

138.9 **ARTICLE 3**138.10 **WITHDRAWAL MANAGEMENT PROGRAMS**310.1 **ARTICLE 10**310.2 **WITHDRAWAL MANAGEMENT PROGRAMS**138.11 Section 1. **[245F.01] PURPOSE.**

138.12 It is hereby declared to be the public policy of this state that the public interest is best  
 138.13 served by providing efficient and effective withdrawal management services to persons  
 138.14 in need of appropriate detoxification, assessment, intervention, and referral services.  
 138.15 The services shall vary to address the unique medical needs of each patient and shall be  
 138.16 responsive to the language and cultural needs of each patient. Services shall not be denied  
 138.17 on the basis of a patient's inability to pay.

138.18 Sec. 2. **[245F.02] DEFINITIONS.**

138.19 Subdivision 1. **Scope.** The terms used in this chapter have the meanings given  
 138.20 them in this section.

138.21 Subd. 2. **Administration of medications.** "Administration of medications" means  
 138.22 performing a task to provide medications to a patient, and includes the following tasks  
 138.23 performed in the following order:

138.24 (1) checking the patient's medication record;

138.25 (2) preparing the medication for administration;

138.26 (3) administering the medication to the patient;

138.27 (4) documenting administration of the medication or the reason for not administering  
 138.28 the medication as prescribed; and

138.29 (5) reporting information to a licensed practitioner or a registered nurse regarding  
 138.30 problems with the administration of the medication or the patient's refusal to take the  
 138.31 medication.

138.32 Subd. 3. **Alcohol and drug counselor.** "Alcohol and drug counselor" means an  
 138.33 individual qualified under Minnesota Rules, part 9530.6450, subpart 5.

139.1 Subd. 4. **Applicant.** "Applicant" means an individual, partnership, voluntary  
 139.2 association, corporation, or other public or private organization that submits an application  
 139.3 for licensure under this chapter.

139.4 Subd. 5. **Care coordination.** "Care coordination" means activities intended to bring  
 139.5 together health services, patient needs, and streams of information to facilitate the aims  
 139.6 of care. Care coordination includes an ongoing needs assessment, life skills advocacy,  
 139.7 treatment follow-up, disease management, education, and other services as needed.

139.8 Subd. 6. **Chemical.** "Chemical" means alcohol, solvents, controlled substances as  
 139.9 defined in section 152.01, subdivision 4, and other mood-altering substances.

310.3 Section 1. **[245F.01] PURPOSE.**

310.4 It is hereby declared to be the public policy of this state that the public interest is best  
 310.5 served by providing efficient and effective withdrawal management services to persons  
 310.6 in need of appropriate detoxification, assessment, intervention, and referral services.  
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 310.12 them in this section.

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 310.34 defined in section 152.01, subdivision 4, and other mood-altering substances.

139.10 Subd. 7. **Clinically managed program.** "Clinically managed program" means a  
 139.11 residential setting with staff comprised of a medical director and a licensed practical nurse.  
 139.12 A licensed practical nurse must be on site 24 hours a day, seven days a week. A qualified  
 139.13 medical professional must be available by telephone or in person for consultation 24 hours  
 139.14 a day. Patients admitted to this level of service receive medical observation, evaluation,  
 139.15 and stabilization services during the detoxification process; access to medications  
 139.16 administered by trained, licensed staff to manage withdrawal; and a comprehensive  
 139.17 assessment pursuant to Minnesota Rules, part 9530.6422.

139.18 Subd. 8. **Commissioner.** "Commissioner" means the commissioner of human  
 139.19 services or the commissioner's designated representative.

139.20 Subd. 9. **Department.** "Department" means the Department of Human Services.

139.21 Subd. 10. **Direct patient contact.** "Direct patient contact" has the meaning given  
 139.22 for "direct contact" in section 245C.02, subdivision 11.

139.23 Subd. 11. **Discharge plan.** "Discharge plan" means a written plan that states with  
 139.24 specificity the services the program has arranged for the patient to transition back into  
 139.25 the community.

139.26 Subd. 12. **Licensed practitioner.** "Licensed practitioner" means a practitioner as  
 139.27 defined in section 151.01, subdivision 23, who is authorized to prescribe.

139.28 Subd. 13. **Medical director.** "Medical director" means an individual licensed in  
 139.29 Minnesota as a doctor of osteopathy or physician, or an individual licensed in Minnesota  
 139.30 as an advanced practice registered nurse by the Board of Nursing and certified to practice  
 139.31 as a clinical nurse specialist or nurse practitioner by a national nurse organization  
 139.32 acceptable to the board. The medical director must be employed by or under contract with  
 139.33 the license holder to direct and supervise health care for patients of a program licensed  
 139.34 under this chapter.

139.35 Subd. 14. **Medically monitored program.** "Medically monitored program" means  
 139.36 a residential setting with staff that includes a registered nurse and a medical director. A  
 140.1 registered nurse must be on site 24 hours a day. A medical director must be on site seven  
 140.2 days a week, and patients must have the ability to be seen by a medical director within 24  
 140.3 hours. Patients admitted to this level of service receive medical observation, evaluation,  
 140.4 and stabilization services during the detoxification process; medications administered by  
 140.5 trained, licensed staff to manage withdrawal; and a comprehensive assessment pursuant to  
 140.6 Minnesota Rules, part 9530.6422.

140.7 Subd. 15. **Nurse.** "Nurse" means a person licensed and currently registered to  
 140.8 practice practical or professional nursing as defined in section 148.171, subdivisions  
 140.9 14 and 15.

140.10 Subd. 16. **Patient.** "Patient" means an individual who presents or is presented for  
 140.11 admission to a withdrawal management program that meets the criteria in section 245F.05.

311.1 Subd. 7. **Clinically managed program.** "Clinically managed program" means a  
 311.2 residential setting with staff comprised of a medical director and a licensed practical  
 311.3 nurse. A licensed practical nurse must be on site 24 hours a day, seven days a week.  
 311.4 An individual who meets the qualification requirements of a medical director must be  
 311.5 available by telephone or in person for consultation 24 hours a day. Patients admitted to  
 311.6 this level of service receive medical observation, evaluation, and stabilization services  
 311.7 during the detoxification process; access to medications administered by trained, licensed  
 311.8 staff to manage withdrawal; and a comprehensive assessment pursuant to Minnesota  
 311.9 Rules, part 9530.6422.

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 311.22 as an advanced practice registered nurse by the Board of Nursing and certified to practice  
 311.23 as a clinical nurse specialist or nurse practitioner by a national nurse organization  
 311.24 acceptable to the board. The medical director must be employed by or under contract with  
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 311.26 under this chapter.

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 311.30 days a week, and patients must have the ability to be seen by a medical director within 24  
 311.31 hours. Patients admitted to this level of service receive medical observation, evaluation,  
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 311.33 trained, licensed staff to manage withdrawal; and a comprehensive assessment pursuant to  
 311.34 Minnesota Rules, part 9530.6422.

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 312.3 14 and 15.

312.4 Subd. 16. **Patient.** "Patient" means an individual who presents or is presented for  
 312.5 admission to a withdrawal management program that meets the criteria in section 245F.05.

140.12 Subd. 17. **Peer recovery support services.** "Peer recovery support services"  
 140.13 means mentoring and education, advocacy, and nonclinical recovery support provided  
 140.14 by a recovery peer.

140.15 Subd. 18. **Program director.** "Program director" means the individual who is  
 140.16 designated by the license holder to be responsible for all operations of a withdrawal  
 140.17 management program and who meets the qualifications specified in section 245F.15,  
 140.18 subdivision 3.

140.19 Subd. 19. **Protective procedure.** "Protective procedure" means an action taken by a  
 140.20 staff member of a withdrawal management program to protect a patient from imminent  
 140.21 danger of harming self or others. Protective procedures include the following actions:  
 140.22 (1) seclusion, which means the temporary placement of a patient, without the  
 140.23 patient's consent, in an environment to prevent social contact; and  
 140.24 (2) physical restraint, which means the restraint of a patient by use of physical holds  
 140.25 intended to limit movement of the body.

140.26 Subd. 20. **Qualified medical professional.** "Qualified medical professional"  
 140.27 means an individual licensed in Minnesota as a doctor of osteopathy or physician, or an  
 140.28 individual licensed in Minnesota as an advanced practice registered nurse by the Board of  
 140.29 Nursing and certified to practice as a clinical nurse specialist or nurse practitioner by a  
 140.30 national nurse organization acceptable to the board.

140.31 Subd. 21. **Recovery peer.** "Recovery peer" means a person who has progressed in  
 140.32 the person's own recovery from substance use disorder and is willing to serve as a peer  
 140.33 to assist others in their recovery.

140.34 Subd. 22. **Responsible staff person.** "Responsible staff person" means the program  
 140.35 director, the medical director, or a staff person with current licensure as a nurse in  
 141.1 Minnesota. The responsible staff person must be on the premises and is authorized to  
 141.2 make immediate decisions concerning patient care and safety.

141.3 Subd. 23. **Substance.** "Substance" means "chemical" as defined in subdivision 6.

141.4 Subd. 24. **Substance use disorder.** "Substance use disorder" means a pattern of  
 141.5 substance use as defined in the current edition of the Diagnostic and Statistical Manual of  
 141.6 Mental Disorders.

141.7 Subd. 25. **Technician.** "Technician" means a person who meets the qualifications in  
 141.8 section 245F.15, subdivision 6.

141.9 Subd. 26. **Withdrawal management program.** "Withdrawal management  
 141.10 program" means a licensed program that provides short-term medical services on  
 141.11 a 24-hour basis for the purpose of stabilizing intoxicated patients, managing their  
 141.12 withdrawal, and facilitating access to substance use disorder treatment as indicated by a  
 141.13 comprehensive assessment.

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 312.17 patient's consent, in an environment to prevent social contact; and  
 312.18 (2) physical restraint, which means the restraint of a patient by use of physical holds  
 312.19 intended to limit movement of the body.

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 312.21 the person's own recovery from substance use disorder and is willing to serve as a peer  
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 312.30 Mental Disorders.

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 312.32 section 245F.15, subdivision 6.

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 313.1 withdrawal, and facilitating access to substance use disorder treatment as indicated by a  
 313.2 comprehensive assessment.

141.14 Sec. 3. **[245F.03] APPLICATION.**

141.15 (a) This chapter establishes minimum standards for withdrawal management  
 141.16 programs licensed by the commissioner that serve one or more unrelated persons.

141.17 (b) This chapter does not apply to a withdrawal management program licensed as a  
 141.18 hospital under sections 144.50 to 144.581. A withdrawal management program located in  
 141.19 a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this  
 141.20 chapter is deemed to be in compliance with section 245F.13.

141.21 Sec. 4. **[245F.04] PROGRAM LICENSURE.**

141.22 Subdivision 1. **General application and license requirements.** An applicant  
 141.23 for licensure as a clinically managed withdrawal management program or medically  
 141.24 monitored withdrawal management program must meet the following requirements,  
 141.25 except where otherwise noted. All programs must comply with federal requirements and  
 141.26 the general requirements in chapters 245A and 245C and sections 626.556, 626.557, and  
 141.27 626.5572. A withdrawal management program must be located in a hospital licensed under  
 141.28 sections 144.50 to 144.581, or must be a supervised living facility with a class B license  
 141.29 from the Department of Health under Minnesota Rules, parts 4665.0100 to 4665.9900.

