



Minnesota Department of **Human Services**

DATE: December 23, 2014

TO: **CHEMICAL DEPENDENCY TREATMENT PROGRAMS (Rule 31)**

RE: Licensing Updates and Renewal Information for Licenses Effective January 1, 2015

A. LICENSE HOLDER REQUIREMENTS FOR LICENSE RENEWAL

- 1. License fee payment required before your 2015 license is printed.** Your license fee payment must be received before we can print your 2015 license. Therefore, please make your payment as soon as possible, but no later than the due date printed on the invoice.

Temporary surcharge. Minnesota Statute 16E.22 requires state agencies to collect a temporary surcharge of 10 percent (not to exceed \$150) on each business, commercial, professional, or occupational license for development of a statewide electronic licensing system. This surcharge is reflected on line 2 of the license fee invoice. The surcharge for the license will be in effect for up to six years between July 1, 2009, and June 30, 2015.

- 2. Programs closing on or before December 31, 2014.** If you plan on closing your program on or before December 31, 2014, please notify your licensor immediately so we can cancel the bill for your 2015 license.
- 3. Submitting your license fee payment.** Submit your license fee payment after you have received the invoice for your license. Do not submit your license fee payment without your invoice. We encourage you to pay the bill online at DHS Web Payments by going to <http://payments.dhs.state.mn.us>.
- 4. Licensing review.** The annual renewal of your license and payment of your 2015 license fee is independent from the licensing review of your program. You will receive notice from your DHS licensor about the license review prior to your next scheduled review.
- 5. Expired license.** If you allow your license to expire because you fail to pay the 2015 license fee, you will need to apply for a new license. Due to limited staff resources and other work priorities, it could be months before a new license is issued. You cannot operate under an expired license while your new application is being processed. In addition, you will lose access to NETStudy to submit online background study requests.
- 6. Unpaid licensing fees or fines.** If a license holder or controlling individual has an outstanding debt related to a license fee, licensing fine, or settlement agreement for which payment is delinquent, your 2015 license cannot be reissued until the payment is received.
- 7. Change in license information.** If you wish to change any terms on your license, please contact your licensor immediately so those changes can be approved before we print your 2015 license. If you hold multiple licenses and want the change to apply to each license you must complete a

separate change in terms for each license. Also, the invoice for your license fee will be sent to the billing address you provided to Licensing. If this information is not current, it will delay receipt of your license fee invoice.

- 8. Questions regarding the license renewal process.** If you have any questions regarding the license renewal process, please contact the licensor assigned to your program.

B. SELECTED HIGHLIGHTS OF 2014 LICENSING LEGISLATION

The 2014 Minnesota Legislature passed several amendments affecting Department of Human Services (DHS) license holders. Information on [new laws passed in 2014 that affect licensed programs](#) is now available on the Licensing Division public website located under “What’s New”. License holders are responsible to read these summaries and to take the action necessary to comply with any new applicable requirements.

Some of the legislative changes affect all licensed programs, and some changes affect providers of specific chemical dependency treatment services. License holders who provide chemical dependency treatment services to clients with infants and children who sleep at the program must comply with legislation approved this year to improve child safety by providing training to enhance compliance with safe sleep practices and better protect infants receiving care in licensed settings. License holders providing opioid treatment services must meet the requirements of new laws to strengthen regulation of methadone clinics and improve treatment for people who are addicted.

