

Participant Guide

A keep-and-reference handout for 2025–2026 Minnesota Legal Update for SUD Program Managers & Staff (245G) (LU-03). CareCertify · MN 2026 Legal Update Series · 1.5 CE Hours · Audience: SUD Program Managers & Staff.

Why this matters

Across 2024–2026, Minnesota rebuilt chapter 245G in two waves: August 2025 loosened who can do the work while tightening timelines and documentation; July 2026 restructured the services themselves — new categories, 15-minute units, and ASAM-aligned psychosocial hours. This guide is the desk reference for both.

Two-wave calendar

- Jan 1, 2025 — opioid educational material at service initiation; peer recovery tied to §254B.052.
- Aug 1, 2025 — Wave 1: expanded assessors; OTP 14-day plans; guest-speaker notes; schedule II–V med counts; orientation deadlines; coordinator/permit/adolescent/naloxone staffing rules; §144.651 patient rights.
- May 15, 2026 — treatment-coordinator qualifications loosened (HS-diploma pathway).
- Jul 1, 2026 — Wave 2: psychosocial restructure + 15-minute units (*or upon federal approval, whichever is later — verify).
- Aug 1, 2026 — discharge summaries in 5 business days; peer-supervision language change.
- Jan 1, 2027 — tobacco/nicotine educational material; RCO compliance training for enrollment.
- Jul 1, 2027 — audio-only telehealth sunsets unless extended.
- Jan 1, 2028 — Uniform Service Standards (CCBHC → §245I.17) for affiliated programs.

The orientation stopwatch (§245G.09 subd. 3)

- Day of service initiation: client rights & responsibilities, grievance procedures, opioid educational material.
- Within 24 hours of admission: abuse prevention plan orientation (72 hours only with a documented reason).
- Within 72 hours: TB and HIV information.
- Intra-provider transfers: re-orient only to the new location's grievance procedure, abuse prevention plan, and maltreatment reporting.

Who can do what (after both waves)

- Comprehensive assessments: LADC; MHP within scope + 12 documented SUD hours; supervised clinical trainee; APRN + 12 hours.
- Psychosocial services (counseling/psychoeducation): LADC or professional on the commissioner's list, within scope.
- Treatment coordination: qualified coordinator (15 hrs training + HS diploma/equivalent or MH-practitioner; 1,000 supervised hours — weekly supervision until reached, then monthly) or LADC.
- Recovery support services: behavioral health practitioner (≥1 hr/month LADC/MHP supervision; no treatment-supervision role).
- Peer recovery: recovery peer per §245I.04 subd. 18–19 (one-to-one; supervision per 245I from 8/1/26).
- Temporary-permit ADCs: may complete assessments, plans, reviews, discharge summaries — weekly documented supervision.
- Paraprofessionals: intake/orientation support OK; no admission/transfer/discharge decisions; no treatment services unless separately qualified.

- Avoid dual-hatting clinical and non-clinical roles for the same client.

Service types cheat sheet (Wave 2)

- Counseling (REQUIRED): evidence-based therapeutic work; individual (may include family/natural supports) or group.
- Psychoeducation (REQUIRED): structured presentation + interactive discussion + practical exercises; topics incl. medications/adherence, TB/HIV/STI/hepatitis/pregnancy, harm reduction.
- Treatment coordination (as needed): single-client, external-facing; includes harm-reduction connections and direct hand-offs at level-of-care transitions; NOT internal staff talk; need not be face-to-face.
- Recovery support services (optional): daily living/life skills, community integration, trigger & crisis planning.
- Peer recovery (optional): one-to-one, per §§254B.05/.052.
- NOT treatment: milieu supervision, transport, waiting at appointments, UA collection.
- Groups: cohesive — same service, same time, all interacting; max 16 per DHS guidance.

Billing & hours (verify federal-approval status first)

- 15-minute unit codes replace H2035 for time-based outpatient services; coordination (T1016-HN-U8) and peer recovery (H0038-U8) unchanged.
- Psychosocial hours match ASAM level (adults): ≤8/wk (1.0); 9–19/wk (2.1); ≥20/wk (2.5); ≥5/wk (3.1); daily (3.3/3.5).
- No-PA caps: 24 units/day, 120 units/week psychosocial; recovery support 16 units/day.
- Enhanced rates (§254B.0507) continue at the same ratios; existing revenue codes/claim formats.
- Coordination and ancillary services sit OUTSIDE psychosocial hour counts.
- UM still reviews against ASAM 3rd Edition; 4th Edition is voluntary; discharge summaries record six dimensions.

Medications & OTP

- Shift counts: all schedule II–V drugs through a documentation system.
- OTP: dispensing-practitioner requirements + signed attestations (no Board of Pharmacy license); central registry without photo-ID/DL numbers; individualized federal take-home criteria; 14-day treatment plans; prior-OTP time creditable to the 10-week window with records.

Peer recovery integrity (§254B.052)

- Face-to-face, one-on-one, plan-tied, voluntary (written notice); barred where client lives with/employs the peer.
- Per-interaction documentation: date, start/end times (a.m./p.m.), client response, peer name — plus referral assessment and recovery plan.
- RCO compliance training: enrollment condition 1/1/27; DHS offering by 7/1/26; existing RCOs document by 1/1/28.
- Noncompliant services: monetary recovery (§256B.064); complaints to the behavioral-health ombudsperson.

Remember

- Wave 1 is live — orientation runs on a stopwatch.
- Name the service correctly: counseling, psychoeducation, coordination, recovery support, peer — or supportive (not billable).
- Hours match the ASAM level; units are 15 minutes; verify federal approval.

- Workforce changed twice — fix job descriptions and supervision schedules.
- Calendar the telehealth sunset (7/1/27) and tobacco materials (1/1/27).

Legal references

Minn. Stat. §245G.04-.09, §245G.11, §245G.18-.19, §245G.22; §254B.19; §254B.052; §254B.0505 & §254B.0507; §144.651 subd. 2; §245A.242; Laws 2024 ch. 108; Laws 2025 ch. 38; Laws 2025 1st Spec. Sess. ch. 9 art. 4; Laws 2026 ch. 95 art. 5 & ch. 121 art. 7; DHS 'Information on 2026 SUD Changes' (Apr 2026).

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