141.30 Subd. 2. **Contents of application.** Prior to the issuance of a license, an applicant  
 141.31 must submit, on forms provided by the commissioner, documentation demonstrating  
 141.32 the following:

141.33 (1) compliance with this section;

142.1 (2) compliance with applicable building, fire, and safety codes; health rules; zoning  
 142.2 ordinances; and other applicable rules and regulations or documentation that a waiver  
 142.3 has been granted. The granting of a waiver does not constitute modification of any  
 142.4 requirement of this section;

142.5 (3) completion of an assessment of need for a new or expanded program as required  
 142.6 by Minnesota Rules, part 9530.6800; and

142.7 (4) insurance coverage, including bonding, sufficient to cover all patient funds,  
 142.8 property, and interests.

142.9 Subd. 3. **Changes in license terms.** (a) A license holder must notify the  
 142.10 commissioner before one of the following occurs and the commissioner must determine  
 142.11 the need for a new license:

142.12 (1) a change in the Department of Health's licensure of the program;

142.13 (2) a change in the medical services provided by the program that affects the  
 142.14 program's capacity to provide services required by the program's license designation as a  
 142.15 clinically managed program or medically monitored program;

142.16 (3) a change in program capacity; or

313.3 Sec. 3. **[245F.03] APPLICATION.**

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 313.5 programs licensed by the commissioner that serve one or more unrelated persons.

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 313.7 hospital under sections 144.50 to 144.581. A withdrawal management program located in  
 313.8 a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this  
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 313.16 626.5572. A withdrawal management program must be located in a hospital licensed  
 313.17 under sections 144.50 to 144.581, or must be a supervised living facility with a class B  
 313.18 license from the Department of Health under Minnesota Rules, chapter 4665.

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 313.20 must submit, on forms provided by the commissioner, documentation demonstrating  
 313.21 the following:

313.22 (1) compliance with this section;

313.23 (2) compliance with applicable building, fire, and safety codes; health rules; zoning  
 313.24 ordinances; and other applicable rules and regulations or documentation that a waiver  
 313.25 has been granted. The granting of a waiver does not constitute modification of any  
 313.26 requirement of this section;

313.27 (3) completion of an assessment of need for a new or expanded program as required  
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 314.2 program's capacity to provide services required by the program's license designation as a  
 314.3 clinically managed program or medically monitored program;

314.4 (3) a change in program capacity; or

142.17 (4) a change in location.

142.18 (b) A license holder must notify the commissioner and apply for a new license  
 142.19 when a change in program ownership occurs.

142.20 Subd. 4. **Variances.** The commissioner may grant variances to the requirements of  
 142.21 this chapter under section 245A.04, subdivision 9.

142.22 Sec. 5. **[245F.05] ADMISSION AND DISCHARGE POLICIES.**

142.23 Subdivision 1. **Admission policy.** A license holder must have a written admission  
 142.24 policy containing specific admission criteria. The policy must describe the admission  
 142.25 process and the point at which an individual who is eligible under subdivision 2 is  
 142.26 admitted to the program. A license holder must not admit individuals who do not meet the  
 142.27 admission criteria. The admission policy must be approved and signed by the medical  
 142.28 director of the facility and must designate which staff members are authorized to admit  
 142.29 and discharge patients. The admission policy must be posted in the area of the facility  
 142.30 where patients are admitted and given to all interested individuals upon request.

142.31 Subd. 2. **Admission criteria.** For an individual to be admitted to a withdrawal  
 142.32 management program, the program must make a determination that the program services  
 142.33 are appropriate to the needs of the individual. A program may only admit individuals who  
 142.34 meet the admission criteria and who, at the time of admission:

142.35 (1) are impaired as the result of intoxication;

143.1 (2) are experiencing physical, mental, or emotional problems due to intoxication or  
 143.2 withdrawal from alcohol or other drugs;

143.3 (3) are being held under apprehend and hold orders under section 253B.07,  
 143.4 subdivision 2b;

143.5 (4) have been committed under chapter 253B, and need temporary placement;

143.6 (5) are held under emergency holds or peace and health officer holds under section  
 143.7 253B.05, subdivision 1 or 2; or

143.8 (6) need to stay temporarily in a protective environment because of a crisis related  
 143.9 to substance use disorder. Individuals satisfying this clause may be admitted only at the  
 143.10 request of the county of fiscal responsibility, as determined according to section 256G.02,  
 143.11 subdivision 4. Individuals admitted according to this clause must not be restricted to  
 143.12 the facility.

143.13 Subd. 3. **Individuals denied admission by program.** (a) A license holder must  
 143.14 have a written policy and procedure for addressing the needs of individuals who are  
 143.15 denied admission to the program. These individuals include:

143.16 (1) individuals whose pregnancy, in combination with their presenting problem,  
 143.17 requires services not provided by the program; and

314.5 (4) a change in location.

314.6 (b) A license holder must notify the commissioner and apply for a new license  
 314.7 when a change in program ownership occurs.

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 314.25 withdrawal from alcohol or other drugs;

314.26 (3) are being held under apprehend and hold orders under section 253B.07,  
 314.27 subdivision 2b;

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 314.30 253B.05, subdivision 1 or 2; or

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 314.32 to substance use disorder. Individuals satisfying this clause may be admitted only at the  
 314.33 request of the county of fiscal responsibility, as determined according to section 256G.02,  
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315.4 (1) individuals whose pregnancy, in combination with their presenting problem,  
 315.5 requires services not provided by the program; and

143.18 (2) individuals who are in imminent danger of harming self or others if their  
 143.19 behavior is beyond the behavior management capabilities of the program and staff.

143.20 (b) Programs must document denied admissions, including the date and time of  
 143.21 the admission request, reason for the denial of admission, and where the individual was  
 143.22 referred. If the individual did not receive a referral, the program must document why a  
 143.23 referral was not made. This information must be documented on a form approved by the  
 143.24 commissioner and made available to the commissioner upon request.

143.25 Subd. 4. **License holder responsibilities; denying admission or terminating**  
 143.26 services. (a) If a license holder denies an individual admission to the program or  
 143.27 terminates services to a patient and the denial or termination poses an immediate threat to  
 143.28 the patient's or individual's health or requires immediate medical intervention, the license  
 143.29 holder must refer the patient or individual to a medical facility capable of admitting the  
 143.30 patient or individual.

143.31 (b) A license holder must report to a law enforcement agency with proper jurisdiction  
 143.32 all denials of admission and terminations of services that involve the commission of a crime  
 143.33 against a staff member of the license holder or on the license holder's property, as provided  
 143.34 in Code of Federal Regulations, title 42, section 2.12(c)(5), and title 45, parts 160 to 164.

143.35 Subd. 5. **Discharge and transfer policies.** A license holder must have a written  
 143.36 policy and procedure, approved and signed by the medical director, that specifies  
 144.1 conditions under which patients may be discharged or transferred. The policy must  
 144.2 include the following:

144.3 (1) guidelines for determining when a patient is medically stable and whether a  
 144.4 patient is able to be discharged or transferred to a lower level of care;

144.5 (2) guidelines for determining when a patient needs a transfer to a higher level of care.  
 144.6 Clinically managed program guidelines must include guidelines for transfer to a medically  
 144.7 monitored program, hospital, or other acute care facility. Medically monitored program  
 144.8 guidelines must include guidelines for transfer to a hospital or other acute care facility;

144.9 (3) procedures staff must follow when discharging a patient under each of the  
 144.10 following circumstances:

144.11 (i) the patient is involved in the commission of a crime against program staff or  
 144.12 against a license holder's property. The procedures for a patient discharged under this  
 144.13 item must specify how reports must be made to law enforcement agencies with proper  
 144.14 jurisdiction as allowed under Code of Federal Regulations, title 42, section 2.12(c)(5), and  
 144.15 title 45, parts 160 to 164;

144.16 (ii) the patient is in imminent danger of harming self or others and is beyond the  
 144.17 license holder's capacity to ensure safety;

144.18 (iii) the patient was admitted under chapter 253B; or

315.6 (2) individuals who are in imminent danger of harming self or others if their  
 315.7 behavior is beyond the behavior management capabilities of the program and staff.

315.8 (b) Programs must document denied admissions, including the date and time of  
 315.9 the admission request, reason for the denial of admission, and where the individual was  
 315.10 referred. If the individual did not receive a referral, the program must document why a  
 315.11 referral was not made. This information must be documented on a form approved by the  
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 315.16 the patient's or individual's health or requires immediate medical intervention, the license  
 315.17 holder must refer the patient or individual to a medical facility capable of admitting the  
 315.18 patient or individual.

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 315.21 against a staff member of the license holder or on the license holder's property, as provided  
 315.22 in Code of Federal Regulations, title 42, section 2.12(c)(5), and title 45, parts 160 to 164.

315.23 Subd. 5. **Discharge and transfer policies.** A license holder must have a written  
 315.24 policy and procedure, approved and signed by the medical director, that specifies  
 315.25 conditions under which patients may be discharged or transferred. The policy must  
 315.26 include the following:

315.27 (1) guidelines for determining when a patient is medically stable and whether a  
 315.28 patient is able to be discharged or transferred to a lower level of care;

315.29 (2) guidelines for determining when a patient needs a transfer to a higher level of care.  
 315.30 Clinically managed program guidelines must include guidelines for transfer to a medically  
 315.31 monitored program, hospital, or other acute care facility. Medically monitored program  
 315.32 guidelines must include guidelines for transfer to a hospital or other acute care facility;

315.33 (3) procedures staff must follow when discharging a patient under each of the  
 315.34 following circumstances:

315.35 (i) the patient is involved in the commission of a crime against program staff or  
 315.36 against a license holder's property. The procedures for a patient discharged under this  
 316.1 item must specify how reports must be made to law enforcement agencies with proper  
 316.2 jurisdiction as allowed under Code of Federal Regulations, title 42, section 2.12(c)(5), and  
 316.3 title 45, parts 160 to 164;

316.4 (ii) the patient is in imminent danger of harming self or others and is beyond the  
 316.5 license holder's capacity to ensure safety;

316.6 (iii) the patient was admitted under chapter 253B; or

144.19 (iv) the patient is leaving against staff or medical advice; and

144.20 (4) a requirement that staff must document where the patient was referred after  
 144.21 discharge or transfer, and if a referral was not made, the reason the patient was not  
 144.22 provided a referral.

144.23 Sec. 6. **[245F.06] SCREENING AND COMPREHENSIVE ASSESSMENT.**

144.24 Subdivision 1. **Screening for substance use disorder.** A nurse or an alcohol  
 144.25 and drug counselor must screen each patient upon admission to determine whether a  
 144.26 comprehensive assessment is indicated. The license holder must screen patients at  
 144.27 each admission, except that if the patient has already been determined to suffer from a  
 144.28 substance use disorder, subdivision 2 applies.

144.29 Subd. 2. **Comprehensive assessment.** (a) Prior to a medically stable discharge,  
 144.30 but not later than 72 hours following admission, a license holder must provide a  
 144.31 comprehensive assessment according to section 245.4863, paragraph (a), and Minnesota  
 144.32 Rules, part 9530.6422, for each patient who has a positive screening for a substance use  
 144.33 disorder. If a patient's medical condition prevents a comprehensive assessment from  
 144.34 being completed within 72 hours, the license holder must document why the assessment  
 145.1 was not completed. The comprehensive assessment must include documentation of the  
 145.2 appropriateness of an involuntary referral through the civil commitment process.

