parts 9530.6600 to 9530.6655 from any other placing authority or designee in order to meet the requirements of this part.

Subp. 2. **Staff performing assessment.** Chemical use assessments must be conducted by qualified staff. An individual is qualified to perform chemical use assessments if the individual meets the criteria in item A, B, or C:

A. The individual meets the exception in Minnesota Statutes, section 148C.11, and has successfully completed 30 hours of classroom instruction on chemical use assessments and has 2,000 hours of work experience in chemical use assessments, either as an intern or as an employee.

An individual qualified under this item must also annually complete a minimum of eight hours of in-service training or continuing education related to providing chemical use assessments.

B. The individual is:

(1) licensed under Minnesota Statutes, chapter 148C, and not excluded under Minnesota Statutes, section 148C.11;

(2) certified by the Upper Midwest Indian Council on Addictive Disorders;  
or

(3) designated by a federally recognized Indian tribe and provides assessments under the jurisdiction of that tribe.

C. The individual meets the exception in Minnesota Statutes, section 148C.11, has completed 30 hours of classroom instruction on chemical use assessment, and is receiving clinical supervision from an individual who meets the requirements in item A or B.

Subp. 3. **Method of assessment.** The assessor must gather the information necessary to determine the application of the criteria in parts 9530.6600 to 9530.6655 and record the information in a format prescribed by the commissioner. The assessor must complete an assessment summary as prescribed by the commissioner for each client assessed for treatment services. The assessment summary and information gathered shall be maintained in the client's case record and submitted to the department using procedures specified by the commissioner. At a minimum, the assessment must include:

A. a personal face-to-face interview with the client;

B. a review of relevant records or reports regarding the client consistent with subpart 6; and



APPENDIX  
Repealed Minnesota Rules: 20-6932

C. contacts with two sources of collateral information that have relevant information and are reliable in the judgment of the assessor or documentation that the sources were not available. The following requirements apply to the gathering of collateral information:

(1) before the assessor determines that a collateral source is not available, the assessor must make at least two attempts to contact that source, one of which must be by mail;

(2) one source must be the individual or agency that referred the client;

(3) the assessor must get signed information releases from the client that allow the assessor to contact the collateral sources;

(4) if the client refuses to sign the information releases, and the refusal results in the assessor not having enough information to complete the determinations required by part 9530.6620, the assessor shall not authorize services for the client; and

(5) if the assessor has gathered sufficient information from the referral source and the client to apply the criteria in parts 9530.6620 and 9530.6622, it is not necessary to complete the second collateral contact.

Subp. 4. **Required documentation of assessment.** The client's record shall contain the following:

A. applicable placement information gathered in compliance with part 9530.6620, subpart 1;

B. the client's risk description in each dimension in part 9530.6622 and the reasons the specific risk description was assigned;

C. information gathered about the client from collateral contacts, or documentation of why collateral contacts were not made;

D. a copy of the forms completed by the assessor under subpart 3; and

E. a record of referrals, if other than a placement under part 9530.6622.

Subp. 5. **Information provided.** The information gathered and assessment summary must be provided to the authorized treatment program.

Subp. 6. **Confidentiality requirements.** Placing authorities must meet the following confidentiality requirements:

A. confidentiality of records as required under Minnesota Statutes, chapter 13, and section 254A.09;

B. federal regulations for the privacy of substance abuse patient information, Code of Federal Regulations, title 42, parts 2.1 to 2.67; and

C. federal privacy regulations under the Health Insurance Portability and Accountability Act, Code of Federal Regulations, title 45, parts 160.101 to 164.534.

**9530.6620 PLACEMENT INFORMATION.**

Subpart 1. **Placing authority determination of appropriate services.** Using the dimensions in part 9530.6622, the placing authority must determine appropriate services for clients. The placing authority must gather information about the client's age, sex, race, ethnicity, culture, religious preference, sexual orientation, disability, current pregnancy status, and home address. The placing authority must consider the risk descriptions in items A to F.

