DEPARTMENT OF HUMAN SERVICES

Information on 2026 Changes: Substance Use Disorder

Updated July 13, 2026

The planned effective date of changes has been updated from July 1, 2026, to August 1, 2026. Additional information has been added on treatment services statute language on pages 1 and 10, qualified professionals on page 3, claim format on page 7, modifier codes on outpatient billing claims on page 9, and differences between counseling and psychoeducation on page 14.

The 2025 legislative session included multiple changes which affect SUD service providers that have a planned effective date of August 1, 2026. Providers should be reviewing and preparing for these changes, so they are ready to implement them on the effective date.

- For all SUD providers: New types and descriptions for SUD treatment services in statute 245G.07
- For outpatient SUD providers: New billing codes and units

Details of the legislation can be found on the DHS SUD Reform website. All changes require federal approval before becoming effective.

The MHCP Provider Manual, including the Revenue and Procedure Codes table and the SUD Service Rate Grid, will be updated closer to the effective date of changes.

SUD Services Changes for All Providers

What is changing

Treatment service types

The types of treatment services for SUD providers were modified to align with ASAM standards. SUD treatment programs must offer counseling, psychoeducation, and treatment coordination (as needed) to clients unless clinically inappropriate and the justifying clinical rationale is documented. SUD treatment programs may also choose to offer recovery support and peer recovery, based on individual client needs. Other SUD providers may offer treatment services according to the vendor eligibility requirements in MN Statutes, section 254B.0501.

Update July 13, 2026: to clarify, section 245G.07, subdivision 2, was repealed and the additional treatment services described in clauses (1) through (6) will no longer be SUD treatment services effective August 1, 2026. See Addendum 1 on page 10 for the statute language in section 245G.07 that will be in effect August 1, 2026.

SUD Treatment Service	Description	Format	Qualifications
Counseling	Provide client with professional assistance in managing substance use disorder and co-occurring conditions	Can be provided individually or in a group of up to 16 clients	Alcohol and drug counselors and other qualified professionals in the mental health and medical field (see next section)
Psychoeducation	Provide client with information about substance use and co-occurring conditions	Can be provided individually or in a group	Alcohol and drug counselors and other qualified professionals in the mental health and medical field (see next section)
Treatment Coordination	Coordinate or assist client in obtaining resources and services that support recovery that are not available within the SUD program, when needed	Can be provided individually, on behalf of a single client, or to a single client and other supports or professionals involved in the client's treatment and recovery	Treatment coordinator qualified according to section 245G.11, subdivision 7 or alcohol and drug counselor qualified according to section 245G.11, subdivision 5
Recovery Support (optional)	Support and assist client with restoring skills and functioning for stability, community integration, and well-being	Can be provided individually or in a group.	Behavioral health practitioner qualified according to section 245G.11, subdivision 12
Peer Recovery (optional)	Support maintenance of a client's recovery by promoting recovery goals, self-sufficiency, self-advocacy, and development of natural supports	Can be provided individually.	Recovery peer qualified according to section 245G.11, subdivision 8

Professionals qualified to provide services

The following is a current list of professionals, required by Minnesota Statutes, section 245G.07, subdivision 3, paragraph (b), who are qualified to provide psychosocial treatment services when working within their

professional scope of practice. Psychosocial services are counseling and psychoeducation, as described in Minnesota Statutes, section 245G.07, subdivision 1a. The specific services allowed to be provided by each of these credentials are limited to the scope of practice allowed by the applicable licensing board. Some scopes of practice are limited to very specific types of services and only under certain conditions. All licenses must be valid and issued by a Minnesota licensing board.

- Alcohol and Drug Counselor, as described in Minnesota Statutes, section 245G.11, subdivision 5
- Alcohol and Drug Counselor - Temporary Permit, as described in Minnesota Statutes, section 245G.11, subdivision 11
- Student intern and former student as described in Minnesota Statutes, sections 245G.11, subdivision 10, and 245G.01, subdivisions 13c and 21
- Licensed Mental Health Professionals (MHP), as described Minnesota Statutes, section 245I.04, subdivision 2.
- Master's level mental health students or licensing candidates supervised according to their board standards
- Licensed Social Worker (LSW)
- Licensed Graduate Social Worker (LGSW)
- Licensed Independent Social Worker (LISW)
- Licensed Professional Counselor (LPC)
- Licensed Associate Marriage and Family Therapist (LAMFT)
- Licensed Psychological Practitioner (LPP)
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN) - (may only provide individual education per Board of Nursing)
- Advanced Practice Registered Nurse (APRN)
- Physician Assistant (PA)
- Medical Doctor (MD)
- Doctor of Osteopathic Medicine (DO)
- Licensed Nutritionist
- Licensed Dietitian
- Licensed Occupational Therapist

