

245F Withdrawal Management: Side-by-Side Legislative Changes 2023

Includes: Changes to Comprehensive Assessments relevant to 245F, Start Up and Capacity Building Grants.

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
245F.04 Subd. 1	General application and license requirements. An applicant for licensure as a clinically managed withdrawal management program or medically monitored withdrawal management program must meet the following requirements, except where otherwise noted. All programs must comply with federal requirements and the general requirements in sections 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management program must be located in a hospital licensed under sections 144.50 to 144.581, or must be a supervised living facility with a class B license from the Department of Health under Minnesota Rules, parts 4665.0100 to 4665.9900.	General application and license requirements. An applicant for licensure as a clinically managed withdrawal management program or medically monitored withdrawal management program must meet the following requirements, except where otherwise noted. All programs must comply with federal requirements and the general requirements in sections 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management program must be located in a hospital licensed under sections 144.50 to 144.581, or must be a supervised living facility with a class <u>A or B</u> license from the Department of Health under Minnesota Rules, parts 4665.0100 to 4665.9900.	<u>8/1/2023</u>	H.F.No. 1486 49/4
245F.06 Subd. 2 (a)	Comprehensive assessment and assessment summary. (a) Prior to a medically stable discharge, but not later than 72 hours following admission, a license holder must provide a comprehensive assessment and assessment summary according to sections 245.4863, paragraph (a), and 245G.05, for each patient who has a positive screening for a substance use	Comprehensive assessment and assessment summary. (a) Prior to a medically stable discharge, but not later than 72 hours following admission, a license holder must provide a comprehensive assessment and assessment summary according to sections 245.4863, paragraph (a), and 245G.05, for each patient who has a positive screening for a substance use	<u>8/1/2023</u>	H.F.No. 1403 50/2/7

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	disorder. If a patient's medical condition prevents a comprehensive assessment from being completed within 72 hours, the license holder must document why the assessment was not completed. The comprehensive assessment must include documentation of the appropriateness of an involuntary referral through the civil commitment process.	disorder. If a patient's medical condition prevents a comprehensive assessment from being completed within 72 hours, the license holder must document why the assessment was not completed. The comprehensive assessment must include documentation of the appropriateness of an involuntary referral through the civil commitment process.		
245A.19 (a)	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.	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.	8/1/2023	H.F.No. 1486 49/3
245A.19 (b)	(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-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.	(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-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.		

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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.		
<u>254A.19 Subd. 7</u>		<u>Assessments for detoxification programs.</u> For <u>detoxification programs licensed under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a "chemical use assessment" is a comprehensive assessment completed according to the requirements of section 245G.05 and a "chemical dependency assessor" or "assessor" is an individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/26
<u>254B.17</u>		<u>WITHDRAWAL MANAGEMENT START-UP AND CAPACITY-BUILDING GRANTS.</u> The commissioner <u>must establish start-up and capacity-building grants for prospective or new withdrawal management programs licensed under chapter 245F that will meet medically monitored or clinically monitored levels of care. Grants may be used for expenses that are not reimbursable under Minnesota health care programs, including but not limited to:</u>	<u>7/1/2023</u>	S.F.No. 2934 61/4/12

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<u>254B.17</u> <u>(1)</u>		<u>(1) costs associated with hiring staff;</u>		
<u>254B.17</u> <u>(2)</u>		<u>(2) costs associated with staff retention;</u>		
<u>254B.17</u> <u>(3)</u>		<u>(3) the purchase of office equipment and supplies;</u>		
<u>254B.17</u> <u>(4)</u>		<u>(4) the purchase of software;</u>		
<u>254B.17</u> <u>(5)</u>		<u>(5) costs associated with obtaining applicable and required licenses;</u>		
<u>254B.17</u> <u>(6)</u>		<u>(6) business formation costs;</u>		
<u>254B.17</u> <u>(7)</u>		<u>(7) costs associated with staff training; and</u>		
<u>254B.17</u> <u>(8)</u>		<u>(8) the purchase of medical equipment and supplies necessary to meet health and safety requirements.</u>		

- See 245G Side-by-Side for changes that affect the Comprehensive Assessment.
- Additional Comprehensive Assessment updates can also be found in the 245I Side-by-Side
- See 254B Side-by-Side for changes regarding ASAM levels of care.
- See Opioid Epidemic Response Side-by-Side for Emergency Overdose Treatment (opioid antagonists).