



Alcohol and Drug Abuse Division
Minnesota Matrix

RULE 25 RISK DESCRIPTIONS GUIDE

		DIMENSION I	DIMENSION II	DIMENSION III	DIMENSION IV	DIMENSION V	DIMENSION VI
		<i>Intox/Withdrawal</i>	<i>Biomedical</i>	<i>Emotion/Behav/Cogn</i>	<i>Readiness for Change</i>	<i>Relapse/Cont'd. Use</i>	<i>Recovery Environ.</i>
SEVERITY RATING	0	Displays full functioning with good ability to tolerate and cope with withdrawal discomfort. No signs or symptoms of intoxication or withdrawal or resolving signs or symptoms.	Displays full functioning with good ability to cope with physical discomfort.	Good impulse control and coping skills and presents no risk of harm to self or others. Functions in all life areas and displays no emotional, behavioral, or cognitive problems or the problems are stable.	Cooperative, motivated, ready to change, admits problems, committed to change, and engaged in treatment as a responsible participant.	Recognizes risk well and is able to manage potential problems.	Engaged in structured, meaningful activity and has a supportive significant other, family, and living environment.
	1	Can tolerate and cope with withdrawal discomfort. Displays mild to moderate intoxication or signs and symptoms interfering with daily functioning but does not immediately endanger self or others. Poses minimal risk of severe withdrawal.	Tolerates and copes with physical discomfort and is able to get the services that s/he needs.	Has impulse control and coping skills. Presents a mild to moderate risk of harm to self or others without means or displays symptoms of emotional, behavioral, or cognitive problems. Has a mental health diagnosis and is stable. Functions adequately in significant life areas.	Motivated with active reinforcement, to explore Tx and strategies for change, but ambivalent about illness or need for change.	Recognizes relapse issues and prevention strategies, but displays some vulnerability for further substance use or mental health problems.	Passive social network support or family and significant other are not interested in the client's recovery. The client is engaged in structured meaningful activity.
	2	Some difficulty tolerating and coping with withdrawal discomfort. Intoxication may be severe, but responds to support and treatment such that the client does not immediately endanger self or others. Displays moderate signs and symptoms with moderate risk of severe withdrawal.	Difficulty tolerating and coping with physical problems or has other biomedical problems that interfere with recovery and mental health treatment. Neglects or does not seek care for serious biomedical problems.	Difficulty with impulse control and lacks coping skills. Thoughts of suicide or harm to others without plan or means; however, the thoughts may interfere with participation in some Tx activities. Difficulty functioning in significant life areas. Moderate symptoms of emotional, behavioral, or cognitive problems. Able to participate in most Tx activities.	Displays verbal compliance, but lacks consistent behaviors; has low motivation for change; is passively involved in Tx.	A) Minimal recognition and understanding of relapse and recidivism issues and displays moderate vulnerability for further substance use or mental health problems. B) Some coping skills inconsistently applied.	Engaged in structured, meaningful activity, but peers, family, significant other, and living environment are unsupportive, or there is criminal justice involvement by the client or among the client's peers, significant others, or in the client's living environment.
	3	Tolerates and copes with withdrawal discomfort poorly. Severe intoxication, such that the client endangers self or others, or intoxication has not abated with support and treatment at less intensive levels of services. Displays severe signs and symptoms; or risk of severe, but manageable withdrawal; or withdrawal worsening despite detox at less intensive level.	Tolerates and copes poorly with physical problems or has poor general health. Neglects medical problems without active assistance.	Severe lack of impulse control and coping skills. Frequent thoughts of suicide or harm to others including a plan and the means to carry out the plan. Severely impaired in significant life areas and has severe symptoms of emotional, behavioral, or cognitive problems that interfere with the client's participation in Tx activities.	Displays inconsistent compliance, minimal awareness of either the client's addiction or mental disorder, and is minimally cooperative.	Poor recognition and understanding of relapse and recidivism issues and displays moderately high vulnerability for further substance use or mental health problems. Has few coping skills, rarely applied.	Not engaged in structured, meaningful activity and the client's peers, family, significant other, and living environment are unsupportive, or there is significant criminal justice system involvement.
	4	Incapacitated with severe signs and symptoms. Displays severe withdrawal and is a danger to self or others.	Unable to participate in Tx and has severe medical problems, a condition that requires immediate intervention, or is incapacitated.	Severe emotional or behavioral symptoms that place the client or others at acute risk of harm. Intrusive thoughts of harming self or others. Unable to participate in Tx activities.	(A) Non compliant with Tx and has no awareness of addiction or mental disorder and does not want or is unwilling to explore change or is in total denial of the illness and its implications, or (B) Dangerously oppositional to the extent s/he is a threat of imminent harm to self and others.	No recognition or understanding of relapse and recidivism issues and displays high vulnerability for further substance use disorder of mental health problems. No coping skills to arrest mental health or addiction illnesses, or prevent relapse.	(A) Chronically antagonistic significant other, living environment, family, peer group or long-term criminal justice involvement that is harmful to recovery or Tx progress, or (B) Actively antagonistic significant other, family, work or living environment, with immediate threat to the client's safety.

KEY

 If it is determined that the client is in severe withdrawal/is likely to be a danger to self or others; has severe medical problems that require immediate attention; or has severe emotional or behavioral symptoms that place the client or others at risk of harm, the interview is ended and appropriate services are provided.

 Clients are entitled to receive any treatment services that respond to the need/scores in each of the six dimensions when they:

- Meet CCDTF eligibility guidelines, AND
- Meet DSM 5 criteria for a substance use disorder, AND
- Receive a Severity Rating of 2, 3, or 4 in Dimension IV, V, or VI.

