

245G Substance Use Disorder Licensed Treatment Facilities: Side-by-Side Legislative Changes 2023

Includes: All Updates to 245G, Former Students, HIV Training in SUD Treatment Programs, etc.

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
<u>245G.01 Subd. 4a</u>		<u>American Society of Addiction Medicine criteria or ASAM criteria. "American Society of Addiction Medicine criteria" or "ASAM criteria" has the meaning provided in section 254B.01, subdivision 2a.</u>	<u>1/1/2024</u>	H.F.No. 1403 50/2/8
<u>245G.01 Subd. 13c</u>		<u>Former student.</u> "Former student" means a staff person that meets the requirements in section 148F.11, subdivision 2a, to practice as a former student.	<u>8/1/2023</u>	S.F.No. 2995 70/6/34
<u>245G.01 Subd.20c</u>		<u>Protective factors.</u> "Protective factors" means the actions or efforts a person can take to reduce the negative impact of certain issues, such as substance use disorders, mental health disorders, and risk of suicide. Protective factors include connecting to positive supports in the community, a nutritious diet, exercise, attending counseling or 12-step groups, and taking appropriate medications.	<u>8/1/2023</u>	H.F.No. 1403 50/2/9

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<u>245G.01 Subd. 20d</u>		Skilled treatment services. "Skilled treatment services" has the meaning provided in section <u>254B.01, subdivision 10.</u>	8/1/2023	H.F.No. 1403 50/2/10
245G.02 Subd. 2	Exemption from license requirement. This chapter does not apply to a county or recovery community organization that is providing a service for which the county or recovery community organization is an eligible vendor under section 254B.05. This chapter does not apply to an organization whose primary functions are information, referral, diagnosis, case management, and assessment for the purposes of client placement, education, support group services, or self-help programs. This chapter does not apply to the activities of a licensed professional in private practice. A license holder providing the initial set of substance use disorder services allowable under section 254A.03, subdivision 3, paragraph (c), to an individual referred to a licensed nonresidential substance use disorder treatment program after a positive screen for alcohol or substance misuse is exempt from sections 245G.05; 245G.06, subdivisions 1, 2, and 4; 245G.07, subdivisions 1, paragraph (a), clauses (2) to (4), and 2, clauses (1) to (7); and 245G.17.	Exemption from license requirement. This chapter does not apply to a county or recovery community organization that is providing a service for which the county or recovery community organization is an eligible vendor under section 254B.05. This chapter does not apply to an organization whose primary functions are information, referral, diagnosis, case management, and assessment for the purposes of client placement, education, support group services, or self-help programs. This chapter does not apply to the activities of a licensed professional in private practice. A license holder providing the initial set of substance use disorder services allowable under section 254A.03, subdivision 3, paragraph (c), to an individual referred to a licensed nonresidential substance use disorder treatment program after a positive screen for alcohol or substance misuse is exempt from sections 245G.05; 245G.06, subdivisions 1, <u>1a</u> , 2, and 4; 245G.07, subdivisions 1, paragraph (a), clauses (2) to (4), and 2, clauses (1) to (7); and 245G.17.	1/1/2024	H.F.No. 1403 50/2/11
<u>245G.03 Subd. 1 (c)</u>		License requirements. (c) If a program is licensed according to this chapter and is part of a certified community behavioral health clinic under section <u>245.735</u> , the license holder must comply with the requirements in section 245.735, subdivisions <u>4b</u>	8/1/2023	S.F.No. 2995 70/8/38

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		to 4e, as part of the licensing requirements under this chapter.		
245G.05 Subd. 1	<p>Comprehensive assessment. A comprehensive assessment of the client's substance use disorder must be administered face-to-face by an alcohol and drug counselor within three calendar days from the day of service initiation for a residential program or within three calendar days on which a treatment session has been provided of the day of service initiation for a client in a nonresidential program. If the comprehensive assessment is not completed within the required time frame, the person-centered reason for the delay and the planned completion date must be documented in the client's file. The comprehensive assessment is complete upon a qualified staff member's dated signature. If the client received a comprehensive assessment that authorized the treatment service, an alcohol and drug counselor may use the comprehensive assessment for requirements of this subdivision but must document a review of the comprehensive assessment and update the comprehensive assessment as clinically necessary to ensure compliance with this subdivision within applicable timelines. The comprehensive assessment must include sufficient information to complete the assessment summary according to subdivision 2 and the individual treatment plan according to section 245G.06. The comprehensive assessment must include information about the</p>	<p>Comprehensive assessment. (a) A comprehensive assessment of the client's substance use disorder must be administered face-to-face by an alcohol and drug counselor within three <u>five</u> calendar days from the day of service initiation for a residential program or within three calendar days on which a treatment session has been provided of the day of service initiation for a client <u>by the end of the fifth day on which a treatment service is provided in a nonresidential program.</u> <u>The number of days to complete the comprehensive assessment excludes the day of service initiation.</u> If the comprehensive assessment is not completed within the required time frame, the person-centered reason for the delay and the planned completion date must be documented in the client's file. The comprehensive assessment is complete upon a qualified staff member's dated signature. If the client received a comprehensive assessment that authorized the treatment service, an alcohol and drug counselor may use the comprehensive assessment for requirements of this subdivision but must document a review of the comprehensive assessment and update the comprehensive assessment as clinically necessary to ensure compliance with this subdivision within applicable timelines. The comprehensive assessment must include sufficient information to complete the</p>	<u>1/1/2024</u>	H.F.No. 1403 50/2/12