A. Using the risk description in part 9530.6622, subpart 1, referred to as Dimension 1, the placing authority must determine the client's acute intoxication/withdrawal potential. The placing authority must consider information about the client's amount and frequency

APPENDIX  
Repealed Minnesota Rules: 20-6932

of use, duration of use, date and time of last use, ability to cope with withdrawal symptoms, previous experience with withdrawal, and current state of intoxication, and determine whether the client meets the DSM criteria for a person with substance use disorder.

B. Using the risk description in part 9530.6622, subpart 2, referred to as Dimension 2, the placing authority must determine the client's biomedical conditions and complications. The placing authority must consider the presence of physical disorders, severity of the disorder and degree to which the disorder would interfere with treatment and whether physical disorders are addressed by a health care professional, and the client's ability to tolerate the related discomfort.

C. Using the risk description in part 9530.6622, subpart 3, referred to as Dimension 3, the placing authority must determine the client's emotional, behavioral, or cognitive condition. The placing authority must consider the severity of client's problems and degree to which they are likely to interfere with treatment or with functioning in significant life areas and the likelihood of risk of harm to self or others.

D. Using the risk description in part 9530.6622, subpart 4, referred to as Dimension 4, the placing authority must determine the client's readiness for change. The placing authority must consider the degree to which the client is aware of the client's addictive or mental health issues or the need to make changes in substance use and the degree to which the client is cooperative and compliant with treatment recommendations. The placing authority must also consider the amount of support and encouragement necessary to keep the client involved in treatment.

E. Using the risk description in part 9530.6622, subpart 5, referred to as Dimension 5, the placing authority must determine the client's relapse, continued use, and continued problem potential. The placing authority must consider the degree to which the client recognizes relapse issues and has the skills to prevent relapse of either substance use or mental health problems.

F. Using the risk description in part 9530.6622, subpart 6, referred to as Dimension 6, the placing authority must determine the client's recovery environment. The placing authority must consider the degree to which key areas of the client's life are supportive of or antagonistic to treatment participation and recovery. Key areas include the client's work, school and home environment, significant others, friends, involvement in criminal activity, and whether there is a serious threat to the client's safety.

Subp. 2. **Immediate needs.** At the earliest opportunity during an assessment interview, the assessor shall determine if any of the conditions in items A to C exist. The client:

A. is in severe withdrawal and likely to be a danger to self or others;

B. has severe medical problems that require immediate attention; or

C. has severe emotional or behavioral symptoms that place the client or others at risk of harm.

If one of the conditions in item A, B, or C is present, the assessor will end the assessment interview and help the client obtain appropriate services. The assessment interview may resume when the conditions in item A, B, or C are resolved.

Subp. 3. **DSM criteria.** The placing authority must determine whether the client meets the criteria for substance use disorder in the current DSM publication during the most recent 12-month period, exclusive of periods of involuntary abstinence.

Subp. 4. **Risk description and treatment planning decision.** The placing authority must determine appropriate services for clients according to the dimensions in part 9530.6622, subparts 1 to 6. In each dimension the risk description corresponds to a similarly numbered treatment planning decision. The placing authority must arrange services according to the treatment planning decision which corresponds to the client's risk description.

Subp. 5. **Treatment service authorization.** The placing authority must authorize treatment services for clients who meet the criteria for substance use disorder according to the current DSM publication, and have a risk description of 2, 3, or 4 under part 9530.6622, subpart 4, 5, or 6.

Subp. 6. **Other services.** The placing authority must authorize appropriate services in part 9530.6622, subpart 1, 2, or 3, only in conjunction with treatment services in part 9530.6622, subpart 4, 5, or 6.

Subp. 7. **Highest risk.** The placing authority must coordinate, provide, or ensure services that first address the client's highest risk and then must authorize additional treatment services to the degree that other dimensions can be addressed simultaneously with services that address the client's highest risk.

Subp. 8. **Service coordination.** The placing authority must either provide or authorize coordination services for clients who have a risk description of 3 or 4 under part 9530.6622, subpart 4, 5, or 6, or a risk description of 3 in part 9530.6622, subpart 3. The coordination must be sufficient to help the client access each needed service. The placing authority must not duplicate service coordination activity that is already in place for the client.