145.3 (b) If available to the program, a patient's previous comprehensive assessment may  
 145.4 be used in the patient record. If a previously completed comprehensive assessment is used,  
 145.5 its contents must be reviewed to ensure the assessment is accurate and current and complies  
 145.6 with the requirements of this chapter. The review must be completed by a staff person  
 145.7 qualified according to Minnesota Rules, part 9530.6450, subpart 5. The license holder must  
 145.8 document that the review was completed and that the previously completed assessment is  
 145.9 accurate and current, or the license holder must complete an updated or new assessment.

145.10 Sec. 7. **[245F.07] STABILIZATION PLANNING.**

145.11 Subdivision 1. **Stabilization plan.** Within 12 hours of admission, a license  
 145.12 holder must develop an individualized stabilization plan for each patient accepted for  
 145.13 stabilization services. The plan must be based on the patient's initial health assessment  
 145.14 and continually updated based on new information gathered about the patient's condition  
 145.15 from the comprehensive assessment, medical evaluation and consultation, and ongoing  
 145.16 monitoring and observations of the patient. The patient must have an opportunity to have  
 145.17 direct involvement in the development of the plan. The stabilization plan must:

145.18 (1) identify medical needs and goals to be achieved while the patient is receiving  
 145.19 services;

145.20 (2) specify stabilization services to address the identified medical needs and goals,  
 145.21 including amount and frequency of services;

316.7 (iv) the patient is leaving against staff or medical advice; and

316.8 (4) a requirement that staff must document where the patient was referred after  
 316.9 discharge or transfer, and if a referral was not made, the reason the patient was not  
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 316.26 be used in the patient record. If a previously completed comprehensive assessment is used,  
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317.6 (1) identify medical needs and goals to be achieved while the patient is receiving  
 317.7 services;

317.8 (2) specify stabilization services to address the identified medical needs and goals,  
 317.9 including amount and frequency of services;

145.22 (3) specify the participation of others in the stabilization planning process and  
 145.23 specific services where appropriated; and

145.24 (4) document the patient's participation in developing the content of the stabilization  
 145.25 plan and any updates.

145.26 Subd. 2. **Progress notes.** Progress notes must be entered in the patient's file at least  
 145.27 daily and immediately following any significant event, including any change that impacts  
 145.28 the medical, behavioral, or legal status of the patient. Progress notes must:

145.29 (1) include documentation of the patient's involvement in the stabilization services,  
 145.30 including the type and amount of each stabilization service;

145.31 (2) include the monitoring and observations of the patient's medical needs;

145.32 (3) include documentation of referrals made to other services or agencies;

145.33 (4) specify the participation of others; and

145.34 (5) be legible, signed, and dated by the staff person completing the documentation.

146.1 Subd. 3. **Discharge plan.** Before a patient leaves the facility, the license holder  
 146.2 must conduct discharge planning for the patient, document discharge planning in the  
 146.3 patient's record, and provide the patient with a copy of the discharge plan. The discharge  
 146.4 plan must include:

146.5 (1) referrals made to other services or agencies at the time of transition;

146.6 (2) the patient's plan for follow-up, aftercare, or other poststabilization services;

146.7 (3) documentation of the patient's participation in the development of the transition  
 146.8 plan;

146.9 (4) any service that will continue after discharge under the direction of the license  
 146.10 holder; and

146.11 (5) a stabilization summary and final evaluation of the patient's progress toward  
 146.12 treatment objectives.

146.13 Sec. 8. **[245F.08] STABILIZATION SERVICES.**

146.14 Subdivision 1. **General.** The license holder must encourage patients to remain in  
 146.15 care for an appropriate duration as determined by the patient's stabilization plan, and must  
 146.16 encourage all patients to enter programs for ongoing recovery as clinically indicated. In  
 146.17 addition, the license holder must offer services that are patient-centered, trauma-informed,  
 146.18 and culturally appropriate. Culturally appropriate services must include translation services  
 146.19 and dietary services that meet a patient's dietary needs. All services provided to the patient  
 146.20 must be documented in the patient's medical record. The following services must be  
 146.21 offered unless clinically inappropriate and the justifying clinical rationale is documented:

317.10 (3) specify the participation of others in the stabilization planning process and  
 317.11 specific services where appropriated; and

317.12 (4) document the patient's participation in developing the content of the stabilization  
 317.13 plan and any updates.

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 317.18 including the type and amount of each stabilization service;

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317.20 (3) include documentation of referrals made to other services or agencies;

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 317.30 plan;

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 318.5 and culturally appropriate. Culturally appropriate services must include translation services  
 318.6 and dietary services that meet a patient's dietary needs. All services provided to the patient  
 318.7 must be documented in the patient's medical record. The following services must be  
 318.8 offered unless clinically inappropriate and the justifying clinical rationale is documented:



146.22 (1) individual or group motivational counseling sessions;  
 146.23 (2) individual advocacy and case management services;  
 146.24 (3) medical services as required in section 245F.12;  
 146.25 (4) care coordination provided according to subdivision 2;  
 146.26 (5) peer recovery support services provided according to subdivision 3;  
 146.27 (6) patient education provided according to subdivision 4; and  
 146.28 (7) referrals to mutual aid, self-help, and support groups.  
 146.29 Subd. 2. **Care coordination.** Care coordination services must be initiated for each  
 146.30 patient upon admission. The license holder must identify the staff person responsible for  
 146.31 the provision of each service. Care coordination services must include:  
 146.32 (1) coordination with significant others to assist in the stabilization planning process  
 146.33 whenever possible;  
 146.34 (2) coordination with and follow-up to appropriate medical services as identified by  
 146.35 the nurse or licensed practitioner;  
 147.1 (3) referral to substance use disorder services as indicated by the comprehensive  
 147.2 assessment;  
 147.3 (4) referral to mental health services as identified in the comprehensive assessment;  
 147.4 (5) referrals to economic assistance, social services, and prenatal care in accordance  
 147.5 with the patient's needs;  
 147.6 (6) review and approval of the transition plan prior to discharge, except in an  
 147.7 emergency, by a staff member able to provide direct patient contact;  
 147.8 (7) documentation of the provision of care coordination services in the patient's  
 147.9 file; and  
 147.10 (8) addressing cultural and socioeconomic factors affecting the patient's access to  
 147.11 services.  
 147.12 Subd. 3. **Peer recovery support services.** (a) Peers in recovery serve as mentors or  
 147.13 recovery-support partners for individuals in recovery, and may provide encouragement,  
 147.14 self-disclosure of recovery experiences, transportation to appointments, assistance with  
 147.15 finding resources that will help locate housing, job search resources, and assistance finding  
 147.16 and participating in support groups.  
 147.17 (b) Peer recovery support services are provided by a recovery peer and must be  
 147.18 supervised by the responsible staff person.

318.9 (1) individual or group motivational counseling sessions;  
 318.10 (2) individual advocacy and case management services;  
 318.11 (3) medical services as required in section 245F.12;  
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 318.25 (4) referral to mental health services as identified in the comprehensive assessment;  
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 319.2 and participating in support groups.  
 319.3 (b) Peer recovery support services are provided by a recovery peer and must be  
 319.4 supervised by the responsible staff person.

147.19 Subd. 4. **Patient education.** A license holder must provide education to each  
 147.20 patient on the following:

147.21 (1) substance use disorder, including the effects of alcohol and other drugs, specific  
 147.22 information about the effects of substance use on unborn children, and the signs and  
 147.23 symptoms of fetal alcohol spectrum disorders;

147.24 (2) tuberculosis and reporting known cases of tuberculosis disease to health care  
 147.25 authorities according to section 144.4804;

147.26 (3) Hepatitis C treatment and prevention;

147.27 (4) HIV as required in section 245A.19, paragraphs (b) and (c);

147.28 (5) nicotine cessation options, if applicable;

147.29 (6) opioid tolerance and overdose risks, if applicable; and

147.30 (7) long-term withdrawal issues related to use of barbiturates and benzodiazepines,  
 147.31 if applicable.

147.32 Subd. 5. **Mutual aid, self-help, and support groups.** The license holder must  
 147.33 refer patients to mutual aid, self-help, and support groups when clinically indicated and  
 147.34 to the extent available in the community.

147.35 Sec. 9. **[245F.09] PROTECTIVE PROCEDURES.**

148.1 Subdivision 1. Use of protective procedures. (a) Programs must incorporate  
 148.2 person-centered planning and trauma-informed care into its protective procedure policies.  
 148.3 Protective procedures may be used only in cases where a less restrictive alternative will  
 148.4 not protect the patient or others from harm and when the patient is in imminent danger  
 148.5 of harming self or others. When a program uses a protective procedure, the program  
 148.6 must continuously observe the patient until the patient may safely be left for 15-minute  
 148.7 intervals. Use of the procedure must end when the patient is no longer in imminent danger  
 148.8 of harming self or others.

148.9 (b) Protective procedures may not be used:

148.10 (1) for disciplinary purposes;

148.11 (2) to enforce program rules;

148.12 (3) for the convenience of staff;

148.13 (4) as a part of any patient's health monitoring plan; or

148.14 (5) for any reason except in response to specific, current behaviors which create an  
 148.15 imminent danger of harm to the patient or others.

319.5 Subd. 4. **Patient education.** A license holder must provide education to each  
 319.6 patient on the following:

319.7 (1) substance use disorder, including the effects of alcohol and other drugs, specific  
 319.8 information about the effects of substance use on unborn children, and the signs and  
 319.9 symptoms of fetal alcohol spectrum disorders;

319.10 (2) tuberculosis and reporting known cases of tuberculosis disease to health care  
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319.34 (4) as a part of any patient's health monitoring plan; or

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 320.2 imminent danger of harm to the patient or others.

148.16 Subd. 2. **Protective procedures plan.** A license holder must have a written policy  
 148.17 and procedure that establishes the protective procedures that program staff must follow  
 148.18 when a patient is in imminent danger of harming self or others. The policy must be  
 148.19 appropriate to the type of facility and the level of staff training. The protective procedures  
 148.20 policy must include:

148.21 (1) an approval signed and dated by the program director and medical director prior  
 148.22 to implementation. Any changes to the policy must also be approved, signed, and dated by  
 148.23 the current program director and the medical director prior to implementation;

148.24 (2) which protective procedures the license holder will use to prevent patients from  
 148.25 imminent danger of harming self or others;

148.26 (3) the emergency conditions under which the protective procedures are permitted  
 148.27 to be used, if any;

148.28 (4) the patient's health conditions that limit the specific procedures that may be used  
 148.29 and alternative means of ensuring safety;

148.30 (5) emergency resources the program staff must contact when a patient's behavior  
 148.31 cannot be controlled by the procedures established in the policy;

148.32 (6) the training that staff must have before using any protective procedure;

148.33 (7) documentation of approved therapeutic holds;

148.34 (8) the use of law enforcement personnel as described in subdivision 4;

149.1 (9) standards governing emergency use of seclusion. Seclusion must be used only  
 149.2 when less restrictive measures are ineffective or not feasible. The standards in items (i) to  
 149.3 (vii) must be met when seclusion is used with a patient:

149.4 (i) seclusion must be employed solely for the purpose of preventing a patient from  
 149.5 imminent danger of harming self or others;

149.6 (ii) seclusion rooms must be equipped in a manner that prevents patients from  
 149.7 self-harm using projections, windows, electrical fixtures, or hard objects, and must allow  
 149.8 the patient to be readily observed without being interrupted;

149.9 (iii) seclusion must be authorized by the program director, a licensed physician, or  
 149.10 a registered nurse. If one of these individuals is not present in the facility, the program  
 149.11 director or a licensed physician or registered nurse must be contacted and authorization  
 149.12 must be obtained within 30 minutes of initiating seclusion, according to written policies;

149.13 (iv) patients must not be placed in seclusion for more than 12 hours at any one time;

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 320.32 director or a licensed physician or registered nurse must be contacted and authorization  
 320.33 must be obtained within 30 minutes of initiating seclusion, according to written policies;

320.34 (iv) patients must not be placed in seclusion for more than 12 hours at any one time;

149.14 (v) once the condition of a patient in seclusion has been determined to be safe  
 149.15 enough to end continuous observation, a patient in seclusion must be observed at a  
 149.16 minimum of every 15 minutes for the duration of seclusion and must always be within  
 149.17 hearing range of program staff;

149.18 (vi) a process for program staff to use to remove a patient to other resources available  
 149.19 to the facility if seclusion does not sufficiently assure patient safety; and

149.20 (vii) a seclusion area may be used for other purposes, such as intensive observation, if  
 149.21 the room meets normal standards of care for the purpose and if the room is not locked; and

149.22 (10) physical holds may only be used when less restrictive measures are not feasible.  
 149.23 The standards in items (i) to (iv) must be met when physical holds are used with a patient:

149.24 (i) physical holds must be employed solely for preventing a patient from imminent  
 149.25 danger of harming self or others;

149.26 (ii) physical holds must be authorized by the program director, a licensed physician,  
 149.27 or a registered nurse. If one of these individuals is not present in the facility, the program  
 149.28 director or a licensed physician or a registered nurse must be contacted and authorization  
 149.29 must be obtained within 30 minutes of initiating a physical hold, according to written  
 149.30 policies;

149.31 (iii) the patient's health concerns must be considered in deciding whether to use  
 149.32 physical holds and which holds are appropriate for the patient; and

149.33 (iv) only approved holds may be utilized. Prone holds are not allowed and must  
 149.34 not be authorized.