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	client's needs that relate to substance use and personal strengths that support recovery, including:	assessment summary according to subdivision 2 and the individual treatment plan according to section 245G.06. The comprehensive assessment must include information about the client's needs that relate to substance use and personal strengths that support recovery, including:		
245G.05 Subd. 1 (a)(1)	(1) age, sex, cultural background, sexual orientation, living situation, economic status, and level of education;	(1) age, sex, cultural background, sexual orientation, living situation, economic status, and level of education;		
245G.05 Subd. 1 (a)(2)	(2) a description of the circumstances on the day of service initiation;	(2) a description of the circumstances on the day of service initiation;		
245G.05 Subd. 1 (a)(3)	(3) a list of previous attempts at treatment for substance misuse or substance use disorder, compulsive gambling, or mental illness;	(3) a list of previous attempts at treatment for substance misuse or substance use disorder, compulsive gambling, or mental illness;		
245G.05 Subd. 1 (a)(4)	(4) a list of substance use history including amounts and types of substances used, frequency and duration of use, periods of abstinence, and circumstances of relapse, if any. For each substance used within the previous 30 days, the information must include the date of the most recent use and address the absence or presence of previous withdrawal symptoms;	(4) a list of substance use history including amounts and types of substances used, frequency and duration of use, periods of abstinence, and circumstances of relapse, if any. For each substance used within the previous 30 days, the information must include the date of the most recent use and address the absence or presence of previous withdrawal symptoms;		
245G.05 Subd. 1 (a)(5)	(5) specific problem behaviors exhibited by the client when under the influence of substances;	(5) specific problem behaviors exhibited by the client when under the influence of substances;		
245G.05 Subd. 1 (a)(6)	(6) the client's desire for family involvement in the treatment program, family history of substance use and misuse, history or presence of physical or sexual abuse, and level of family support;	(6) the client's desire for family involvement in the treatment program, family history of substance use and misuse, history or presence of physical or sexual abuse, and level of family support;		

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245G.05 Subd. 1 (a)(7)	(7) physical and medical concerns or diagnoses, current medical treatment needed or being received related to the diagnoses, and whether the concerns need to be referred to an appropriate health care professional;	(7) physical and medical concerns or diagnoses, current medical treatment needed or being received related to the diagnoses, and whether the concerns need to be referred to an appropriate health care professional;		
245G.05 Subd. 1 (a)(8)	(8) mental health history, including symptoms and the effect on the client's ability to function; current mental health treatment; and psychotropic medication needed to maintain stability. The assessment must utilize screening tools approved by the commissioner pursuant to section 245.4863 to identify whether the client screens positive for co-occurring disorders;	(8) mental health history, including symptoms and the effect on the client's ability to function; current mental health treatment; and psychotropic medication needed to maintain stability. The assessment must utilize screening tools approved by the commissioner pursuant to section 245.4863 to identify whether the client screens positive for co-occurring disorders;		
245G.05 Subd. 1 (a)(9)	(9) arrests and legal interventions related to substance use;	(9) arrests and legal interventions related to substance use;		
245G.05 Subd. 1 (a)(10)	(10) a description of how the client's use affected the client's ability to function appropriately in work and educational settings;	(10) a description of how the client's use affected the client's ability to function appropriately in work and educational settings;		
245G.05 Subd. 1 (a)(11)	(11) ability to understand written treatment materials, including rules and the client's rights;	(11) ability to understand written treatment materials, including rules and the client's rights;		
245G.05 Subd. 1 (a)(12)	(12) a description of any risk-taking behavior, including behavior that puts the client at risk of exposure to blood-borne or sexually transmitted diseases;	(12) a description of any risk-taking behavior, including behavior that puts the client at risk of exposure to blood-borne or sexually transmitted diseases;		
245G.05 Subd. 1 (a)(13)	(13) social network in relation to expected support for recovery;	(13) social network in relation to expected support for recovery;		

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245G.05 Subd. 1 (a)(14)	(14) leisure time activities that are associated with substance use;	(14) leisure time activities that are associated with substance use;		
245G.05 Subd. 1 (a)(15)	(15) whether the client is pregnant and, if so, the health of the unborn child and the client's current involvement in prenatal care;	(15) whether the client is pregnant and, if so, the health of the unborn child and the client's current involvement in prenatal care;		
245G.05 Subd. 1 (a)(16)	(16) whether the client recognizes needs related to substance use and is willing to follow treatment recommendations; and	(16) whether the client recognizes needs related to substance use and is willing to follow treatment recommendations; and		
245G.05 Subd. 1 (a)(17)	(17) information from a collateral contact may be included, but is not required.	(17) information from a collateral contact may be included, but is not required.		
245G.05 Subd. 1 (b)	(b) If the client is identified as having opioid use disorder or seeking treatment for opioid use disorder, the program must provide educational information to the client concerning:	(b) If the client is identified as having opioid use disorder or seeking treatment for opioid use disorder, the program must provide educational information to the client concerning:		
245G.05 Subd. 1 (b)(1)	(1) risks for opioid use disorder and dependence;	(1) risks for opioid use disorder and dependence;		
245G.05 Subd. 1 (b)(2)	(2) treatment options, including the use of a medication for opioid use disorder;	(2) treatment options, including the use of a medication for opioid use disorder;		
245G.05 Subd. 1 (b)(3)	(3) the risk of and recognizing opioid overdose; and	(3) the risk of and recognizing opioid overdose; and		
245G.05 Subd. 1 (b)(4)	(4) the use, availability, and administration of naloxone to respond to opioid overdose.	(4) the use, availability, and administration of naloxone to respond to opioid overdose.		
245G.05 Subd. 1 (c)	(c) The commissioner shall develop educational materials that are supported by research and	(c) The commissioner shall develop educational materials that are supported by research and		