Subp. 9. **Client choice.** The placing authority must authorize chemical dependency treatment services that are appropriate to the client's age, gender, culture, religious preference, race, ethnicity, sexual orientation, or disability according to the client's preference. The placing authority maintains the responsibility and right to choose the specific provider. The provider must meet the criteria in Minnesota Statutes, section 254B.05, and apply under part 9505.0195 to participate in the medical assistance program. The placing authority may deviate from the treatment planning decisions in part 9530.6622 if necessary to authorize appropriate services according to this subpart.

Subp. 10. **Distance exceptions.** The placing authority may authorize residential service although residential service is not indicated according to part 9530.6622, if the placing authority determines that a nonresidential service is not available within 30 miles of the client's home and the client accepts residential service.

Subp. 11. **Faith-based provider referral.** When the placing authority recommends services from a faith-based provider, the client must be allowed to object to the placement on the basis of the client's religious choice. If the client objects, the client must be given an alternate referral.

Subp. 12. **Adolescent exceptions.** An adolescent client assessed as having a substance use disorder may be placed in a program offering room and board when one of the criteria in item A or B can be documented.

A. The adolescent client has participated in a nonresidential treatment program within the past year, and nonresidential treatment proved to be insufficient to meet the client's needs.

B. The adolescent client has a mental disorder documented by a mental health professional as defined in Minnesota Statutes, sections 245.462, subdivision 18, and 245.4871, subdivision 27, that in combination with a substance use disorder present a serious health risk to the client.

Subp. 13. **Additional information.** If a treatment provider identifies additional information about a client that indicates that the placing authority has not authorized the most appropriate array of services, the provider must provide the placing authority the additional information to consider in determining whether a different authorization must be made. The treatment provider must comply with confidentiality and data privacy provisions in part 9530.6615, subpart 6.

Subp. 14. **Client request for a provider.** The placing authority must consider a client's request for a specific provider. If the placing authority does not place the client according to the client's request, the placing authority must provide written documentation that explains

the reason for the deviation from the client's request, including but not limited to treatment cost, provider location, or the absence of client services that are identified as needed by the client according to part 9530.6622.

**9530.6622 PLACEMENT CRITERIA.**

Subpart 1. **Dimension 1: acute intoxication/withdrawal potential.** The placing authority must use the criteria in Dimension 1 to determine a client's acute intoxication and withdrawal potential.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

0 The client displays full functioning with good ability to tolerate and cope with withdrawal discomfort. No signs or symptoms of intoxication or withdrawal or diminishing signs or symptoms.

0 The client's condition described in the risk description does not impact treatment planning decision.

1 The client can tolerate and cope with withdrawal discomfort. The client displays mild to moderate intoxication or signs and symptoms interfering with daily functioning but does not immediately endanger self or others. The client poses minimal risk of severe withdrawal.

1 The placing authority should arrange for or provide needed withdrawal monitoring that includes at least scheduled check-ins as determined by a health care professional.

2 The client has some difficulty tolerating and coping with withdrawal discomfort. The client's intoxication may be severe, but responds to support and treatment such that the client does not immediately endanger self or others. The client displays moderate signs and symptoms with moderate risk of severe withdrawal.

2 The placing authority must arrange for withdrawal monitoring services or pharmacological interventions for the client with on-site monitoring by specially trained staff for less than 24 hours. The placing authority may authorize withdrawal monitoring as a part of or preceding treatment.

3 The client tolerates and copes with withdrawal discomfort poorly. The client has severe intoxication, such that the client endangers self or others, or intoxication has not abated with less intensive services. The client displays severe signs and symptoms; or risk of severe, but manageable withdrawal; or withdrawal worsening despite detoxification at less intensive level.

3 The placing authority must arrange for detoxification services with 24-hour structure for the client. Unless a monitored pharmacological intervention is authorized, the detoxification must be provided in a facility that meets the requirements of parts 9530.6510 to 9530.6590 or in a hospital as a part of or preceding chemical dependency treatment.