C. GENERAL INFORMATION, UPDATES, AND RESOURCES

- 1. Online information.** The [Licensing Division public website](#) is your primary source of information on licensing standards and requirements. As a license holder, it is your responsibility to frequently check for updates, changes, and additions to this information. Below are highlights of the available online information.
- 2. Substance Abuse Program licensing laws and rules.** Substance abuse program licensing laws and rules are available to you online through the [Minnesota Office of the Revisor of Statutes](#) as follows:
 - [Minnesota Rules, parts 9530.6405 to 9530.6505 \(DHS Rule 31\)](#)
 - [Minnesota Statutes, Chapter 245A \(Human Services Licensing Act\)](#)
 - [Minnesota Statutes, Chapter 245C \(Human Services Background Study Act\)](#)
 - [Minnesota Statutes, Chapter 148F \(Alcohol and Drug Counselor Requirements\)](#)
 - [Minnesota Statutes, Section 626.557 \(Reporting of Maltreatment of Vulnerable Adults\)](#)
 - [Minnesota Statutes, Section 626.556 \(Reporting of Maltreatment of Minors Act\)](#)
- 3. Mental health and chemical health programs licensing forms.** License holders have access to various [licensing forms](#) developed by DHS, intended for use by programs, and in compliance with current licensing requirements. Many forms are designed for general use by all licensed programs

- Several (optional) forms are available to help in [Rule 31 treatment planning and implementation](#).
4. **Licensing Lookup:** Public searches for DHS licensed programs can be done using the DHS [Licensing Information Lookup](#) online search tool or by reviewing the online DHS [licensed program list](#).

Since July 1, 2010, the Licensing Division has posted licensing actions and decisions issued to DHS licensed programs online through [DHS Licensing Information Lookup](#). The licensing actions and decisions that are available include:

- correction orders;
- orders for conditional license;
- sanctions which include fines, suspensions, and revocations;
- commissioner's response to license holders' requests for reconsideration of correction orders and orders of conditional licenses;
- commissioner's final orders resulting from contested case hearings; and
- settlement agreements.

Documents are posted in accordance with the requirements of the Minnesota Government Data Practices Act, Minnesota Statutes, section 13.46.

New licensing documents are posted daily on DHS Licensing Information Lookup. You may [sign up to receive daily emails](#) with links to newly published documents.

5. **Maltreatment information.** [Sample maltreatment reporting policies and procedures](#) and general information on [maltreatment investigations](#) are available online from the DHS Licensing web site.
6. **Alert information.** Information from our maltreatment investigations unit highlighting areas where injuries and harm to persons receiving services from DHS licensed facilities is available online from the DHS Licensing web site under [Alerts](#). Alerts are posted as needed throughout the year.
7. **Online mandated reporter training.** DHS Licensing offers online training courses for both [Vulnerable Adults Mandated Reporting](#) and [Maltreatment of Minors Mandated Reporting](#).
- a. **The Vulnerable Adults Mandated Reporting course** introduces mandated reporters to:
- The Vulnerable Adults Act
 - Definition of maltreatment
 - Who are the mandated reporters
 - The Common Entry Point (CEP)
- b. **The Maltreatment of Minors Mandated Reporter training** includes:
- The Reporting of Maltreatment of Minors Act
 - An overview of the Minnesota Child Protection System
 - Definition of maltreatment

- Who are mandated reporters

License holders are reminded that they must ensure mandated reporters under their control also receive training on the program's own maltreatment reporting policies and procedures in addition to the online course.

- 8. Applying for a new license.** If you plan to submit an application for a license for a new Rule 31 Program, please note that the application forms for new licenses have changed. When applying for a new license, the application must be submitted in this new format. The application is available on the [DHS/Chemical Health web page](#) in the Chemical Dependency Treatment Program section, and on the [Licensing Division's Forms page](#). Previous versions of the licensing application form are no longer acceptable and will be returned to the applicant.
- 9. The Licensing Division's telephone numbers and email.** Please ensure that your program's phone list and any applicable policies and procedures include current DHS telephone numbers:
 - Licensing Division – (651) 431-6500
 - Licensing Division's Main Fax – (651) 431-7673
 - MH/CD Licensing Unit Email - dhs.mhcdlicensing@state.mn.us
 - Maltreatment Intake/CEP/VA Report – (651) 431-6600
 - Maltreatment Fax – (651) 431-7601
- 10. Background Studies Division.** The Background Studies area is now a separate division in the Office of the Inspector General. The phone number for the Background Studies Division Call Center is (651) 431-6620.
- 11. Self-monitoring checklists.** The DHS Licensing website maintains a [self-monitoring checklist](#) for use by Rule 31 license holders to evaluate their program's compliance with applicable licensing standards. Checklists are separated into four topic areas: physical plant, policies and procedures, personnel files, and client records.
- 12. License renewal letter.** The annually published [License Renewal Information](#) for each service class is located under general information on the Division of Licensing website. An archive of past license renewal information is maintained.
- 13. Reporting a death in the program.** Minnesota Statutes, 245A.04, subdivision 16 requires that DHS licensed programs must have a written policy for reporting the death of an individual served by the program to the commissioner of human services. Within 24 hours of receiving knowledge of the death of an individual served by the program, the license holder shall notify the commissioner of the death. If the license holder has reason to know that the death has been reported to the commissioner, a subsequent report is not required.