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	updated periodically. The license holder must use the educational materials that are approved by the commissioner to comply with this requirement.	updated periodically. The license holder must use the educational materials that are approved by the commissioner to comply with this requirement.		
245G.05 Subd. 1 (d)	(d) If the comprehensive assessment is completed to authorize treatment service for the client, at the earliest opportunity during the assessment interview the assessor shall determine if:	(d) If the comprehensive assessment is completed to authorize treatment service for the client, at the earliest opportunity during the assessment interview the assessor shall determine if:		
245G.05 Subd. 1 (d)(1)	(1) the client is in severe withdrawal and likely to be a danger to self or others;	(1) the client is in severe withdrawal and likely to be a danger to self or others;		
245G.05 Subd. 1 (d)(2)	(2) the client has severe medical problems that require immediate attention; or	(2) the client has severe medical problems that require immediate attention; or		
245G.05 Subd. 1 (d)(3)	(3) the client has severe emotional or behavioral symptoms that place the client or others at risk of harm.	(3) the client has severe emotional or behavioral symptoms that place the client or others at risk of harm.		
245G.05 Subd. 1 (d)	If one or more of the conditions in clauses (1) to (3) are present, the assessor must end the assessment interview and follow the procedures in the program's medical services plan under section 245G.08, subdivision 2, to help the client obtain the appropriate services. The assessment interview may resume when the condition is resolved.	If one or more of the conditions in clauses (1) to (3) are present, the assessor must end the assessment interview and follow the procedures in the program's medical services plan under section 245G.08, subdivision 2, to help the client obtain the appropriate services. The assessment interview may resume when the condition is resolved. <u>An alcohol and drug counselor must sign and date the comprehensive assessment review and update.</u>		
245G.05 Subd. 2 (a)	Assessment summary. (a) An alcohol and drug counselor must complete an assessment summary within three calendar days from the day of service initiation for a residential program and within	REPEALED	<u>1/1/2024</u>	H.F.No. 1403 50 Repealed

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	<p>three calendar days on which a treatment session has been provided from the day of service initiation for a client in a nonresidential program. The comprehensive assessment summary is complete upon a qualified staff member's dated signature. If the comprehensive assessment is used to authorize the treatment service, the alcohol and drug counselor must prepare an assessment summary on the same date the comprehensive assessment is completed. If the comprehensive assessment and assessment summary are to authorize treatment services, the assessor must determine appropriate services for the client using the dimensions in Minnesota Rules, part 9500.6622, and document the recommendations.</p>			
245G.05 Subd. 2 (b)	(b) An assessment summary must include:	<u>REPEALED</u>		
245G.05 Subd. 2 (b)(1)	(1) a risk description according to section 245G.05 for each dimension listed in paragraph (c);	<u>REPEALED</u>		
245G.05 Subd. 2 (b)(2)	(2) a narrative summary supporting the risk descriptions; and	<u>REPEALED</u>		
245G.05 Subd. 2 (b)(3)	(3) a determination of whether the client has a substance use disorder.	<u>REPEALED</u>		
245G.05 Subd. 2 (c)	(c) An assessment summary must contain information relevant to treatment service planning	<u>REPEALED</u>		

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	and recorded in the dimensions in clauses (1) to (6). The license holder must consider:			
245G.05 Subd. 2 (c) (1)	(1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with withdrawal symptoms and current state of intoxication;	<u>REPEALED</u>		
245G.05 Subd. 2 (c) (2)	(2) Dimension 2, biomedical conditions and complications; the degree to which any physical disorder of the client would interfere with treatment for substance use, and the client's ability to tolerate any related discomfort. The license holder must determine the impact of continued substance use on the unborn child, if the client is pregnant;	<u>REPEALED</u>		
245G.05 Subd. 2 (c) (3)	(3) Dimension 3, emotional, behavioral, and cognitive conditions and complications; the degree to which any condition or complication is likely to interfere with treatment for substance use or with functioning in significant life areas and the likelihood of harm to self or others;	<u>REPEALED</u>		
245G.05 Subd. 2 (c) (4)	(4) Dimension 4, readiness for change; the support necessary to keep the client involved in treatment service;	<u>REPEALED</u>		
245G.05 Subd. 2 (c) (4)	(5) Dimension 5, relapse, continued use, and continued problem potential; the degree to which the client recognizes relapse issues and has the skills to prevent relapse of either substance use or mental health problems; and	<u>REPEALED</u>		
245G.05	(6) Dimension 6, recovery environment; whether the areas of the client's life are supportive of or	<u>REPEALED</u>		

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Subd. 2 (c) (6)	antagonistic to treatment participation and recovery.			
<u>245G.05 Subd. 3 (a)</u>		Comprehensive assessment requirements. (a) A comprehensive assessment must meet the requirements under section 245I.10, subdivision 6, paragraphs (b) and (c). It must also include:	1/1/2024	H.F.No. 1403 50/2/13
<u>245G.05 Subd. 3 (a)(1)</u>		(1) a diagnosis of a substance use disorder or a finding that the client does not meet the criteria for a substance use disorder;		
<u>245G.05 Subd. 3 (a)(3)</u>		(2) a determination of whether the individual screens positive for co-occurring mental health disorders using a screening tool approved by the commissioner pursuant to section 245.4863;		
<u>245G.05 Subd. 3 (a)(3)</u>		(3) a risk rating and summary to support the risk ratings within each of the dimensions listed in section 254B.04, subdivision 4; and		
<u>245G.05 Subd. 3 (a)(4)</u>		(4) a recommendation for the ASAM level of care identified in section 254B.19, subdivision 1.		
<u>245G.05 Subd. 3 (b)</u>		(b) If the individual is assessed for opioid use disorder, the program must provide educational material to the client within 24 hours of service initiation on:		
<u>245G.05 Subd. 3 (b)(1)</u>		(1) risks for opioid use disorder and dependence;		
<u>245G.05 Subd. 3 (b)(2)</u>		(2) treatment options, including the use of a medication for opioid use disorder;		
<u>245G.05</u>		(3) the risk and recognition of opioid overdose; and		