149.35 Subd. 3. Records. Each use of a protective procedure must be documented in the  
 149.36 patient record. The patient record must include:

150.1 (1) a description of specific patient behavior precipitating a decision to use a  
 150.2 protective procedure, including date, time, and program staff present;

150.3 (2) the specific means used to limit the patient's behavior;

150.4 (3) the time the protective procedure began, the time the protective procedure ended,  
 150.5 and the time of each staff observation of the patient during the procedure;

150.6 (4) the names of the program staff authorizing the use of the protective procedure,  
 150.7 the time of the authorization, and the program staff directly involved in the protective  
 150.8 procedure and the observation process;

150.9 (5) a brief description of the purpose for using the protective procedure, including  
 150.10 less restrictive interventions used prior to the decision to use the protective procedure  
 150.11 and a description of the behavioral results obtained through the use of the procedure. If  
 150.12 a less restrictive intervention was not used, the reasons for not using a less restrictive  
 150.13 intervention must be documented;

320.35 (v) once the condition of a patient in seclusion has been determined to be safe  
 320.36 enough to end continuous observation, a patient in seclusion must be observed at a  
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321.24 (2) the specific means used to limit the patient's behavior;

321.25 (3) the time the protective procedure began, the time the protective procedure ended,  
 321.26 and the time of each staff observation of the patient during the procedure;

321.27 (4) the names of the program staff authorizing the use of the protective procedure,  
 321.28 the time of the authorization, and the program staff directly involved in the protective  
 321.29 procedure and the observation process;

321.30 (5) a brief description of the purpose for using the protective procedure, including  
 321.31 less restrictive interventions used prior to the decision to use the protective procedure  
 321.32 and a description of the behavioral results obtained through the use of the procedure. If  
 321.33 a less restrictive intervention was not used, the reasons for not using a less restrictive  
 321.34 intervention must be documented;

150.14 (6) documentation by the responsible staff person on duty of reassessment of the  
 150.15 patient at least every 15 minutes to determine if seclusion or the physical hold can be  
 150.16 terminated;

150.17 (7) a description of the physical holds used in escorting a patient; and

150.18 (8) any injury to the patient that occurred during the use of a protective procedure.

150.19 Subd. 4. **Use of law enforcement.** The program must maintain a central log  
 150.20 documenting each incident involving use of law enforcement, including:

150.21 (1) the date and time law enforcement arrived at and left the program;

150.22 (2) the reason for the use of law enforcement;

150.23 (3) if law enforcement used force or a protective procedure and which protective  
 150.24 procedure was used; and

150.25 (4) whether any injuries occurred.

150.26 Subd. 5. **Administrative review.** (a) The license holder must keep a record of all  
 150.27 patient incidents and protective procedures used. An administrative review of each use  
 150.28 of protective procedures must be completed within 72 hours by someone other than the  
 150.29 person who used the protective procedure. The record of the administrative review of the  
 150.30 use of protective procedures must state whether:

150.31 (1) the required documentation was recorded for each use of a protective procedure;

150.32 (2) the protective procedure was used according to the policy and procedures;

150.33 (3) the staff who implemented the protective procedure was properly trained; and

150.34 (4) the behavior met the standards for imminent danger of harming self or others.

151.1 (b) The license holder must conduct and document a quarterly review of the use of  
 151.2 protective procedures with the goal of reducing the use of protective procedures. The  
 151.3 review must include:

151.4 (1) any patterns or problems indicated by similarities in the time of day, day of the  
 151.5 week, duration of the use of a protective procedure, individuals involved, or other factors  
 151.6 associated with the use of protective procedures;

151.7 (2) any injuries resulting from the use of protective procedures;

151.8 (3) whether law enforcement was involved in the use of a protective procedure;

151.9 (4) actions needed to correct deficiencies in the program's implementation of  
 151.10 protective procedures;

151.11 (5) an assessment of opportunities missed to avoid the use of protective procedures;  
 151.12 and

322.1 (6) documentation by the responsible staff person on duty of reassessment of the  
 322.2 patient at least every 15 minutes to determine if seclusion or the physical hold can be  
 322.3 terminated;

322.4 (7) a description of the physical holds used in escorting a patient; and

322.5 (8) any injury to the patient that occurred during the use of a protective procedure.

322.6 Subd. 4. **Use of law enforcement.** The program must maintain a central log  
 322.7 documenting each incident involving use of law enforcement, including:

322.8 (1) the date and time law enforcement arrived at and left the program;

322.9 (2) the reason for the use of law enforcement;

322.10 (3) if law enforcement used force or a protective procedure and which protective  
 322.11 procedure was used; and

322.12 (4) whether any injuries occurred.

322.13 Subd. 5. **Administrative review.** (a) The license holder must keep a record of all  
 322.14 patient incidents and protective procedures used. An administrative review of each use  
 322.15 of protective procedures must be completed within 72 hours by someone other than the  
 322.16 person who used the protective procedure. The record of the administrative review of the  
 322.17 use of protective procedures must state whether:

322.18 (1) the required documentation was recorded for each use of a protective procedure;

322.19 (2) the protective procedure was used according to the policy and procedures;

322.20 (3) the staff who implemented the protective procedure was properly trained; and

322.21 (4) the behavior met the standards for imminent danger of harming self or others.

322.22 (b) The license holder must conduct and document a quarterly review of the use of  
 322.23 protective procedures with the goal of reducing the use of protective procedures. The  
 322.24 review must include:

322.25 (1) any patterns or problems indicated by similarities in the time of day, day of the  
 322.26 week, duration of the use of a protective procedure, individuals involved, or other factors  
 322.27 associated with the use of protective procedures;

322.28 (2) any injuries resulting from the use of protective procedures;

322.29 (3) whether law enforcement was involved in the use of a protective procedure;

322.30 (4) actions needed to correct deficiencies in the program's implementation of  
 322.31 protective procedures;

322.32 (5) an assessment of opportunities missed to avoid the use of protective procedures;  
 322.33 and

151.13 (6) proposed actions to be taken to minimize the use of protective procedures.

151.14 Sec. 10. **[245F.10] PATIENT RIGHTS AND GRIEVANCE PROCEDURES.**

151.15 Subdivision 1. **Patient rights.** Patients have the rights in sections 144.651,

151.16 148F.165, and 253B.03, as applicable. The license holder must give each patient, upon

151.17 admission, a written statement of patient rights. Program staff must review the statement

151.18 with the patient.

151.19 Subd. 2. **Grievance procedure.** Upon admission, the license holder must explain

151.20 the grievance procedure to the patient or patient's representative and give the patient a

151.21 written copy of the procedure. The grievance procedure must be posted in a place visible

151.22 to the patient and must be made available to current and former patients upon request. A

151.23 license holder's written grievance procedure must include:

151.24 (1) staff assistance in developing and processing the grievance;

151.25 (2) an initial response to the patient who filed the grievance within 24 hours of the

151.26 program's receipt of the grievance, and timelines for additional steps to be taken to resolve

151.27 the grievance, including access to the person with the highest level of authority in the

151.28 program if the grievance cannot be resolved by other staff members; and

151.29 (3) the addresses and telephone numbers of the Department of Human Services

151.30 Licensing Division, Department of Health Office of Health Facilities Complaints, Board

151.31 of Behavioral Health and Therapy, Board of Medical Practice, Board of Nursing, and

151.32 Office of the Ombudsman for Mental Health and Developmental Disabilities.

151.33 Sec. 11. **[245F.11] PATIENT PROPERTY MANAGEMENT.**

152.1 A license holder must meet the requirements for handling patient funds and property

152.2 in section 245A.04, subdivision 14, except:

152.3 (1) a license holder must establish policies regarding the use of personal property to

152.4 assure that program activities and the rights of other patients are not infringed, and may

152.5 take temporary custody of personal property if these policies are violated;

152.6 (2) a license holder must retain the patient's property for a minimum of seven days

152.7 after discharge if the patient does not reclaim the property after discharge; and

152.8 (3) the license holder must return to the patient all of the patient's property held in

152.9 trust at discharge, regardless of discharge status, except that:

152.10 (i) drugs, drug paraphernalia, and drug containers that are subject to forfeiture under

152.11 section 609.5316 must be given over to the custody of a local law enforcement agency or,

152.12 if giving the property over to the custody of a local law enforcement agency would violate

152.13 Code of Federal Regulations, title 42, sections 2.1 to 2.67, and title 45, parts 160 to 164,

152.14 destroyed by a staff person designated by the program director; and

322.34 (6) proposed actions to be taken to minimize the use of protective procedures.

322.35 Sec. 10. **[245F.10] PATIENT RIGHTS AND GRIEVANCE PROCEDURES.**

323.1 Subdivision 1. **Patient rights.** Patients have the rights in sections 144.651,

323.2 148F.165, and 253B.03, as applicable. The license holder must give each patient, upon

323.3 admission, a written statement of patient rights. Program staff must review the statement

323.4 with the patient.