Service Coordination means helping the client obtain the services and support the client needs to establish a lifestyle free from the harmful effects of substance abuse disorder. Subpart 24a. Of the changes to Rule 25

Room, board, and supervision according to 9530.6530, Subpart 1H and Minnesota Statutes, section 254B.03 and 254B.05

EXCEPTIONS TO PLACEMENT REQUIREMENTS

Subpart 9. Client Choice: The placing authority must authorize chemical dependency treatment services that are appropriate to the client's age, gender, culture, race, ethnicity, sexual orientation, or disability, according to the client's preference. The placing authority maintains responsibility and right to choose the specific provider. The provider must meet the criteria in Minnesota Statutes section 245B.05 and apply under part 9505.0195 to participate in the medical assistance program. The placing authority may deviate from the treatment planning decisions in part 9530.6622 if necessary to authorize appropriate services according to this subpart.

Subpart 10. Distance exceptions. The placing authority may authorize residential service although residential service is not indicated according to part 9530.6622, if the placing authority determines that a non-residential service is not available within 30 miles of the client's home and the client accepts residential service.

Subpart 11. Faith-based provider referral. When the placing authority recommends services from a faith-based provider, the client must be allowed to object to the placement on the basis of the client's religious choice. If client objects, the client must be given an alternate referral.

Subpart 12. Adolescent exceptions. An adolescent client assessed as having a substance use disorder may be placed in a program offering room and board when one of the criteria in item A or B can be documented.

- a. The adolescent client has participated in a non-residential treatment program in the past year, and the non-residential treatment proved to be insufficient to meet the client's needs.
- b. The adolescent client has a mental disorder documented by a mental health professional, as defined in MN Statutes, section 245.462, subd. 18, and 245.4871, subd. 27, that in combination with a substance use disorder present a serious health risk to a client.

RULE 25 TREATMENT PLANNING DECISION GUIDE

RULE 25 TREATMENT PLANNING DECISION GUIDE						
SEVERITY RATING	DIMENSION I	DIMENSION II	DIMENSION III	DIMENSION IV	DIMENSION V	DIMENSION VI
	Intox/Withdrawal	Biomedical	Emotion/Behav/Cogn	Readiness for Change	Relapse/Cont'd. Use	Recovery Environ.
0	Tx planning decision isn't impacted.	Tx planning decision isn't impacted.	MAY use the attributes in the risk description to support efforts in other dimensions.	MAY use the attributes in the risk description to support efforts in other dimensions.	MAY facilitate peer support.	MAY use strengths in this dimension to address issues in other dimensions.
1	SHOULD arrange for or provide needed withdrawal monitoring that includes scheduled check-ins as determined by a health care professional.	MAY refer for medical services.	MAY monitoring and observation of behavior to determine whether stability has improved or declined in conjunction with other Tx.	MUST active reinforcement and awareness-raising strategies in conjunction with other Tx services for the client.	MAY promote peer support and authorize counseling services to reduce risk.	MAY promote peer support and awareness raising for the significant other and family.
2	MUST arrange for withdrawal monitoring services or pharmacological interventions with on-site monitoring by specially trained staff for less than 24 hours. MAY authorize withdrawal monitoring as a part of or preceding Tx.	MUST arrange for appropriate health care services and monitoring progress and Tx compliance in conjunction with other Tx services.	MUST Tx services that include referral to and consultation with mental health professionals as indicated, monitoring mental health problems and treatment compliance as part of other CD treatment and adjustment of client's services as appropriate.	MUST recommend Tx services that include client engagement strategies.	A) MUST recommend Tx services that include counseling services to reduce relapse risk and facilitate participation in peer support groups. B) May promote peer support, counseling services or service coordination to programs complying with 9530.6500 or 42 CFR Part 8. (Methadone)	MUST recommend Tx services that help participation in a peer support group, engage the significant other or family to support Tx, and help client develop coping skills or change the recovery environment.
3	MUST arrange for detox with 24-hour structure. Unless a monitored pharmacological intervention is authorized, the detox must be provided in a facility that meets the client requirements in 9530.6510 to 9530.6590 or in a hospital as a part of or preceding Tx. (Room & Board)	MUST authorize immediate medical assessment services in conjunction with other Tx services. MUST Tx services in a medical setting based on the client's history and presenting problems.	MUST integrated chemical and mental health Tx services provided by provider licensed under part 9530.6495 and provides 24-hour supervision. (Service Coordination) (Room & Board)	MUST recommend Tx services that have specific engagement or motivational capability. (Service Coordination)	MUST recommend Tx services that include counseling services to help the client develop insight and build recovery skills. (Service Coordination)	MUST recommend Tx services in severity 2 above, service coordination, and assistance with finding an appropriate living arrangement. (Service Coordination)
4	MUST arrange detox services with 24-hour medical care and nursing supervision preceding Tx.	MUST refer for immediate medical intervention to secure safety. MUST delay Tx services until able to participate in most Tx activities.	MUST refer for acute psychiatric care with 24-hour supervision. MUST delay Tx services until risk description reduced to severity 3 in this dimension or must refer to a mental health crisis response.	MUST recommend Tx services that include (A) service coordination and specific engagement or motivational capability; (Service Coordination); or (B) 24-hour supervision and care that meets the requirement of part 9530.6505	MUST recommend Tx services that include counseling services to help develop insight, service coordination, and may include room and board with 24 hour structure. (Service Coordination) (Room & Board)	MUST recommend Tx services that include room and board with 24-hour structure if appropriate living environment is not readily available. Must also include either (A) the Tx in severity 3 above and appropriate ancillary services or (B) Tx services that include service coordination and immediate intervention to secure safety. (Service Coordination) (Room & Board)