D. INFORMATION FOR ALL RULE 31 CHEMICAL DEPENDENCY TREATMENT PROGRAMS

- 1. Rate reform requirements.** The 2011 Minnesota Legislature enacted a statewide rate setting methodology for all chemical dependency services covered by Consolidated Chemical Dependency Treatment Fund (CCDTF). DHS released [Bulletin #14-51-01](#) on July 10, 2014, regarding service and documentation requirements for chemical dependency treatment services. The bulletin provides instructions on complying with staffing, service, billing and documentation issues related to base rate and enhanced rate funding for payment from the Consolidated

Chemical Dependency Treatment Fund. This bulletin replaces previous ADAD policy interpretations, answers to Frequently Asked Questions, and other formal and informal guidance provided to chemical dependency treatment providers regarding CCDTF billing and rate enhancement requirements.

- 1. DSM-5.** As of October 1, 2014, the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Health Disorders* (DSM), 5th Edition, will be the required classification reference tool for clinicians and licensed mental health professionals. For more information, please click on the following link: [ICD-10 and DSM-5 Frequently Asked Questions](#)
- 2. Opioid addiction treatment education.** Minnesota Statutes, [Section 245A.1915](#) requires that all providers licensed to provide chemical dependency treatment services must provide educational information concerning treatment options for opioid addiction, including the use of a medication for the use of opioid addiction, to clients identified as having or seeking treatment for opioid addiction. The commissioner shall develop educational materials that are supported by research and updated periodically that must be used by programs to comply with this requirement.
- 3. Staff access to client files.** Staff persons who have direct contact with program clients are members of the program's treatment team and therefore must have access to client files in order to accurately know, understand, and implement individual treatment plans and to document all treatment services that are provided. This means that client files cannot be kept in locked counselors' offices unless all direct care staff have access to the counselor's office and the client files.
- 4. Description of treatment services provided by the program.** [Minnesota Rules, part 9530.6455, item J](#) requires that the license holder's written policy and procedures manual must contain a description of treatment services including the amount and type of client services provided. When developing a description of the services that will be provided, license holders must also describe how each service will be implemented *in their programs*, and not just quote the rule requirements. In some cases this will require separate descriptions for each individual service track provided within the program.
- 5. Client rights.** Minnesota Rules 4747.1500 (Client Bill of Rights for Alcohol and Drug Counselors) was repealed effective August 1, 2012. The Client Bill of Rights for Alcohol and Drug Counselors is now located in Minnesota Statutes, [section 148F.165, subdivision 2](#), which became effective August 1, 2012. Please ensure that all program documents related to client rights are revised to meet the new requirements.
- 6. Maintaining a stock supply of legend drugs in a treatment program is prohibited.** Under [Minnesota Statute, section 151.37, subdivisions 1 and 5](#), the Board of Pharmacy prohibits the possession of legend drugs, except under conditions specified by law. The only exceptions specified are: licensed drug wholesalers, licensed manufacturers, registered pharmacies, local detoxification centers, licensed hospitals, bone fide hospitals wherein animals are treated, or licensed pharmacists and licensed practitioners while acting within the course of their practice only. We have been informed by the Board of Pharmacy that it is not the intention of the law to allow programs to store stock supplies of medications in general.
- 7. Frequently cited violations.** The following requirements continue to be frequently cited violations during licensing reviews.