4 The client is incapacitated with severe signs and symptoms. The client displays severe withdrawal and is a danger to self or others.

4 The placing authority must arrange detoxification services for the client with 24-hour medical care and nursing supervision preceding substance abuse treatment.

Subp. 2. **Dimension 2: biomedical conditions and complications.** The placing authority must use the criteria in Dimension 2 to determine a client's biomedical conditions and complications.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

APPENDIX  
Repealed Minnesota Rules: 20-6932

0 The client displays full functioning with good ability to cope with physical discomfort.	0 The client's risk does not impact treatment planning decisions.
1 The client tolerates and copes with physical discomfort and is able to get the services that the client needs.	1 The placing authority may refer the client for medical services.
2 The client has difficulty tolerating and coping with physical problems or has other biomedical problems that interfere with recovery and treatment. The client neglects or does not seek care for serious biomedical problems.	2 Services must include arrangements for appropriate health care services, and monitoring of the client's progress and treatment compliance as part of other chemical dependency services for the client.
3 The client tolerates and copes poorly with physical problems or has poor general health. The client neglects the client's medical problems without active assistance.	3 The placing authority must refer the client for immediate medical assessment services for the client as part of other treatment services for the client. The placing authority must authorize treatment services in a medical setting if indicated by the client's history and presenting problems.
4 The client is unable to participate in chemical dependency treatment and has severe medical problems, a condition that requires immediate intervention, or is incapacitated.	4 The placing authority must refer the client for immediate medical intervention to secure the client's safety and must delay treatment services until the client is able to participate in most treatment activities.

Subp. 3. **Dimension 3: emotional, behavioral, and cognitive conditions and complications.** The placing authority must use the criteria in Dimension 3 to determine a client's emotional, behavioral, and cognitive conditions and complications.

**RISK DESCRIPTION**

**TREATMENT PLANNING DECISION**

0 The client has good impulse control and coping skills and presents no risk of harm to self or others. The client functions in all life areas and displays no emotional, behavioral, or cognitive problems or the problems are stable.	0 The placing authority may use the attributes in the risk description to support efforts in other dimensions.
1 The client has impulse control and coping skills. The client presents a mild to moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or cognitive problems. The client has a mental health diagnosis and is stable. The client functions adequately in significant life areas.	1 The placing authority may authorize monitoring and observation of the client's behavior to determine whether the client's stability has improved or declined along with other substance abuse treatment for the client.
2 The client has difficulty with impulse control and lacks coping skills. The client has thoughts of suicide or harm to others without means; however, the thoughts may interfere with participation in some activities. The client has difficulty functioning in	2 The placing authority must authorize treatment services for clients that include: consultation with and referral to mental health professionals as indicated, monitoring mental health problems and treatment compliance as part of other chemical dependency treatment

APPENDIX  
Repealed Minnesota Rules: 20-6932

<p>significant life areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems. The client is able to participate in most treatment activities.</p>	<p>for the client; and adjustment of the client's services as appropriate.</p>
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<p>3 The client has a severe lack of impulse control and coping skills. The client also has frequent thoughts of suicide or harm to others including a plan and the means to carry out the plan. In addition, the client is severely impaired in significant life areas and has severe symptoms of emotional, behavioral, or cognitive problems that interfere with the client's participation in treatment activities.</p>	<p>3 The placing authority must authorize integrated chemical and mental health treatment services provided by a provider licensed under Minnesota Statutes, section 245G.20, and 24-hour supervision.</p>
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<p>4 The client has severe emotional or behavioral symptoms that place the client or others at acute risk of harm. The client also has intrusive thoughts of harming self or others. The client is unable to participate in treatment activities.</p>	<p>4 The placing authority must refer the client for acute psychiatric care with 24-hour supervision and must delay chemical dependency treatment services until the client's risk description has been reduced to number 3 in this dimension or refer the client to a mental health crisis response system.</p>
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Subp. 4. **Dimension 4: readiness for change.** The placing authority must use the criteria in Dimension 4 to determine a client's readiness for change.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