323.5 Subd. 2. **Grievance procedure.** Upon admission, the license holder must explain

323.6 the grievance procedure to the patient or patient's representative. The grievance procedure

323.7 must be posted in a place visible to the patient and must be made available to current and

323.8 former patients upon request. A license holder's written grievance procedure must include:

323.9 (1) staff assistance in developing and processing the grievance;

323.10 (2) an initial response to the patient who filed the grievance within 24 hours of the

323.11 program's receipt of the grievance, and timelines for additional steps to be taken to resolve

323.12 the grievance, including access to the person with the highest level of authority in the

323.13 program if the grievance cannot be resolved by other staff members; and

323.14 (3) the addresses and telephone numbers of the Department of Human Services

323.15 Licensing Division, Department of Health Office of Health Facilities Complaints, Board

323.16 of Behavioral Health and Therapy, Board of Medical Practice, Board of Nursing, and

323.17 Office of the Ombudsman for Mental Health and Developmental Disabilities.

323.18 Sec. 11. **[245F.11] PATIENT PROPERTY MANAGEMENT.**

323.19 A license holder must meet the requirements for handling patient funds and property

323.20 in section 245A.04, subdivision 13, except:

323.21 (1) a license holder must establish policies regarding the use of personal property to

323.22 assure that program activities and the rights of other patients are not infringed, and may

323.23 take temporary custody of personal property if these policies are violated;

323.24 (2) a license holder must retain the patient's property for a minimum of seven days

323.25 after discharge if the patient does not reclaim the property after discharge; and

323.26 (3) the license holder must return to the patient all of the patient's property held in

323.27 trust at discharge, regardless of discharge status, except that:

323.28 (i) drugs, drug paraphernalia, and drug containers that are forfeited under section

323.29 609.5316 must be destroyed by staff or given over to the custody of a local law

323.30 enforcement agency, according to Code of Federal Regulations, title 42, sections 2.1 to

323.31 2.67, and title 45, parts 160 to 164; and

152.15 (ii) weapons, explosives, and other property that may cause serious harm to self  
 152.16 or others must be transferred to a local law enforcement agency. The patient must be  
 152.17 notified of the transfer and the right to reclaim the property if the patient has a legal right  
 152.18 to possess the item.

152.19 Sec. 12. **[245F.12] MEDICAL SERVICES.**

152.20 Subdivision 1. **Services provided at all programs.** Withdrawal management  
 152.21 programs must have:

152.22 (1) a standardized data collection tool for collecting health-related information about  
 152.23 each patient. The data collection tool must be developed in collaboration with a registered  
 152.24 nurse and approved and signed by the medical director; and

152.25 (2) written procedures for a nurse to assess and monitor patient health within the  
 152.26 nurse's scope of practice. The procedures must:

152.27 (i) be approved by the medical director;

152.28 (ii) include a follow-up screening conducted between four and 12 hours after service  
 152.29 initiation to collect information relating to acute intoxication, other health complaints, and  
 152.30 behavioral risk factors that the patient may not have communicated at service initiation;

152.31 (iii) specify the physical signs and symptoms that, when present, require consultation  
 152.32 with a registered nurse or a physician and that require transfer to an acute care facility or  
 152.33 a higher level of care than that provided by the program;

152.34 (iv) specify those staff members responsible for monitoring patient health and  
 152.35 provide for hourly observation and for more frequent observation if the initial health  
 153.1 assessment or follow-up screening indicates a need for intensive physical or behavioral  
 153.2 health monitoring; and

153.3 (v) specify the actions to be taken to address specific complicating conditions,  
 153.4 including pregnancy or the presence of physical signs or symptoms of any other medical  
 153.5 condition.

153.6 Subd. 2. **Services provided at clinically managed programs.** In addition to the  
 153.7 services listed in subdivision 1, clinically managed programs must:

153.8 (1) have a licensed practical nurse on site 24 hours a day and a medical director;

153.9 (2) provide an initial health assessment conducted by a nurse upon admission;

153.10 (3) provide daily on-site medical evaluation and consultation with a registered  
 153.11 nurse and have a registered nurse available by telephone or in person for consultation  
 153.12 24 hours a day;

153.13 (4) have a qualified medical professional available by telephone or in person for  
 153.14 consultation 24 hours a day; and

323.32 (ii) weapons, explosives, and other property that may cause serious harm to self  
 323.33 or others must be transferred to a local law enforcement agency. The patient must be  
 323.34 notified of the transfer and the right to reclaim the property if the patient has a legal right  
 323.35 to possess the item.

324.1 Sec. 12. **[245F.12] MEDICAL SERVICES.**

324.2 Subdivision 1. **Services provided at all programs.** Withdrawal management  
 324.3 programs must have:

324.4 (1) a standardized data collection tool for collecting health-related information about  
 324.5 each patient. The data collection tool must be developed in collaboration with a registered  
 324.6 nurse and approved and signed by the medical director; and

324.7 (2) written procedures for a nurse to assess and monitor patient health within the  
 324.8 nurse's scope of practice. The procedures must:

324.9 (i) be approved by the medical director;

324.10 (ii) include a follow-up screening conducted between four and 12 hours after service  
 324.11 initiation to collect information relating to acute intoxication, other health complaints, and  
 324.12 behavioral risk factors that the patient may not have communicated at service initiation;

324.13 (iii) specify the physical signs and symptoms that, when present, require consultation  
 324.14 with a registered nurse or a physician and that require transfer to an acute care facility or  
 324.15 a higher level of care than that provided by the program;

324.16 (iv) specify those staff members responsible for monitoring patient health and  
 324.17 provide for hourly observation and for more frequent observation if the initial health  
 324.18 assessment or follow-up screening indicates a need for intensive physical or behavioral  
 324.19 health monitoring; and

324.20 (v) specify the actions to be taken to address specific complicating conditions,  
 324.21 including pregnancy or the presence of physical signs or symptoms of any other medical  
 324.22 condition.

324.23 Subd. 2. **Services provided at clinically managed programs.** In addition to the  
 324.24 services listed in subdivision 1, clinically managed programs must:

324.25 (1) have a licensed practical nurse on site 24 hours a day and a medical director;

324.26 (2) provide an initial health assessment conducted by a nurse upon admission;

324.27 (3) provide daily on-site medical evaluation and consultation with a registered  
 324.28 nurse and have a registered nurse available by telephone or in person for consultation  
 324.29 24 hours a day;

324.30 (4) have an individual who meets the qualification requirements of a medical director  
 324.31 available by telephone or in person for consultation 24 hours a day; and

153.15 (5) have appropriately licensed staff available to administer medications according  
 153.16 to prescriber-approved orders.

153.17 **Subd. 3. Services provided at medically monitored programs.** In addition to the  
 153.18 services listed in subdivision 1, medically monitored programs must have a registered  
 153.19 nurse on site 24 hours a day and a medical director. Medically monitored programs must  
 153.20 provide intensive inpatient withdrawal management services which must include:

153.21 (1) an initial health assessment conducted by a registered nurse upon admission;

153.22 (2) the availability of a medical evaluation and consultation with a registered nurse  
 153.23 24 hours a day;

153.24 (3) the availability of a qualified medical professional by telephone or in person  
 153.25 for consultation 24 hours a day;

153.26 (4) the ability to be seen within 24 hours or sooner by a qualified medical  
 153.27 professional if the initial health assessment indicates the need to be seen;

153.28 (5) the availability of on-site monitoring of patient care seven days a week by a  
 153.29 qualified medical professional; and

153.30 (6) appropriately licensed staff available to administer medications according to  
 153.31 prescriber-approved orders.

153.32 Sec. 13. **[245F.13] MEDICATIONS.**

153.33 **Subdivision 1. Administration of medications.** A license holder must employ or  
 153.34 contract with a registered nurse to develop the policies and procedures for medication  
 153.35 administration. A registered nurse must provide supervision as defined in section 148.171,  
 154.1 subdivision 23, for the administration of medications. For clinically managed programs,  
 154.2 the registered nurse supervision must include on-site supervision at least monthly or more  
 154.3 often as warranted by the health needs of the patient. The medication administration  
 154.4 policies and procedures must include:

154.5 (1) a provision that patients may carry emergency medication such as nitroglycerin  
 154.6 as instructed by their prescriber;

154.7 (2) requirements for recording the patient's use of medication, including staff  
 154.8 signatures with date and time;

154.9 (3) guidelines regarding when to inform a licensed practitioner or a registered nurse  
 154.10 of problems with medication administration, including failure to administer, patient  
 154.11 refusal of a medication, adverse reactions, or errors; and

154.12 (4) procedures for acceptance, documentation, and implementation of prescriptions,  
 154.13 whether written, oral, telephonic, or electronic.

324.32 (5) have appropriately licensed staff available to administer medications according  
 324.33 to prescriber-approved orders.

324.34 **Subd. 3. Services provided at medically monitored programs.** In addition to the  
 324.35 services listed in subdivision 1, medically monitored programs must have a registered  
 325.1 nurse on site 24 hours a day and a medical director. Medically monitored programs must  
 325.2 provide intensive inpatient withdrawal management services which must include:

325.3 (1) an initial health assessment conducted by a registered nurse upon admission;

325.4 (2) the availability of a medical evaluation and consultation with a registered nurse  
 325.5 24 hours a day;

325.6 (3) the availability of a licensed professional who meets the qualification requirements  
 325.7 of a medical director by telephone or in person for consultation 24 hours a day;

325.8 (4) the ability to be seen within 24 hours or sooner by an individual who meets the  
 325.9 qualification requirements of a medical director if the initial health assessment indicates  
 325.10 the need to be seen;

325.11 (5) the availability of on-site monitoring of patient care seven days a week by an  
 325.12 individual who meets the qualification requirements of a medical director; and

325.13 (6) appropriately licensed staff available to administer medications according to  
 325.14 prescriber-approved orders.

325.15 Sec. 13. **[245F.13] MEDICATIONS.**

325.16 **Subdivision 1. Administration of medications.** A license holder must employ or  
 325.17 contract with a registered nurse to develop the policies and procedures for medication  
 325.18 administration. A registered nurse must provide supervision as defined in section 148.171,  
 325.19 subdivision 23, for the administration of medications. For clinically managed programs,  
 325.20 the registered nurse supervision must include on-site supervision at least monthly or more  
 325.21 often as warranted by the health needs of the patient. The medication administration  
 325.22 policies and procedures must include:

325.23 (1) a provision that patients may carry emergency medication such as nitroglycerin  
 325.24 as instructed by their prescriber;

325.25 (2) requirements for recording the patient's use of medication, including staff  
 325.26 signatures with date and time;

325.27 (3) guidelines regarding when to inform a licensed practitioner or a registered nurse  
 325.28 of problems with medication administration, including failure to administer, patient  
 325.29 refusal of a medication, adverse reactions, or errors; and

325.30 (4) procedures for acceptance, documentation, and implementation of prescriptions,  
 325.31 whether written, oral, telephonic, or electronic.



154.14 Subd. 2. **Control of drugs.** A license holder must have in place and implement  
 154.15 written policies and procedures relating to control of drugs. The policies and procedures  
 154.16 must be developed by a registered nurse and must contain the following provisions:

154.17 (1) a requirement that all drugs must be stored in a locked compartment. Schedule II  
 154.18 drugs, as defined in section 152.02, subdivision 3, must be stored in a separately locked  
 154.19 compartment that is permanently affixed to the physical plant or a medication cart;

154.20 (2) a system for accounting for all scheduled drugs each shift;

154.21 (3) a procedure for recording a patient's use of medication, including staff signatures  
 154.22 with time and date;

154.23 (4) a procedure for destruction of discontinued, outdated, or deteriorated medications;

154.24 (5) a statement that only authorized personnel are permitted to have access to the  
 154.25 keys to the locked drug compartments; and

154.26 (6) a statement that no legend drug supply for one patient may be given to another  
 154.27 patient.

154.28 Sec. 14. **[245F.14] STAFFING REQUIREMENTS AND DUTIES.**

154.29 Subdivision 1. **Program director.** A license holder must employ or contract with a  
 154.30 person, on a full-time basis, to serve as program director. The program director must be  
 154.31 responsible for all aspects of the facility and the services delivered to the license holder's  
 154.32 patients. An individual may serve as program director for more than one program owned  
 154.33 by the same license holder.

154.34 Subd. 2. **Responsible staff person.** During all hours of operation, a license holder  
 154.35 must designate a staff member as the responsible staff person to be present and awake  
 155.1 in the facility and be responsible for the program. The responsible staff person must  
 155.2 have decision-making authority over the day-to-day operation of the program as well  
 155.3 as the authority to direct the activity of or terminate the shift of any staff member who  
 155.4 has direct patient contact.