- a. The personnel files of treatment directors, supervisors, nurses, and counselors must contain documentation of 12 hours of training in co-occurring mental health problems and substances use disorder that includes the competencies identified in 9530.6460, subpart 2, item E.
- b. The license holder must maintain documentation that at least 25 percent of a counselor's scheduled work hours are allocated to indirect services, including documentation of client services, coordination of services with others, treatment team meetings and other duties.

It is recommended that license holders reinforce program procedures to ensure compliance with these requirements.

E. REMINDER FOR RESIDENTIAL AND OUTPATIENT RULE 31 PROGRAMS THAT SERVE CLIENTS WITH INFANTS WHO SLEEP AT THE PROGRAM

1. **Supervision of clients' children at a Rule 31 licensed facility.** In addition to the requirements of Minnesota Rules, parts [9530.6405](#) to [9530.6480](#), all license holders that offer supervision of children of clients are subject to the requirements of [Minnesota Rules, part 9530.6490](#).
2. **Infant and Child Safety recommendations.** In order to reduce the risk of sudden unexplained infant death, it is recommended that license holders who provide chemical dependency treatment services to clients with infants or children through five years of age, who sleep at the program, instruct the clients on the following standards:

Training recommendations. Minnesota Statutes, section [245A.1444](#) requires licensed chemical dependency treatment programs that serve clients with infants or children through five years of age, who sleep at the program, to instruct staff persons or volunteers that assist in the care of infants or children through five years of age, on the standards in section [245A.1435](#), and training on reducing the risk of sudden unexpected infant death and abusive head trauma from shaking infants and young children. It is recommended that licensed chemical dependency treatment programs that serve clients with infants or children through five years of age, who sleep at the program, provide this training to clients.

Safe Sleep Practices. Amendments to Section [245A.1435](#) were approved by the 2013 and 2014 Legislature to improve child safety and better protect infants receiving care in licensed settings by providing additional standards for safe sleep practices. Section [245A.1444](#) was amended to reflect terminology changes from Sudden Infant Death Syndrome (SIDS) to Sudden Unexpected Infant Death (SUID), and from Shaken Baby Syndrome (SBS) to Abusive Head Trauma (AHT). These requirements were effective July 1, 2013.

Crib Safety Requirements recommendation. Minnesota Statutes, section [245A.146](#), requires licensed chemical dependency treatment programs with children in care to maintain documentation of the brand name and the model number for every crib used by or that is accessible to any child in care, and documentation that meets federal requirements to demonstrate every full-size and non-full size crib that is used by or is accessible to any child in care is compliant with federal crib standards identified in 245A.146. The rules, which apply to full-size and non-full-size cribs, address many factors related to crib safety. Important information about crib safety requirements are available at the following links: [Forms For Mental Health and Chemical Health Programs: Information Regarding Crib Standards and Compliance](#) and [DHS Monthly Safety Crib Inspection Form](#).