<p>0 The client is cooperative, motivated, ready to change, admits problems, committed to change, and engaged in treatment as a responsible participant.</p>	<p>0 The placing authority may use the attributes in the risk description to support efforts in other dimensions.</p>
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<p>1 The client is motivated with active reinforcement, to explore treatment and strategies for change, but ambivalent about illness or need for change.</p>	<p>1 If services are authorized, they must include active support, encouragement, and awareness-raising strategies along with chemical dependency treatment services for the client.</p>
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<p>2 The client displays verbal compliance, but lacks consistent behaviors; has low motivation for change; and is passively involved in treatment.</p>	<p>2 The placing authority must authorize treatment services for the client that include client engagement strategies.</p>
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<p>3 The client displays inconsistent compliance, minimal awareness of either the client's addiction or mental disorder, and is minimally cooperative.</p>	<p>3 The placing authority must authorize treatment services that have specific client engagement and motivational capabilities.</p>
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<p>4 The client is:</p>	<p>4 The placing authority must authorize treatment services that include:</p>
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APPENDIX  
Repealed Minnesota Rules: 20-6932

(A) noncompliant with treatment and has no awareness of addiction or mental disorder and does not want or is unwilling to explore change or is in total denial of the client's illness and its implications; or

(B) the client is dangerously oppositional to the extent that the client is a threat of imminent harm to self and others.

(A) service coordination and specific engagement or motivational capability; or

(B) 24-hour supervision and care that meets the requirements of Minnesota Statutes, section 245G.21.

Subp. 5. **Dimension 5: relapse, continued use, and continued problem potential.** The placing authority must use the criteria in Dimension 5 to determine a client's relapse, continued use, and continued problem potential.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

0 The client recognizes risk well and is able to manage potential problems.

0 The placing authority may facilitate peer support for the client.

1 The client recognizes relapse issues and prevention strategies, but displays some vulnerability for further substance use or mental health problems.

1 The placing authority may promote peer support and authorize counseling services to reduce risk.

2 (A) The client has minimal recognition and understanding of relapse and recidivism issues and displays moderate vulnerability for further substance use or mental health problems.

2 (A) The placing authority must authorize treatment services for clients that include counseling services to reduce client relapse risk and facilitate client participation in peer support groups.

(B) The client has some coping skills inconsistently applied.

(B) The placing authority must promote peer support and authorize counseling services or service coordination programs that comply with Minnesota Statutes, section 245G.22, or Code of Federal Regulations, title 42, part 8.

3 The client has poor recognition and understanding of relapse and recidivism issues and displays moderately high vulnerability for further substance use or mental health problems. The client has few coping skills and rarely applies coping skills.

3 The placing authority must authorize treatment services for the client that include counseling services to help the client develop insight and build recovery skills and may include room and board.

4 The client has no coping skills to arrest mental health or addiction illnesses, or prevent relapse. The client has no recognition or understanding of relapse and recidivism issues and displays high vulnerability for further substance use disorder or mental health problems.

4 The placing authority must authorize treatment services that include service coordination and counseling services to help the client develop insight and may include room and board with 24-hour-a-day structure.

Subp. 6. **Dimension 6: recovery environment.** The placing authority must use the criteria in Dimension 6 to determine a client's recovery environment.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

APPENDIX  
Repealed Minnesota Rules: 20-6932

0 The client is engaged in structured, meaningful activity and has a supportive significant other, family, and living environment.

0 The placing authority may use the client's strengths to address issues in other dimensions.

1 The client has passive social network support or family and significant other are not interested in the client's recovery. The client is engaged in structured meaningful activity.

1 The placing authority may promote peer support and awareness raising for the client's significant other and family.

2 The client is engaged in structured, meaningful activity, but peers, family, significant other, and living environment are unsupportive, or there is criminal justice involvement by the client or among the client's peers, significant other, or in the client's living environment.

2 The placing authority must authorize treatment services for the client that help the client participate in a peer support group, engage the client's significant other or family to support the client's treatment, and help the client develop coping skills or change the client's recovery environment.