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<u>Subd. 3 (b)(3)</u>				
<u>245G.05 Subd. 3 (b)(4)</u>		<u>(4) the use, availability, and administration of an opiate antagonist to respond to opioid overdose.</u>		
<u>245G.05 Subd. 3 (b)</u>		<u>If the client is identified as having opioid use disorder at a later point, the required educational material must be provided at that point. The license holder must use the educational materials that are approved by the commissioner to comply with this requirement.</u>		
245G.06 Subd. 1	General. Each client must have a person-centered individual treatment plan developed by an alcohol and drug counselor within ten days from the day of service initiation for a residential program and within five calendar days on which a treatment session has been provided from the day of service initiation for a client in a nonresidential program. Opioid treatment programs must complete the individual treatment plan within 21 days from the day of service initiation. The individual treatment plan must be signed by the client and the alcohol and drug counselor and document the client's involvement in the development of the plan. The individual treatment plan is developed upon the qualified staff member's dated signature. Treatment planning must include ongoing assessment of client needs. An individual treatment plan must be updated based on new information gathered about the client's condition,	General. Each client must have a person-centered individual treatment plan developed by an alcohol and drug counselor within ten days from the day of service initiation for a residential program and within five calendar days , <u>by the end of the tenth day</u> on which a treatment session has been provided from the day of service initiation for a client in a nonresidential program, <u>not to exceed 30 days</u> . Opioid treatment programs must complete the individual treatment plan within 21 days from the day of service initiation. <u>The number of days to complete the individual treatment plan excludes the day of service initiation.</u> The individual treatment plan must be signed by the client and the alcohol and drug counselor and document the client's involvement in the development of the plan. The individual treatment plan is developed upon the qualified staff member's dated signature. Treatment planning	<u>1/1/2024</u>	H.F.No. 1403 50/2/14

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	<p>the client's level of participation, and on whether methods identified have the intended effect. A change to the plan must be signed by the client and the alcohol and drug counselor. If the client chooses to have family or others involved in treatment services, the client's individual treatment plan must include how the family or others will be involved in the client's treatment. If a client is receiving treatment services or an assessment via telehealth and the alcohol and drug counselor documents the reason the client's signature cannot be obtained, the alcohol and drug counselor may document the client's verbal approval or electronic written approval of the treatment plan or change to the treatment plan in lieu of the client's signature.</p>	<p>must include ongoing assessment of client needs. An individual treatment plan must be updated based on new information gathered about the client's condition, the client's level of participation, and on whether methods identified have the intended effect. A change to the plan must be signed by the client and the alcohol and drug counselor. If the client chooses to have family or others involved in treatment services, the client's individual treatment plan must include how the family or others will be involved in the client's treatment. If a client is receiving treatment services or an assessment via telehealth and the alcohol and drug counselor documents the reason the client's signature cannot be obtained, the alcohol and drug counselor may document the client's verbal approval or electronic written approval of the treatment plan or change to the treatment plan in lieu of the client's signature.</p>		
<p><u>245G.06</u> <u>Subd. 1a</u> <u>(a)</u></p>		<p><u>Individual treatment plan contents and process.</u> (a) After completing a client's comprehensive assessment, the license holder must complete an individual treatment plan. The license holder must:</p>	<p><u>1/1/2024</u></p>	<p>H.F.No. 1403 50/2/15</p>
<p><u>245G.06</u> <u>Subd. 1a</u> <u>(a)(1)</u></p>		<p><u>(1) base the client's individual treatment plan on the client's comprehensive assessment;</u></p>		
<p><u>245G.06</u> <u>Subd. 1a</u> <u>(a)(2)</u></p>		<p><u>(2) use a person-centered, culturally appropriate planning process that allows the client's family and other natural supports to observe and participate</u></p>		

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		<u>in the client's individual treatment services, assessments, and treatment planning;</u>		
<u>245G.06 Subd. 1a (a)(3)</u>		<u>(3) identify the client's treatment goals in relation to any or all of the applicable ASAM six dimensions identified in section 254B.04, subdivision 4, to ensure measurable treatment objectives, a treatment strategy, and a schedule for accomplishing the client's treatment goals and objectives;</u>		
<u>245G.06 Subd. 1a (a)(4)</u>		<u>(4) document the ASAM level of care identified in section 254B.19, subdivision 1, under which the client is receiving services;</u>		
<u>245G.06 Subd. 1a (a)(5)</u>		<u>(5) identify the participants involved in the client's treatment planning. The client must participate in the client's treatment planning. If applicable, the license holder must document the reasons that the license holder did not involve the client's family or other natural supports in the client's treatment planning;</u>		
<u>245G.06 Subd. 1a (a)(6)</u>		<u>(6) identify resources to refer the client to when the client's needs will be addressed concurrently by another provider; and</u>		
<u>245G.06 Subd. 1a (a)(7)</u>		<u>(7) identify maintenance strategy goals and methods designed to address relapse prevention and to strengthen the client's protective factors.</u>		
245G.06 Subd. 2	Plan contents. An individual treatment plan must be recorded in the six dimensions listed in section 245G.05, subdivision 2, paragraph (c), must address each issue identified in the assessment	REPEALED	<u>1/1/2024</u>	H.F.No. 1403 50 Repealed