F. INFORMATION SPECIFIC TO RESIDENTIAL RULE 31 CHEMICAL DEPENDENCY TREATMENT PROGRAMS

1. **Smoking in licensed residential healthcare facilities.** The Minnesota Department of Health provides [Freedom to Breathe](#) information online based on the Minnesota Clean Indoor Air Act and restrictions on smoking in licensed residential facilities.
2. **Education.** If your residential program serves clients under age 18 and provides an on-site education program but does not have clear documentation of approval from the Minnesota Department of Education, please contact Lochlan Stuart, [Minnesota Department of Education – Care and Treatment Programs](#), via e-mail at Lochlan.Stuart@state.mn.us
3. **Who is a Vulnerable Adult.** Any person 18 years of age or older who is a resident or inpatient of a facility is defined as a vulnerable adult according to [Minnesota Statutes, section 626.5572, subdivision 21.](#)
4. **Individual Abuse Prevention Plan.** An individual abuse prevention plan must be developed as part of the initial service plan for each adult receiving residential chemical dependency treatment services. The plan must meet the requirements of [Minnesota Statutes, section 626.557, subpart 14](#), and [section 245A.65, subdivision 2, \(b\)](#). The review and evaluation of the vulnerable adult's individual abuse prevention plan must be done weekly as part of the treatment plan review.
5. **Predatory Offender Notification.** Notification regarding a predatory offender is required only in residential treatment facilities and only if the facility receives a fact sheet about that individual from law enforcement or a corrections agent. For details related to this topic please see the [Rule 31 Licensing Renewal Letter for 2013](#), item F (4).

G. INFORMATION SPECIFIC TO ALL OUTPATIENT RULE 31 CHEMICAL DEPENDENCY TREATMENT

1. **Vulnerable Adult Determination.** As required by [Minnesota Statutes, section 245A.65, subdivision 1a](#), a license holder providing services to adults who are excluded from the definition of vulnerable adult under [Minnesota Statutes, section 626.5572, subdivision 21, paragraph \(a\), clause \(2\)](#), must determine whether the person is a vulnerable adult:
 - a. within 24 hours of admission to the licensed program; and
 - b. within 24 hours of any incident that was reported under section [626.557](#) or would have been required to be reported under section [626.557](#) if one or more of the adults involved in the incident had been vulnerable adults.

Use of the DHS [Vulnerable Adult Determination Form – Rule 31](#) based on the definition in [Minnesota Statutes, section 626.5572, subdivision 21, clause \(4\)](#), is recommended to help outpatient chemical dependency treatment program staff determine whether an individual is a vulnerable adult.

2. **Individual Abuse Prevention Plan.** [Minnesota Statutes, section 245A.65, subdivision 2, paragraph \(b\)](#), requires that an individual abuse prevention plan must be developed as part of the initial service plan for each person receiving services in an outpatient treatment program who has been determined to be a vulnerable adult during the intake interview, or when a

later determination of vulnerability is made. A review and evaluation of the vulnerable adult's individual abuse prevention plan must be done weekly as part of the treatment plan review.

H. INFORMATION SPECIFIC FOR METHADONE PROGRAMS

- 1. New Legislative Requirements.** License holders providing opioid treatment services must meet the requirements of laws passed in the 2013 session to strengthen regulation of methadone clinics and improve treatment for people who are addicted to opiates. The document [New Requirements for Treatment of Opiate Addiction](#) contains an overview of the new requirements and links to the applicable statutes. One of the new requirements is that license holders must ensure that the medical director or the medical director's delegate is reviewing data from the prescription monitoring program (PMP) as required in [Minnesota Statue 245A.192, subdivision 11](#).
- 2. Counselor Supervision of Clients.** Minnesota Rules, part [9530.6445](#), subpart 4 states "A counselor in a program treating intravenous drug abusers must not supervise more than 50 clients and must maintain a record that documents compliance with this subpart. Staff must meet the qualifications of an alcohol and drug counselor in [9530.6450](#), subpart 5, or have a temporary permit from the Board of Behavioral Health and Therapy, in order to carry a caseload. Student interns must not carry their own caseloads.
- 3. Central Registry required information.** Reminder: the information submitted to the central registry must include a valid government-issued photo identification card. The government-issued photo identification card cannot be expired.

I. QUESTIONS REGARDING THE 2015 LICENSE RENEWAL PROCESS

If you have any questions regarding this 2015 license renewal process, please contact the licensor assigned to your program. If you do not know the name of the licensor assigned to your program, please call (651) 431-6500 and ask to speak to the licensor on call for the MICD Unit.