155.5 Subd. 3. **Technician required.** A license holder must have one technician awake  
 155.6 and on duty at all times for every ten patients in the program. A license holder may assign  
 155.7 technicians according to the need for care of the patients, except that the same technician  
 155.8 must not be responsible for more than 15 patients at one time. For purposes of establishing  
 155.9 this ratio, all staff whose qualifications meet or exceed those for technicians under section  
 155.10 245F.15, subdivision 6, and who are performing the duties of a technician may be counted  
 155.11 as technicians. The same individual may not be counted as both a technician and an  
 155.12 alcohol and drug counselor.

155.13 Subd. 4. **Registered nurse required.** A license holder must employ or contract  
 155.14 with a registered nurse, who must be available 24 hours a day by telephone or in person  
 155.15 for consultation. The registered nurse is responsible for:

325.32 Subd. 2. **Control of drugs.** A license holder must have in place and implement  
 325.33 written policies and procedures relating to control of drugs. The policies and procedures  
 325.34 must be developed by a registered nurse and must contain the following provisions:

326.1 (1) a requirement that all drugs must be stored in a locked compartment. Schedule II  
 326.2 drugs, as defined in section 152.02, subdivision 3, must be stored in a separately locked  
 326.3 compartment that is permanently affixed to the physical plant or a medication cart;

326.4 (2) a system for accounting for all scheduled drugs each shift;

326.5 (3) a procedure for recording a patient's use of medication, including staff signatures  
 326.6 with time and date;

326.7 (4) a procedure for destruction of discontinued, outdated, or deteriorated medications;

326.8 (5) a statement that only authorized personnel are permitted to have access to the  
 326.9 keys to the locked drug compartments; and

326.10 (6) a statement that no legend drug supply for one patient may be given to another  
 326.11 patient.

326.12 Sec. 14. **[245F.14] STAFFING REQUIREMENTS AND DUTIES.**

326.13 Subdivision 1. **Program director.** A license holder must employ or contract with a  
 326.14 person, on a full-time basis, to serve as program director. The program director must be  
 326.15 responsible for all aspects of the facility and the services delivered to the license holder's  
 326.16 patients. An individual may serve as program director for more than one program owned  
 326.17 by the same license holder.

326.18 Subd. 2. **Responsible staff person.** During all hours of operation, a license holder  
 326.19 must designate a staff member as the responsible staff person to be present and awake  
 326.20 in the facility and be responsible for the program. The responsible staff person must  
 326.21 have decision-making authority over the day-to-day operation of the program as well  
 326.22 as the authority to direct the activity of or terminate the shift of any staff member who  
 326.23 has direct patient contact.

326.24 Subd. 3. **Technician required.** A license holder must have one technician awake  
 326.25 and on duty at all times for every ten patients in the program. A license holder may assign  
 326.26 technicians according to the need for care of the patients, except that the same technician  
 326.27 must not be responsible for more than 15 patients at one time. For purposes of establishing  
 326.28 this ratio, all staff whose qualifications meet or exceed those for technicians under section  
 326.29 245F.15, subdivision 6, and who are performing the duties of a technician may be counted  
 326.30 as technicians. The same individual may not be counted as both a technician and an  
 326.31 alcohol and drug counselor.

326.32 Subd. 4. **Registered nurse required.** A license holder must employ or contract  
 326.33 with a registered nurse, who must be available 24 hours a day by telephone or in person  
 326.34 for consultation. The registered nurse is responsible for:

155.16 (1) establishing and implementing procedures for the provision of nursing care and  
 155.17 delegated medical care, including:

155.18 (i) a health monitoring plan;

155.19 (ii) a medication control plan;

155.20 (iii) training and competency evaluations for staff performing delegated medical and  
 155.21 nursing functions;

155.22 (iv) handling serious illness, accident, or injury to patients;

155.23 (v) an infection control program; and

155.24 (vi) a first aid kit;

155.25 (2) delegating nursing functions to other staff consistent with their education,  
 155.26 competence, and legal authorization;

155.27 (3) assigning, supervising, and evaluating the performance of nursing tasks; and

155.28 (4) implementing condition-specific protocols in compliance with section 151.37,  
 155.29 subdivision 2.

155.30 Subd. 5. **Medical director required.** A license holder must have a medical director  
 155.31 available for medical supervision. The medical director is responsible for ensuring the  
 155.32 accurate and safe provision of all health-related services and procedures. A license  
 155.33 holder must obtain and document the medical director's annual approval of the following  
 155.34 procedures before the procedures may be used:

155.35 (1) admission, discharge, and transfer criteria and procedures;

155.36 (2) a health services plan;

156.1 (3) physical indicators for a referral to a physician, registered nurse, or hospital, and  
 156.2 procedures for referral;

156.3 (4) procedures to follow in case of accident, injury, or death of a patient;

156.4 (5) formulation of condition-specific protocols regarding the medications that  
 156.5 require a withdrawal regimen that will be administered to patients;

156.6 (6) an infection control program;

156.7 (7) protective procedures; and

156.8 (8) a medication control plan.

156.9 Subd. 6. **Alcohol and drug counselor.** A withdrawal management program must  
 156.10 provide one full-time equivalent alcohol and drug counselor for every 16 patients served  
 156.11 by the program.

327.1 (1) establishing and implementing procedures for the provision of nursing care and  
 327.2 delegated medical care, including:

327.3 (i) a health monitoring plan;

327.4 (ii) a medication control plan;

327.5 (iii) training and competency evaluations for staff performing delegated medical and  
 327.6 nursing functions;

327.7 (iv) handling serious illness, accident, or injury to patients;

327.8 (v) an infection control program; and

327.9 (vi) a first aid kit;

327.10 (2) delegating nursing functions to other staff consistent with their education,  
 327.11 competence, and legal authorization;

327.12 (3) assigning, supervising, and evaluating the performance of nursing tasks; and

327.13 (4) implementing condition-specific protocols in compliance with section 151.37,  
 327.14 subdivision 2.

327.15 Subd. 5. **Medical director required.** A license holder must have a medical director  
 327.16 available for medical supervision. The medical director is responsible for ensuring the  
 327.17 accurate and safe provision of all health-related services and procedures. A license  
 327.18 holder must obtain and document the medical director's annual approval of the following  
 327.19 procedures before the procedures may be used:

327.20 (1) admission, discharge, and transfer criteria and procedures;

327.21 (2) a health services plan;

327.22 (3) physical indicators for a referral to a physician, registered nurse, or hospital, and  
 327.23 procedures for referral;

327.24 (4) procedures to follow in case of accident, injury, or death of a patient;

327.25 (5) formulation of condition-specific protocols regarding the medications that  
 327.26 require a withdrawal regimen that will be administered to patients;

327.27 (6) an infection control program;

327.28 (7) protective procedures; and

327.29 (8) a medication control plan.

327.30 Subd. 6. **Alcohol and drug counselor.** A withdrawal management program must  
 327.31 provide one full-time equivalent alcohol and drug counselor for every 16 patients served  
 327.32 by the program.

156.12 Subd. 7. **Ensuring staff-to-patient ratio.** The responsible staff person under  
 156.13 subdivision 2 must ensure that the program does not exceed the staff-to-patient ratios in  
 156.14 subdivisions 3 and 6 and must inform admitting staff of the current staffed capacity of  
 156.15 the program for that shift. A license holder must have a written policy for documenting  
 156.16 staff-to-patient ratios for each shift and actions to take when staffed capacity is reached.

156.17 Sec. 15. **[245F.15] STAFF QUALIFICATIONS.**

156.18 Subdivision 1. **Qualifications for all staff who have direct patient contact.** (a) All  
 156.19 staff who have direct patient contact must be at least 18 years of age and must, at the time  
 156.20 of hiring, document that they meet the requirements in paragraph (b), (c), or (d).

156.21 (b) Program directors, supervisors, nurses, and alcohol and drug counselors must be  
 156.22 free of substance use problems for at least two years immediately preceding their hiring  
 156.23 and must sign a statement attesting to that fact.

156.24 (c) Recovery peers must be free of substance use problems for at least one year  
 156.25 immediately preceding their hiring and must sign a statement attesting to that fact.

156.26 (d) Technicians and other support staff must be free of substance use problems  
 156.27 for at least six months immediately preceding their hiring and must sign a statement  
 156.28 attesting to that fact.

156.29 Subd. 2. **Continuing employment; no substance use problems.** License holders  
 156.30 must require staff to be free from substance use problems as a condition of continuing  
 156.31 employment. Staff are not required to sign statements attesting to their freedom from  
 156.32 substance use problems after the initial statement required by subdivision 1. Staff with  
 156.33 substance use problems must be immediately removed from any responsibilities that  
 156.34 include direct patient contact.

156.35 Subd. 3. **Program director qualifications.** A program director must:

157.1 (1) have at least one year of work experience in direct service to individuals  
 157.2 with substance use disorders or one year of work experience in the management or  
 157.3 administration of direct service to individuals with substance use disorders;

157.4 (2) have a baccalaureate degree or three years of work experience in administration  
 157.5 or personnel supervision in human services; and

157.6 (3) know and understand the requirements of this chapter and chapters 245A and  
 157.7 245C, and sections 253B.04, 253B.05, 626.556, 626.557, and 626.5572.

157.8 Subd. 4. **Alcohol and drug counselor qualifications.** An alcohol and drug  
 157.9 counselor must meet the requirements in Minnesota Rules, part 9530.6450, subpart 5.

327.33 Subd. 7. **Ensuring staff-to-patient ratio.** The responsible staff person under  
 327.34 subdivision 2 must ensure that the program does not exceed the staff-to-patient ratios in  
 327.35 subdivisions 3 and 6 and must inform admitting staff of the current staffed capacity of  
 328.1 the program for that shift. A license holder must have a written policy for documenting  
 328.2 staff-to-patient ratios for each shift and actions to take when staffed capacity is reached.

328.3 Sec. 15. **[245F.15] STAFF QUALIFICATIONS.**

328.4 Subdivision 1. **Qualifications for all staff who have direct patient contact.** (a) All  
 328.5 staff who have direct patient contact must be at least 18 years of age and must, at the time  
 328.6 of hiring, document that they meet the requirements in paragraph (b), (c), or (d).

328.7 (b) Program directors, supervisors, nurses, and alcohol and drug counselors must be  
 328.8 free of substance use problems for at least two years immediately preceding their hiring  
 328.9 and must sign a statement attesting to that fact.

328.10 (c) Recovery peers must be free of substance use problems for at least one year  
 328.11 immediately preceding their hiring and must sign a statement attesting to that fact.

328.12 (d) Technicians and other support staff must be free of substance use problems  
 328.13 for at least six months immediately preceding their hiring and must sign a statement  
 328.14 attesting to that fact.

328.15 Subd. 2. **Continuing employment; no substance use problems.** License holders  
 328.16 must require staff to be free from substance use problems as a condition of continuing  
 328.17 employment. Staff are not required to sign statements attesting to their freedom from  
 328.18 substance use problems after the initial statement required by subdivision 1. Staff with  
 328.19 substance use problems must be immediately removed from any responsibilities that  
 328.20 include direct patient contact.