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	summary, prioritized according to the client's needs and focus, and must include:			
245G.06 Subd. 2 (1)	(1) specific goals and methods to address each identified need in the comprehensive assessment summary, including amount, frequency, and anticipated duration of treatment service. The methods must be appropriate to the client's language, reading skills, cultural background, and strengths;	<u>REPEALED</u>		
245G.06 Subd. 2 (2)	(2) resources to refer the client to when the client's needs are to be addressed concurrently by another provider; and	<u>REPEALED</u>		
245G.06 Subd. 2 (3)	(3) goals the client must reach to complete treatment and terminate services.	<u>REPEALED</u>		
245G.06 Subd. 2b (a)	Client record documentation requirements. (a) The license holder must document in the client record any significant event that occurs at the program on the day the event occurs. A significant event is an event that impacts the client's relationship with other clients, staff, or the client's family, or the client's treatment plan.	Client record documentation requirements. (a) The license holder must document in the client record any significant event that occurs at the program on the day <u>within 24 hours</u> of the event occurs. A significant event is an event that impacts the client's relationship with other clients, staff, or the client's family, or the client's treatment plan.	<u>8/1/2023</u>	H.F.No. 1486 49/5
245G.06 Subd. 3	Treatment plan review. A treatment plan review must be entered in a client's file weekly or after each treatment service, whichever is less frequent, by the alcohol and drug counselor responsible for the client's treatment plan. The review must indicate the span of time covered by the review and each of the six dimensions listed in	Treatment plan review. A treatment plan review must be entered in a client's file weekly or after each treatment service, whichever is less frequent, <u>completed</u> by the alcohol and drug counselor responsible for the client's treatment plan. The review must indicate the span of time covered by the review and each of the six	<u>1/1/2024</u>	H.F.No. 1403 50/2/16

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	section 245G.05, subdivision 2, paragraph (c). The review must:	dimensions listed in section 245G.05, subdivision 2, paragraph (c). The review and must:		
245G.06 Subd. 3 (1)	(1) address each goal in the treatment plan and whether the methods to address the goals are effective;	(1) address each goal in the <u>document client goals addressed since the last treatment plan review and whether the identified methods to address the goals are continue to be effective;</u>		
245G.06 Subd. 3 (2)	(2) include monitoring of any physical and mental health problems;	(2) include <u>document</u> monitoring of any physical and mental health problems <u>and include toxicology results for alcohol and substance use, when available;</u>		
245G.06 Subd. 3 (3)	(3) document the participation of others;	(3) document the participation of others <u>involved in the individual's treatment planning, including when services are offered to the client's family or significant others;</u>		
245G.06 Subd. 3 (4)	(4) document staff recommendations for changes in the methods identified in the treatment plan and whether the client agrees with the change; and	(4) <u>if changes to the treatment plan are determined to be necessary, document staff recommendations for changes in the methods identified in the treatment plan and whether the client agrees with the change; and</u>		
245G.06 Subd. 3 (5)	(5) include a review and evaluation of the individual abuse prevention plan according to section 245A.65.	(5) include a review and evaluation of the individual abuse prevention plan according to section 245A.65.; <u>and</u>		
<u>245G.06 Subd. 3 (6)</u>		<u>(6) document any referrals made since the previous treatment plan review.</u>		
<u>245G.06 Subd. 3a (a)</u>		<u>Frequency of treatment plan reviews.</u> (a) A license holder must ensure that the alcohol and drug counselor responsible for a client's treatment plan <u>completes and documents a treatment plan review that meets the requirements of subdivision 3 in each client's file, according to the frequencies</u>	<u>1/1/2024</u>	H.F.No. 1403 50/2/17

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		<u>required in this subdivision. All ASAM levels referred to in this chapter are those described in section 254B.19, subdivision 1.</u>		
<u>245G.06 Subd. 3a (b)</u>		<u>(b) For a client receiving residential ASAM level 3.3 or 3.5 high-intensity services or residential hospital-based services, a treatment plan review must be completed once every 14 days.</u>		
<u>245G.06 Subd. 3a (c)</u>		<u>(c) For a client receiving residential ASAM level 3.1 low-intensity services or any other residential level not listed in paragraph (b), a treatment plan review must be completed once every 30 days.</u>		
<u>245G.06 Subd. 3a (d)</u>		<u>(d) For a client receiving nonresidential ASAM level 2.5 partial hospitalization services, a treatment plan review must be completed once every 14 days.</u>		
<u>245G.06 Subd. 3a (e)</u>		<u>(e) For a client receiving nonresidential ASAM level 1.0 outpatient or 2.1 intensive outpatient services or any other nonresidential level not included in paragraph (d), a treatment plan review must be completed once every 30 days.</u>		
<u>245G.06 Subd. 3a (f)</u>		<u>(f) For a client receiving nonresidential opioid treatment program services according to section 245G.22:</u>		
<u>245G.06 Subd. 3a (f)(1)</u>		<u>(1) a treatment plan review must be completed weekly for the ten weeks following completion of the treatment plan; and</u>		
<u>245G.06 Subd. 3a (f)(2)</u>		<u>(2) monthly thereafter.</u>		

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<u>245G.06 Subd. 3a</u>		<u>Treatment plan reviews must be completed more frequently when clinical needs warrant.</u>		
<u>245G.06 Subd. 3a (g)</u>		<u>(g) Notwithstanding paragraphs (e) and (f), clause (2), for a client in a nonresidential program with a treatment plan that clearly indicates less than five hours of skilled treatment services will be provided to the client each month, a treatment plan review must be completed once every 90 days. Treatment plan reviews must be completed more frequently when clinical needs warrant.</u>		
245G.06 Subd. 4 (b)	Service discharge summary. (b) The service discharge summary must be recorded in the six dimensions listed in section 245G.05, subdivision 2, paragraph (c), and include the following information:	Service discharge summary. (b) The service discharge summary must be recorded in the six dimensions listed in section 245G.05, subdivision 2, paragraph (c) 254B.04, subdivision 4, and include the following information:	<u>1/1/2024</u>	H.F.No. 1403 50/2/18
245G.06 Subd. 4 (b)(3)	(3) a risk description according to section 245G.05;	(3) a risk description according to section 245G.05 <u>rating and description for each of the ASAM six dimensions;</u>		
245G.07 Subd. 2 (8)	Additional Treatment Service. (8) peer recovery support services provided one-to-one by an individual in recovery qualified according to section 245G.11, subdivision 8. Peer support services include education; advocacy; mentoring through self-disclosure of personal recovery experiences; attending recovery and other support groups with a client; accompanying the client to appointments that support recovery; assistance accessing resources to obtain housing, employment, education, and advocacy services; and nonclinical recovery support to assist the	Additional Treatment Service. (8) peer recovery support services provided one-to-one by an individual in recovery qualified according to section 245G.11, subdivision 8 <u>245I.04, subdivision 18</u> . Peer support services include education; advocacy; mentoring through self-disclosure of personal recovery experiences; attending recovery and other support groups with a client; accompanying the client to appointments that support recovery; assistance accessing resources to obtain housing, employment, education, and advocacy services; and nonclinical recovery	<u>Effective upon federal approval.</u>	H.F.No. 1403 50/3/1