3 The client is not engaged in structured, meaningful activity and the client's peers, family, significant other, and living environment are unsupportive, or there is significant criminal justice system involvement.

3 The placing authority must authorize the treatment planning decision described in 2 and service coordination, and help find an appropriate living arrangement and may include room and board.

4 The client has:

4 The placing authority must authorize for the client:

(A) a chronically antagonistic significant other, living environment, family, peer group, or long-term criminal justice involvement that is harmful to recovery or treatment progress; or

(A) the treatment planning decision in 3 and appropriate ancillary services, and room and board within 24-hour structure authorized for the client if an appropriate living arrangement is not readily available; or

(B) the client has an actively antagonistic significant other, family, work, or living environment, with immediate threat to the client's safety and well-being.

(B) treatment services that include service coordination and immediate intervention to secure the client's safety. Room and board with 24-hour structure must be authorized for the client if an appropriate living arrangement is not readily available.

### 9530.6655 APPEALS.

Subpart 1. **Client's right to a second assessment.** A client who has been assessed under part 9530.6615, and who disagrees with the treatment planning decision proposed by the assessor, shall have the right to request a second chemical use assessment. The placing authority shall inform the client in writing of the right to request a second assessment at the time the client is assessed. The placing authority shall also inform the client that the client's request must be in writing or on a form approved by the commissioner, and must be received by the placing authority within five working days of completion of the original assessment or before the client enters treatment, whichever occurs first.

The placing authority must authorize a second chemical use assessment by a different qualified assessor within five working days of receipt of a request for reassessment. If the client agrees with the outcome of the second assessment, the placing authority shall place the client in accordance with part 9530.6622 and the second assessment. If the client disagrees



with the outcome of the second assessment, the placing authority must place the client according to the assessment that is most consistent with the client's collateral information.

Subp. 2. **Client's right to appeal.** A client has the right to a fair hearing under Minnesota Statutes, section 256.045, if the client:

A. is denied an initial assessment or denied an initial assessment within the timelines in part 9530.6615, subpart 1;

B. is denied a second assessment under subpart 1 or denied a second assessment within the timelines in part 9530.6655, subpart 1;

C. is denied placement or a placement within timelines in part 9530.6615, subpart 1;

D. disagrees before services begin with the services or the length of services that the placing authority proposes to authorize;

E. is receiving authorized services and is denied additional services that would extend the length of the current services beyond the end date specified in the service authorization;

F. is denied a placement that is appropriate to the client's race, color, creed, disability, national origin, religious preference, marital status, sexual orientation, or sex; or

G. objects under part 9530.6622, subpart 11, and is not given an alternate referral.

The placing authority must inform the client of the right to appeal under Minnesota Statutes, section 256.045. The placing authority must notify the client of these rights at the first in-person contact with the client. The notice must include a list of the issues in this part that entitle the client to a fair hearing. Clients who are enrolled in a prepaid health plan and clients who are not enrolled in a prepaid health plan have the same appeal rights.

Subp. 3. **Services during appeal of additional services.** Exercising the right to appeal under subpart 2, item E, does not entitle a client to continue receiving services beyond the end date specified in the service authorization while the appeal is being decided. A provider may continue services to the client beyond the end date specified in the service authorization pending a final commissioner's decision, but the conditions in items A and B govern payment for the continued services.

A. The provider shall be financially responsible for all hours or days of service in excess of the amount of service to which the final commissioner's decision finds the client is entitled.

B. The provider shall not charge the client for any services provided beyond the end date specified in the placement authorization.

Subp. 4. **Considerations in granting or denying additional services.** The placing authority shall take into consideration the following factors in determining whether to grant or deny additional services:

A. whether the client has achieved the objectives stated in the client's individual treatment plan;

B. whether the client is making satisfactory progress toward achieving the objectives stated in the client's individual treatment plan;

C. whether there is a plan that reasonably addresses the client's needs for continued service; and

D. whether the client's risk description in the dimensions being addressed by the service provider is 2 or greater according to part 9530.6622, subpart 4, 5, or 6.