328.21 Subd. 3. **Program director qualifications.** A program director must:

328.22 (1) have at least one year of work experience in direct service to individuals  
 328.23 with substance use disorders or one year of work experience in the management or  
 328.24 administration of direct service to individuals with substance use disorders;

328.25 (2) have a baccalaureate degree or three years of work experience in administration  
 328.26 or personnel supervision in human services; and

328.27 (3) know and understand the implications of this chapter and chapters 245A and  
 328.28 245C, and sections 253B.04, 253B.05, 626.556, 626.557, and 626.5572.

328.29 Subd. 4. **Alcohol and drug counselor qualifications.** An alcohol and drug  
 328.30 counselor must meet the requirements in Minnesota Rules, part 9530.6450, subpart 5.

157.10 Subd. 5. **Responsible staff person qualifications.** Each responsible staff person  
 157.11 must know and understand the requirements of this chapter and sections 245A.65,  
 157.12 253B.04, 253B.05, 626.556, 626.557, and 626.5572. In a clinically managed program, the  
 157.13 responsible staff person must be a licensed practical nurse employed by or under contract  
 157.14 with the license holder. In a medically monitored program, the responsible staff person  
 157.15 must be a registered nurse, program director, or physician.

157.16 Subd. 6. **Technician qualifications.** A technician employed by a program must  
 157.17 demonstrate competency, prior to direct patient contact, in the following areas:

157.18 (1) knowledge of the client bill of rights in section 148F.165, and staff responsibilities  
 157.19 in sections 144.651 and 253B.03;

157.20 (2) knowledge of and the ability to perform basic health screening procedures with  
 157.21 intoxicated patients that consist of:

157.22 (i) blood pressure, pulse, temperature, and respiration readings;

157.23 (ii) interviewing to obtain relevant medical history and current health complaints; and

157.24 (iii) visual observation of a patient's health status, including monitoring a patient's  
 157.25 behavior as it relates to health status;

157.26 (3) a current first aid certificate from the American Red Cross or an equivalent  
 157.27 organization; a current cardiopulmonary resuscitation certificate from the American Red  
 157.28 Cross, the American Heart Association, a community organization, or an equivalent  
 157.29 organization; and knowledge of first aid for seizures, trauma, and loss of consciousness; and

157.30 (4) knowledge of and ability to perform basic activities of daily living and personal  
 157.31 hygiene.

157.32 Subd. 7. **Recovering peer qualifications.** Recovery peers must:

157.33 (1) be at least 21 years of age and have a high school diploma or its equivalent;

157.34 (2) have a minimum of one year in recovery from substance use disorder;

158.1 (3) have completed a curriculum designated by the commissioner that teaches  
 158.2 specific skills and training in the domains of ethics and boundaries, advocacy, mentoring  
 158.3 and education, and recovery and wellness support; and

158.4 (4) receive supervision in areas specific to the domains of their role by qualified  
 158.5 supervisory staff.

158.6 Subd. 8. **Personal relationships.** A license holder must have a written policy  
 158.7 addressing personal relationships between patients and staff who have direct patient  
 158.8 contact. The policy must:

328.31 Subd. 5. **Responsible staff person qualifications.** Each responsible staff person  
 328.32 must know and understand the implications of this chapter and sections 245A.65,  
 328.33 253B.04, 253B.05, 626.556, 626.557, and 626.5572. In a clinically managed program, the  
 328.34 responsible staff person must be a licensed practiced nurse employed by or under contract  
 329.1 with the license holder. In a medically monitored program, the responsible staff person  
 329.2 must be a registered nurse, program director, or physician.

329.3 Subd. 6. **Technician qualifications.** A technician employed by a program must  
 329.4 demonstrate competency, prior to direct patient contact, in the following areas:

329.5 (1) knowledge of the client bill of rights in section 148F.165 and staff responsibilities  
 329.6 in sections 144.651 and 253B.03;

329.7 (2) knowledge of and the ability to perform basic health screening procedures with  
 329.8 intoxicated patients that consist of:

329.9 (i) blood pressure, pulse, temperature, and respiration readings;

329.10 (ii) interviewing to obtain relevant medical history and current health complaints; and

329.11 (iii) visual observation of a patient's health status, including monitoring a patient's  
 329.12 behavior as it relates to health status;

329.13 (3) a current first aid certificate from the American Red Cross or an equivalent  
 329.14 organization; a current cardiopulmonary resuscitation certificate from the American Red  
 329.15 Cross, the American Heart Association, a community organization, or an equivalent  
 329.16 organization; and knowledge of first aid for seizures, trauma, and loss of consciousness; and

329.17 (4) knowledge of and ability to perform basic activities of daily living and personal  
 329.18 hygiene.

329.19 Subd. 7. **Recovering peer qualifications.** Recovery peers must:

329.20 (1) be at least 21 years of age and have a high school diploma or its equivalent;

329.21 (2) have a minimum of one year in recovery from substance use disorder;

329.22 (3) have completed a curriculum designated by the commissioner that teaches  
 329.23 specific skills and training in the domains of ethics and boundaries, advocacy, mentoring  
 329.24 and education, and recovery and wellness support; and

329.25 (4) receive supervision in areas specific to the domains of their role by qualified  
 329.26 supervisory staff.

329.27 Subd. 8. **Personal relationships.** A license holder must have a written policy  
 329.28 addressing personal relationships between patients and staff who have direct patient  
 329.29 contact. The policy must:

158.9 (1) prohibit direct patient contact between a patient and a staff member if the staff  
 158.10 member has had a personal relationship with the patient within two years prior to the  
 158.11 patient's admission to the program;

158.12 (2) prohibit access to a patient's clinical records by a staff member who has had a  
 158.13 personal relationship with the patient within two years prior to the patient's admission,  
 158.14 unless the patient consents in writing; and

158.15 (3) prohibit a clinical relationship between a staff member and a patient if the staff  
 158.16 member has had a personal relationship with the patient within two years prior to the  
 158.17 patient's admission. If a personal relationship exists, the staff member must report the  
 158.18 relationship to the staff member's supervisor and recuse the staff member from a clinical  
 158.19 relationship with that patient.

158.20 Sec. 16. **[245F.16] PERSONNEL POLICIES AND PROCEDURES.**

158.21 Subdivision 1. **Policy requirements.** A license holder must have written personnel  
 158.22 policies and must make them available to staff members at all times. The personnel  
 158.23 policies must:

158.24 (1) ensure that staff member's retention, promotion, job assignment, or pay are not  
 158.25 affected by a good faith communication between the staff member and the Department  
 158.26 of Human Services, Department of Health, Ombudsman for Mental Health and  
 158.27 Developmental Disabilities, law enforcement, or local agencies that investigate complaints  
 158.28 regarding patient rights, health, or safety;

158.29 (2) include a job description for each position that specifies job responsibilities,  
 158.30 degree of authority to execute job responsibilities, standards of job performance related to  
 158.31 specified job responsibilities, and qualifications;

158.32 (3) provide for written job performance evaluations for staff members of the license  
 158.33 holder at least annually;

158.34 (4) describe behavior that constitutes grounds for disciplinary action, suspension, or  
 158.35 dismissal, including policies that address substance use problems and meet the requirements  
 159.1 of section 245F.15, subdivisions 1 and 2. The policies and procedures must list behaviors  
 159.2 or incidents that are considered substance use problems. The list must include:

159.3 (i) receiving treatment for substance use disorder within the period specified for the  
 159.4 position in the staff qualification requirements;

159.5 (ii) substance use that has a negative impact on the staff member's job performance;

159.6 (iii) substance use that affects the credibility of treatment services with patients,  
 159.7 referral sources, or other members of the community; and

159.8 (iv) symptoms of intoxication or withdrawal on the job;

329.30 (1) prohibit direct patient contact between a patient and a staff member if the staff  
 329.31 member has had a personal relationship with the patient within two years prior to the  
 329.32 patient's admission to the program;

329.33 (2) prohibit access to a patient's clinical records by a staff member who has had a  
 329.34 personal relationship with the patient within two years prior to the patient's admission,  
 329.35 unless the patient consents in writing; and

330.1 (3) prohibit a clinical relationship between a staff member and a patient if the staff  
 330.2 member has had a personal relationship with the patient within two years prior to the  
 330.3 patient's admission. If a personal relationship exists, the staff member must report the  
 330.4 relationship to the staff member's supervisor and recuse the staff member from a clinical  
 330.5 relationship with that patient.

330.6 Sec. 16. **[245F.16] PERSONNEL POLICIES AND PROCEDURES.**

330.7 Subdivision 1. **Policy requirements.** A license holder must have written personnel  
 330.8 policies and must make them available to staff members at all times. The personnel  
 330.9 policies must:

330.10 (1) ensure that staff member's retention, promotion, job assignment, or pay are not  
 330.11 affected by a good faith communication between the staff member and the Department  
 330.12 of Human Services, Department of Health, Ombudsman for Mental Health and  
 330.13 Developmental Disabilities, law enforcement, or local agencies that investigate complaints  
 330.14 regarding patient rights, health, or safety;

330.15 (2) include a job description for each position that specifies job responsibilities,  
 330.16 degree of authority to execute job responsibilities, standards of job performance related to  
 330.17 specified job responsibilities, and qualifications;

330.18 (3) provide for written job performance evaluations for staff members of the license  
 330.19 holder at least annually;

330.20 (4) describe behavior that constitutes grounds for disciplinary action, suspension, or  
 330.21 dismissal, including policies that address substance use problems and meet the requirements  
 330.22 of section 245F.15, subdivisions 1 and 2. The policies and procedures must list behaviors  
 330.23 or incidents that are considered substance use problems. The list must include:

330.24 (i) receiving treatment for substance use disorder within the period specified for the  
 330.25 position in the staff qualification requirements;

330.26 (ii) substance use that has a negative impact on the staff member's job performance;

330.27 (iii) substance use that affects the credibility of treatment services with patients,  
 330.28 referral sources, or other members of the community; and

330.29 (iv) symptoms of intoxication or withdrawal on the job;

159.9 (5) include policies prohibiting personal involvement with patients and policies  
 159.10 prohibiting patient maltreatment as specified under chapter 604 and sections 245A.65,  
 159.11 626.556, 626.557, and 626.5572;

159.12 (6) include a chart or description of organizational structure indicating the lines  
 159.13 of authority and responsibilities;

159.14 (7) include a written plan for new staff member orientation that, at a minimum,  
 159.15 includes training related to the specific job functions for which the staff member was hired,  
 159.16 program policies and procedures, patient needs, and the areas identified in subdivision 2,  
 159.17 paragraphs (b) to (e); and

159.18 (8) include a policy on the confidentiality of patient information.

159.19 Subd. 2. **Staff development.** (a) A license holder must ensure that each staff  
 159.20 member receives orientation training before providing direct patient care and at least  
 159.21 30 hours of continuing education every two years. A written record must be kept to  
 159.22 demonstrate completion of training requirements.