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	transition from treatment into the recovery community.	support to assist the transition from treatment into the recovery community.		
245G.08 Subd.3	Standing order protocol. A license holder that maintains a supply of naloxone available for emergency treatment of opioid overdose must have a written standing order protocol by a physician who is licensed under chapter 147, advanced practice registered nurse who is licensed under chapter 148, or physician assistant who is licensed under chapter 147A, that permits the license holder to maintain a supply of naloxone on site. A license holder must require staff to undergo training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both.	Standing order protocol. Emergency overdose treatment. A license holder that maintains a supply of naloxone available for emergency treatment of opioid overdose must have a written standing order protocol by a physician who is licensed under chapter 147, advanced practice registered nurse who is licensed under chapter 148, or physician assistant who is licensed under chapter 147A, that permits the license holder to maintain a supply of naloxone on site. A license holder must require staff to undergo training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both. <u>must follow the emergency overdose treatment requirements in section 245A.242.</u>	<u>7/1/2023</u>	S.F.No. 2934 61/5/7
245G.09 Subd. 3 (1)	Contents. Client records must contain the following: (1) documentation that the client was given information on client rights and responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided an orientation to the program abuse prevention plan required under section 245A.65, subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record must contain documentation that the client was provided educational information according to section 245G.05, subdivision 1, paragraph (b);	Contents. Client records must contain the following: (1) documentation that the client was given information on client rights and responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided an orientation to the program abuse prevention plan required under section 245A.65, subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record must contain documentation that the client was provided educational information according to section 245G.05, subdivision 1 <u>3</u> , paragraph (b);	<u>1/1/2024</u>	H.F.No. 1403 50/2/19

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245G.09 Subd. 3 (2)	(2) an initial services plan completed according to section 245G.04;	(2) an initial services plan completed according to section 245G.04;		
245G.09 Subd. 3 (3)	(3) a comprehensive assessment completed according to section 245G.05;	(3) a comprehensive assessment completed according to section 245G.05;		
245G.09 Subd. 3 (4)	(4) an assessment summary completed according to section 245G.05, subdivision 2;	(4) an assessment summary completed according to section 245G.05, subdivision 2;		
245G.09 Subd. 3 (5)	(5) an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;	(5) (4) an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;		
245G.09 Subd. 3 (6)	(6) an individual treatment plan according to section 245G.06, subdivisions 1 and 2;	(6) (5) an individual treatment plan according to section 245G.06, subdivisions 1 and 2 and 1a;		
245G.09 Subd. 3 (7)	(7) documentation of treatment services, significant events, appointments, concerns, and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, and 3; and	(7) (6) documentation of treatment services, significant events, appointments, concerns, and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, and 3, and 3a; and		
245G.09 Subd. 3 (8)	(8) a summary at the time of service termination according to section 245G.06, subdivision 4.	(8) (7) a summary at the time of service termination according to section 245G.06, subdivision 4.		
245G.11 Subd. 8 (1)	Recovery peer qualifications. A recovery peer must: have a high school diploma or its equivalent;	Recovery peer qualifications. A recovery peer must: (1) have a high school diploma or its equivalent <u>meet the qualifications in section 245I.04, subdivision 18; and</u>	Effective upon federal approval.	H.F.No. 1403 50/3/2
245G.11 Subd. 8 (2)	have a minimum of one year in recovery from substance use disorder;	(2) have a minimum of one year in recovery from substance use disorder; <u>provide services according to the scope of practice established in section 245I.04, subdivision 19, under the supervision of an alcohol and drug counselor.</u>		
245G.11 Subd. 8 (3)	hold a current credential from the Minnesota Certification Board, the Upper Midwest Indian Council on Addictive Disorders, or the National	(3) hold a current credential from the Minnesota Certification Board, the Upper Midwest Indian Council on Addictive Disorders, or the National		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	Association for Alcoholism and Drug Abuse Counselors. An individual may also receive a credential from a tribal nation when providing peer recovery support services in a tribally licensed program. The credential must demonstrate skills and training in the domains of ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support; and	Association for Alcoholism and Drug Abuse Counselors. An individual may also receive a credential from a tribal nation when providing peer recovery support services in a tribally licensed program. The credential must demonstrate skills and training in the domains of ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support; and		
245G.11 Subd. 8 (4)	receive ongoing supervision in areas specific to the domains of the recovery peer's role by an alcohol and drug counselor.	(4) receive ongoing supervision in areas specific to the domains of the recovery peer's role by an alcohol and drug counselor.		
245G.11 Subd. 10 (a)	Student interns. A qualified staff member must supervise and be responsible for a treatment service performed by a student intern and must review and sign each assessment, individual treatment plan, and treatment plan review prepared by a student intern.	Student interns and former students. (a) A qualified staff member must supervise and be responsible for a treatment service performed by a student intern and must review and sign each assessment, individual treatment plan, and treatment plan review prepared by a student intern.	8/1/2023	S.F.No. 2995 70/6/35
<u>245G.11 Subd. 10 (b)</u>		<u>(b) An alcohol and drug counselor must supervise and be responsible for a treatment service performed by a former student and must review and sign each assessment, individual treatment plan, and treatment plan review prepared by the former student.</u>		
245G.11 Subd. 10 (c)	A student intern must receive the orientation and training required in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the treatment staff may be students or licensing candidates with time documented to be directly	<u>(c) A student intern or former student must receive the orientation and training required in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the treatment staff may be students, former students, or licensing candidates with time documented to be directly</u>		

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	related to the provision of treatment services for which the staff are authorized.	related to the provision of treatment services for which the staff are authorized.		
<u>245G.13 Subd. 2 (e)</u>		Staff development. (e) <u>The license holder must ensure that each mandatory reporter, as described in section 260E.06, subdivision 1, is trained on the maltreatment of minors reporting requirements and definitions in chapter 260E before the mandatory reporter has direct contact, as defined in section 245C.02, subdivision 11, with a person served by the program.</u>	<u>1/1/2024</u>	S.F.No. 2995 70/8/39
245G.13 Subd. 2 (e)	A treatment director, supervisor, nurse, or counselor must have a minimum of 12 hours of training in co-occurring disorders that includes competencies related to philosophy, trauma-informed care, screening, assessment, diagnosis and person-centered treatment planning, documentation, programming, medication, collaboration, mental health consultation, and discharge planning. A new staff member who has not obtained the training must complete the training within six months of employment. A staff member may request, and the license holder may grant, credit for relevant training obtained before employment, which must be documented in the staff member's personnel file.	(e) (f) A treatment director, supervisor, nurse, or counselor must have a minimum of 12 hours of training in co-occurring disorders that includes competencies related to philosophy, trauma-informed care, screening, assessment, diagnosis and person-centered treatment planning, documentation, programming, medication, collaboration, mental health consultation, and discharge planning. A new staff member who has not obtained the training must complete the training within six months of employment. A staff member may request, and the license holder may grant, credit for relevant training obtained before employment, which must be documented in the staff member's personnel file.		
245G.22 Subd. 2 (h)	"Placing authority" has the meaning given in Minnesota Rules, part 9530.6605, subpart 21a.	(h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605, subpart 21a.	<u>8/1/2023</u>	H.F.No. 1403 50/2/20
245G.22 Subd. 2 (i)	(i) "Practitioner" means a staff member holding a current, unrestricted license to practice medicine	(i) (h) "Practitioner" means a staff member holding a current, unrestricted license to practice medicine		

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	issued by the Board of Medical Practice or nursing issued by the Board of Nursing and is currently registered with the Drug Enforcement Administration to order or dispense controlled substances in Schedules II to V under the Controlled Substances Act, United States Code, title 21, part B, section 821. Practitioner includes an advanced practice registered nurse and physician assistant if the staff member receives a variance by the state opioid treatment authority under section 254A.03 and the federal Substance Abuse and Mental Health Services Administration.	issued by the Board of Medical Practice or nursing issued by the Board of Nursing and is currently registered with the Drug Enforcement Administration to order or dispense controlled substances in Schedules II to V under the Controlled Substances Act, United States Code, title 21, part B, section 821. Practitioner includes an advanced practice registered nurse and physician assistant if the staff member receives a variance by the state opioid treatment authority under section 254A.03 and the federal Substance Abuse and Mental Health Services Administration.		
245G.22 Subd. 2 (j)	(j) "Unsupervised use" means the use of a medication for the treatment of opioid use disorder dispensed for use by a client outside of the program setting.	(j) (i) "Unsupervised use" means the use of a medication for the treatment of opioid use disorder dispensed for use by a client outside of the program setting.		
245G.22 Subd. 15 (a)	Nonmedication treatment services; documentation. (a) The program must offer at least 50 consecutive minutes of individual or group therapy treatment services as defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first ten weeks following the day of service initiation, and at least 50 consecutive minutes per month thereafter. As clinically appropriate, the program may offer these services cumulatively and not consecutively in increments of no less than 15 minutes over the required time period, and for a total of 60 minutes of treatment services over the time period, and must document the reason for providing services	Nonmedication treatment services; documentation. (a) The program must offer at least 50 consecutive minutes of individual or group therapy treatment services as defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first ten weeks following the day of service initiation, and at least 50 consecutive minutes per month thereafter. As clinically appropriate, the program may offer these services cumulatively and not consecutively in increments of no less than 15 minutes over the required time period, and for a total of 60 minutes of treatment services over the time period, and must document the reason for providing services	<u>8/1/2023</u>	H.F.No. 1403 50/1/17

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	cumulatively in the client's record. The program may offer additional levels of service when deemed clinically necessary.	cumulatively in the client's record. The program may offer additional levels of service when deemed clinically necessary.		
245G.22 Subd. 15 (b)	(b) Notwithstanding the requirements of comprehensive assessments in section 245G.05, the assessment must be completed within 21 days from the day of service initiation.	(b) Notwithstanding the requirements of comprehensive assessments in section 245G.05, the assessment must be completed within 21 days from the day of service initiation.		
245G.22 Subd. 15 (c)	(c) Notwithstanding the requirements of individual treatment plans set forth in section 245G.06:	(c) Notwithstanding the requirements of individual treatment plans set forth in section 245G.06:		
245G.22 Subd. 15 (c) (1)	(1) treatment plan contents for a maintenance client are not required to include goals the client must reach to complete treatment and have services terminated;	(1) treatment plan contents for a maintenance client are not required to include goals the client must reach to complete treatment and have services terminated;		
245G.22 Subd. 15 (c) (2)	(2) treatment plans for a client in a taper or detox status must include goals the client must reach to complete treatment and have services terminated; and	(2) treatment plans for a client in a taper or detox status must include goals the client must reach to complete treatment and have services terminated; and		
245G.22 Subd. 15 (c) (3)	(3) for the ten weeks following the day of service initiation for all new admissions, readmissions, and transfers, a weekly treatment plan review must be documented once the treatment plan is completed. Subsequently, the counselor must document treatment plan reviews in the six dimensions at least once monthly or, when clinical need warrants, more frequently.	(3) for the ten weeks following the day of service initiation for all new admissions, readmissions, and transfers, a weekly treatment plan review must be documented once the treatment plan is completed. Subsequently, the counselor must document treatment plan reviews in the six dimensions at least once monthly or, when clinical need warrants, more frequently.		
<u>245G.22 Subd. 17 (f)</u>		Policies and Procedures. (f) Notwithstanding paragraph (e), from July 1, 2023, to June 30, 2024, a counselor in an opioid treatment program may supervise up to 60 clients. The license holder may	<u>7/1/2023</u>	H.F.No. 1403 50/1/18