159.23 (b) Within 72 hours of beginning employment, all staff having direct patient contact  
 159.24 must be provided orientation on the following:

159.25 (1) specific license holder and staff responsibilities for patient confidentiality;

159.26 (2) standards governing the use of protective procedures;

159.27 (3) patient ethical boundaries and patient rights, including the rights of patients  
 159.28 admitted under chapter 253B;

159.29 (4) infection control procedures;

159.30 (5) mandatory reporting under sections 245A.65, 626.556, and 626.557, including  
 159.31 specific training covering the facility's policies concerning obtaining patient releases  
 159.32 of information;

159.33 (6) HIV minimum standards as required in section 245A.19;

159.34 (7) motivational counseling techniques and identifying stages of change; and

159.35 (8) eight hours of training on the program's protective procedures policy required in  
 159.36 section 245F.09, including:

160.1 (i) approved therapeutic holds;

160.2 (ii) protective procedures used to prevent patients from imminent danger of harming  
 160.3 self or others;

160.4 (iii) the emergency conditions under which the protective procedures may be used, if  
 160.5 any;

160.6 (iv) documentation standards for using protective procedures;

330.30 (5) include policies prohibiting personal involvement with patients and policies  
 330.31 prohibiting patient maltreatment as specified under chapter 604 and sections 245A.65,  
 330.32 626.556, 626.557, and 626.5572;

330.33 (6) include a chart or description of organizational structure indicating the lines  
 330.34 of authority and responsibilities;

331.1 (7) include a written plan for new staff member orientation that, at a minimum,  
 331.2 includes training related to the specific job functions for which the staff member was hired,  
 331.3 program policies and procedures, patient needs, and the areas identified in subdivision 2,  
 331.4 paragraphs (b) to (e); and

331.5 (8) include a policy on the confidentiality of patient information.

331.6 Subd. 2. **Staff development.** (a) A license holder must ensure that each staff  
 331.7 member receives orientation training before providing direct patient care and at least  
 331.8 30 hours of continuing education every two years. A written record must be kept to  
 331.9 demonstrate completion of training requirements.

331.10 (b) Within 72 hours of beginning employment, all staff having direct patient contact  
 331.11 must be provided orientation on the following:

331.12 (1) specific license holder and staff responsibilities for patient confidentiality;

331.13 (2) standards governing the use of protective procedures;

331.14 (3) patient ethical boundaries and patient rights, including the rights of patients  
 331.15 admitted under chapter 253B;

331.16 (4) infection control procedures;

331.17 (5) mandatory reporting under sections 245A.65, 626.556, and 626.557, including  
 331.18 specific training covering the facility's policies concerning obtaining patient releases  
 331.19 of information;

331.20 (6) HIV minimum standards as required in section 245A.19;

331.21 (7) motivational counseling techniques and identifying stages of change; and

331.22 (8) eight hours of training on the program's protective procedures policy required in  
 331.23 section 245F.09, including:

331.24 (i) approved therapeutic holds;

331.25 (ii) protective procedures used to prevent patients from imminent danger of harming  
 331.26 self or others;

331.27 (iii) the emergency conditions under which the protective procedures may be used, if  
 331.28 any;

331.29 (iv) documentation standards for using protective procedures;

160.7 (v) how to monitor and respond to patient distress; and  
 160.8 (vi) person-centered planning and trauma-informed care.  
 160.9 (c) All staff having direct patient contact must be provided annual training on the  
 160.10 following:  
 160.11 (1) infection control procedures;  
 160.12 (2) mandatory reporting under sections 245A.65, 626.556, and 626.557, including  
 160.13 specific training covering the facility's policies concerning obtaining patient releases  
 160.14 of information;  
 160.15 (3) HIV minimum standards as required in section 245A.19; and  
 160.16 (4) motivational counseling techniques and identifying stages of change.  
 160.17 (d) All staff having direct patient contact must be provided training every two  
 160.18 years on the following:  
 160.19 (1) specific license holder and staff responsibilities for patient confidentiality;  
 160.20 (2) standards governing use of protective procedures, including:  
 160.21 (i) approved therapeutic holds;  
 160.22 (ii) protective procedures used to prevent patients from imminent danger of harming  
 160.23 self or others;  
 160.24 (iii) the emergency conditions under which the protective procedures may be used, if  
 160.25 any;  
 160.26 (iv) documentation standards for using protective procedures;  
 160.27 (v) how to monitor and respond to patient distress; and  
 160.28 (vi) person-centered planning and trauma-informed care; and  
 160.29 (3) patient ethical boundaries and patient rights, including the rights of patients  
 160.30 admitted under chapter 253B.  
 160.31 (e) Continuing education that is completed in areas outside of the required topics  
 160.32 must provide information to the staff person that is useful to the performance of the  
 160.33 individual staff person's duties.  
 160.34 Sec. 17. **[245F.17] PERSONNEL FILES.**  
 161.1 A license holder must maintain a separate personnel file for each staff member. At a  
 161.2 minimum, the file must contain:

331.30 (v) how to monitor and respond to patient distress; and  
 331.31 (vi) person-centered planning and trauma-informed care.  
 331.32 (c) All staff having direct patient contact must be provided annual training on the  
 331.33 following:  
 331.34 (1) infection control procedures;  
 332.1 (2) mandatory reporting under sections 245A.65, 626.556, and 626.557, including  
 332.2 specific training covering the facility's policies concerning obtaining patient releases  
 332.3 of information;  
 332.4 (3) HIV minimum standards as required in section 245A.19; and  
 332.5 (4) motivational counseling techniques and identifying stages of change.  
 332.6 (d) All staff having direct patient contact must be provided training every two  
 332.7 years on the following:  
 332.8 (1) specific license holder and staff responsibilities for patient confidentiality;  
 332.9 (2) standards governing use of protective procedures, including:  
 332.10 (i) approved therapeutic holds;  
 332.11 (ii) protective procedures used to prevent patients from imminent danger of harming  
 332.12 self or others;  
 332.13 (iii) the emergency conditions under which the protective procedures may be used, if  
 332.14 any;  
 332.15 (iv) documentation standards for using protective procedures;  
 332.16 (v) how to monitor and respond to patient distress; and  
 332.17 (vi) person-centered planning and trauma-informed care; and  
 332.18 (3) patient ethical boundaries and patient rights, including the rights of patients  
 332.19 admitted under chapter 253B.  
 332.20 (e) Continuing education that is completed in areas outside of the required topics  
 332.21 must provide information to the staff person that is useful to the performance of the  
 332.22 individual staff person's duties.

161.3 (1) a completed application for employment signed by the staff member that  
 161.4 contains the staff member's qualifications for employment and documentation related to  
 161.5 the applicant's background study data, as defined in chapter 245C;

161.6 (2) documentation of the staff member's current professional license or registration,  
 161.7 if relevant;

161.8 (3) documentation of orientation and subsequent training;

161.9 (4) documentation of a statement of freedom from substance use problems; and

161.10 (5) an annual job performance evaluation.

161.11 Sec. 18. **[245F.18] POLICY AND PROCEDURES MANUAL.**

161.12 A license holder must develop a written policy and procedures manual that is  
 161.13 alphabetically indexed and has a table of contents, so that staff have immediate access  
 161.14 to all policies and procedures, and that consumers of the services, and other authorized  
 161.15 parties have access to all policies and procedures. The manual must contain the following  
 161.16 materials:

161.17 (1) a description of patient education services as required in section 245F.06;

161.18 (2) personnel policies that comply with section 245F.16;

161.19 (3) admission information and referral and discharge policies that comply with  
 161.20 section 245F.05;

161.21 (4) a health monitoring plan that complies with section 245F.12;

161.22 (5) a protective procedures policy that complies with section 245F.09, if the program  
 161.23 elects to use protective procedures;

161.24 (6) policies and procedures for assuring appropriate patient-to-staff ratios that  
 161.25 comply with section 245F.14;

161.26 (7) policies and procedures for assessing and documenting the susceptibility for  
 161.27 risk of abuse to the patient as the basis for the individual abuse prevention plan required  
 161.28 by section 245A.65;

161.29 (8) procedures for mandatory reporting as required by sections 245A.65, 626.556,  
 161.30 and 626.557;

161.31 (9) a medication control plan that complies with section 245F.13; and

161.32 (10) policies and procedures regarding HIV that meet the minimum standards  
 161.33 under section 245A.19.

161.34 Sec. 19. **[245F.19] PATIENT RECORDS.**

332.23 Sec. 17. **[245F.18] POLICY AND PROCEDURES MANUAL.**

332.24 A license holder must develop a written policy and procedures manual that is  
 332.25 alphabetically indexed and has a table of contents, so that staff have immediate access  
 332.26 to all policies and procedures, and that consumers of the services and other authorized  
 332.27 parties have access to all policies and procedures. The manual must contain the following  
 332.28 materials:

332.29 (1) a description of patient education services as required in section 245F.06;

332.30 (2) personnel policies that comply with section 245F.16;

332.31 (3) admission information and referral and discharge policies that comply with  
 332.32 section 245F.05;

332.33 (4) a health monitoring plan that complies with section 245F.12;

332.34 (5) a protective procedures policy that complies with section 245F.09, if the program  
 332.35 elects to use protective procedures;

333.1 (6) policies and procedures for assuring appropriate patient-to-staff ratios that  
 333.2 comply with section 245F.14;

333.3 (7) policies and procedures for assessing and documenting the susceptibility for  
 333.4 risk of abuse to the patient as the basis for the individual abuse prevention plan required  
 333.5 by section 245A.65;

333.6 (8) procedures for mandatory reporting as required by sections 245A.65, 626.556,  
 333.7 and 626.557;

333.8 (9) a medication control plan that complies with section 245F.13; and

333.9 (10) policies and procedures regarding HIV that meet the minimum standards  
 333.10 under section 245A.19.



162.1 Subdivision 1. **Patient records required.** A license holder must maintain a file of  
 162.2 current patient records on the program premises where the treatment is provided. Each  
 162.3 entry in each patient record must be signed and dated by the staff member making the  
 162.4 entry. Patient records must be protected against loss, tampering, or unauthorized disclosure  
 162.5 in compliance with chapter 13 and section 254A.09; Code of Federal Regulations, title 42,  
 162.6 sections 2.1 to 2.67; and title 45, parts 160 to 164.

162.7 Subd. 2. **Records retention.** A license holder must retain and store records as  
 162.8 required by section 245A.041, subdivisions 3 and 4.

162.9 Subd. 3. **Contents of records.** Patient records must include the following:

162.10 (1) documentation of the patient's presenting problem, any substance use screening,  
 162.11 the most recent assessment, and any updates;

162.12 (2) a stabilization plan and progress notes as required by section 245F.07,  
 162.13 subdivisions 1 and 2;

162.14 (3) a discharge summary as required by section 245F.07, subdivision 3;

162.15 (4) an individual abuse prevention plan that complies with section 245A.65, and  
 162.16 related rules;

162.17 (5) documentation of referrals made; and

162.18 (6) documentation of the monitoring and observations of the patient's medical needs.

162.19 Sec. 20. **[245F.20] DATA COLLECTION REQUIRED.**

162.20 The license holder must participate in the drug and alcohol abuse normative  
 162.21 evaluation system (DAANES) by submitting, in a format provided by the commissioner,  
 162.22 information concerning each patient admitted to the program. Staff submitting data must  
 162.23 be trained by the license holder with the DAANES Web manual.

162.24 Sec. 21. **[245F.21] PAYMENT METHODOLOGY.**

162.25 The commissioner shall develop a payment methodology for services provided  
 162.26 under this chapter or by an Indian Health Services facility or a facility owned and operated  
 162.27 by a tribe or tribal organization operating under Public Law 93-638 as a 638 facility. The  
 162.28 commissioner shall seek federal approval for the methodology. Upon federal approval, the  
 162.29 commissioner must seek and obtain legislative approval of the funding methodology to  
 162.30 support the service.

333.11 Sec. 18. **[245F.21] PAYMENT METHODOLOGY.**

333.12 The commissioner shall develop a payment methodology for services provided  
 333.13 under this chapter or by an Indian Health Services facility or a facility owned and operated  
 333.14 by a tribe or tribal organization operating under Public Law 93-638 as a 638 facility. The  
 333.15 commissioner shall seek federal approval for the methodology. Upon federal approval, the  
 333.16 commissioner must seek and obtain legislative approval of the funding methodology to  
 333.17 support the service.