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		<p><u>continue to serve a client who was receiving services at the program on June 30, 2024, at a counselor to client ratio of up to one to 60 and is not required to discharge any clients in order to return to the counselor to client ratio of one to 50. The license holder may not, however, serve a new client after June 30, 2024, unless the counselor who would supervise the new client is supervising fewer than 50 existing clients.</u></p>		
245G.22 Subd. 19	<p>Placing authorities . A program must provide certain notification and client-specific updates to placing authorities for a client who is enrolled in Minnesota health care programs. At the request of the placing authority, the program must provide client-specific updates, including but not limited to informing the placing authority of positive drug testings and changes in medications used for the treatment of opioid use disorder ordered for the client.</p>	REPEALED	8/1/2023	H.F.No. 1403 50 Repealed
<u>148F.01</u> Subd. 14a		<p>Former student. "Former student" means an individual who has completed the educational requirements under section 148F.025, subdivision 2, or 148F.035, paragraph (a).</p>	8/1/2023	H.F.No. 1486 49/1
<u>148F.11</u> Subd. 2a (a)		<p>148F.11 EXCEPTIONS TO LICENSE REQUIREMENT. Former students. (a) A former student may practice alcohol and drug counseling for 90 days from the former student's degree conferral date from an accredited school or educational program or from the last date the former student received credit for an alcohol and drug counseling course</p>	8/1/2023	H.F.No. 1486 49/2

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		<p><u>from an accredited school or educational program. The former student's practice must be supervised by an alcohol and drug counselor or an alcohol and drug counselor supervisor, as defined in section 245G.11. The former student's practice is limited to the site where the student completed their internship or practicum. A former student must be paid for work performed during the 90-day period.</u></p>		
<p><u>148F.11 Subd. 2a (b)</u></p>		<p><u>(b) The former student's right to practice automatically expires after 90 days from the former student's degree conferral date or date of last course credit for an alcohol and drug counseling course, whichever occurs last.</u></p>		
<p>245A.19 (a)</p>	<p>245A.19 HIV TRAINING IN SUBSTANCE USE DISORDER TREATMENT PROGRAM. (a) Applicants and license holders for substance use disorder residential and nonresidential programs must demonstrate compliance with HIV minimum standards prior to their application being complete. The HIV minimum standards contained in the HIV-1 Guidelines for substance use disorder treatment and care programs in Minnesota are not subject to rulemaking.</p>	<p>245A.19 HIV TRAINING IN SUBSTANCE USE DISORDER TREATMENT PROGRAM. (a) Applicants and license holders for substance use disorder residential and nonresidential programs must demonstrate compliance with HIV minimum standards prior to <u>before</u> their application being <u>is</u> complete. The HIV minimum standards contained in the HIV-1 Guidelines for substance use disorder treatment and care programs in Minnesota are not subject to rulemaking.</p>	<p><u>8/1/2023</u></p>	<p>H.F.No. 1486 49/3</p>
<p>245A.19 (b)</p>	<p>(b) Ninety days after April 29, 1992, the applicant or license holder shall orient all substance use disorder treatment staff and clients to the HIV minimum standards. Thereafter, orientation shall be provided to all staff and clients, within 72 hours of employment or admission to the program. In-</p>	<p>(b) Ninety days after April 29, 1992, The applicant or license holder shall orient all substance use disorder treatment staff and clients to the HIV minimum standards. Thereafter, orientation shall be provided to all staff and clients, within 72 hours of employment or admission to the program. In-</p>		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	service training shall be provided to all staff on at least an annual basis and the license holder shall maintain records of training and attendance.	service training shall be provided to all staff on at least an annual basis and the license holder shall maintain records of training and attendance.		
245A.19 (c)	(c) The license holder shall maintain a list of referral sources for the purpose of making necessary referrals of clients to HIV-related services. The list of referral services shall be updated at least annually.	(c) The license holder shall maintain a list of referral sources for the purpose of making necessary referrals of clients to HIV-related services. The list of referral services shall be updated at least annually.		
245A.19 (d)	(d) Written policies and procedures, consistent with HIV minimum standards, shall be developed and followed by the license holder. All policies and procedures concerning HIV minimum standards shall be approved by the commissioner. The commissioner shall provide training on HIV minimum standards to applicants.	(d) Written policies and procedures, consistent with HIV minimum standards, shall be developed and followed by the license holder. All policies and procedures concerning HIV minimum standards shall be approved by the commissioner. The commissioner shall provide training on HIV minimum standards to applicants <u>must outline the content required in the annual staff training under paragraph (b).</u>		
245A.19 (e)	(e) The commissioner may permit variances from the requirements in this section. License holders seeking variances must follow the procedures in section 245A.04, subdivision 9.	(e) The commissioner may permit variances from the requirements in this section. License holders seeking variances must follow the procedures in section 245A.04, subdivision 9.		

- ASAM language updates impacting 245G can be found in the 254B Side-by-Side
- Additional Comprehensive Assessment updated language can be found in the 245I Side-by-Side
- See Opioid Epidemic Response Side-by-Side for Emergency Overdose Treatment language (opioid antagonists).