Update July 13, 2026: the List of Professionals Qualified to Provide Treatment Services maintained by the commissioner has been updated to reflect the statute change from professionals qualified to provide treatment services to professionals qualified to provide psychosocial services specifically, as listed above. The following professionals have been able to provide treatment services under the current treatment services descriptions but are not included on the list to provide psychosocial services:

- Licensed Pharmacist
- Physical Therapist
- Doctor of Chiropractic

- Licensed Acupuncturist
- Licensed Teacher with Family Education/Early Childhood, or Parent and Family Education
- Certified Therapeutic Recreation Specialist (CTRS) certified by National Council for Therapeutic Recreation Certification (NCTRC)

ASAM Level of Care Alignment

Each ASAM level of care requires a standardized amount of clinical treatment services per week, which are listed in MN Statutes, section 254B.19, subdivision 1, paragraph (a). The statute was modified to identify the required services as "psychosocial" services to align ASAM 4th Edition, rather than "skilled" services, which is from ASAM 3rd Edition. Psychosocial services are defined in MN Statutes, section 245G.07, subdivision 1a, as counseling and psychoeducation. Ancillary services (recovery support and peer recovery) and treatment coordination do not count towards the required amounts of psychosocial treatment services for each level of care but may be provided in addition to the psychosocial services.

What providers need to do

Review and revise treatment services policies

Make sure you have an updated description of treatment services ready to implement.

- The description of treatment services, required by MN Statutes, section 245G.12, clause (10), must include the amount and type of services provided, according to the revised service types on page 2.
- Services need to meet the requirements for the ASAM level(s) of care being provided, as required by MN Statutes, section 254B.19, subdivision 1, paragraph (a), including the change from "skilled treatment services" to "psychosocial services" noted above.
- Outpatient providers may choose to revise their schedule based on the new 15-minute billing units, for example to have shorter groups to accommodate client needs or to have a brief psychoeducation session followed by a longer counseling session.

Discuss types of services with staff

Make sure that staff providing services understand the treatment service changes and can differentiate between the service types.

- Counseling and psychoeducation: These services are both provided by qualified substance use, mental health, or medical professionals, but have different presentations and purposes.
    - The descriptions of counseling and psychoeducation in MN Statutes, section 245G.07, subdivision 1a are adapted from ASAM 4th Edition with some additional detail meant to be examples of the two types of services.
        - Counseling provides guidance in managing substance use and co-occurring disorders using therapeutic interactions including individualized feedback and emotional processing.

        - Psychoeducation provides information about substance use and co-occurring disorders using educational approaches, including structured presentations, didactic teaching, and experiential learning.
    - Providers can also refer to the definitions of counseling and client education in the Alcohol and Drug Counselors Licensing chapter, MN Statutes, section 148F.01, subdivision 10:
        - (6) "counseling" means the utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making.
        - (9) "client education" means the provision of information to clients who are receiving or seeking counseling concerning alcohol and other drug abuse and the available services and resources.
    - **Update July 13, 2026:** Additional information has been added in Addendum 2 on page 14
- Recovery support, peer support, and treatment coordination: These services may be provided in addition to the required amounts of psychosocial services, as needed based on client needs. They have different qualifications to provide them and different purposes.
    - Recovery support provides assistance in restoring daily living ability affected by substance use, help with developing skills and routines for successful community integration, and support to restore the client's functioning and stability. It is provided by a behavioral health practitioner, primarily utilizing skill-based techniques.
    - Peer recovery provides non-clinical support to promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports. It is provided by a recovery peer, primarily using their lived experience to support maintenance of recovery and assist the client in navigating their recovery journey. Peer recovery must be provided on a one-to-one basis.
    - Treatment coordination brings together agencies, resources, or people within a planned framework of action to ensure the client obtains necessary support and services not directly provided by the treatment program. It is provided by a staff person who meets the qualifications of a treatment coordination provider. Treatment coordination must be provided to a single client but may be provided in a setting with the client and other professionals or supports involved in the client's treatment and recovery. Treatment coordination is not required to be provided face-to-face and may be provided by a qualified staff person on behalf of an individual client, such as coordinating a referral to outside services.
- Supportive services, such as transportation, supervision, or waiting with clients at appointments are not treatment services.

Review treatment services documentation procedures

Make sure that documentation of each treatment service will include the type of service provided, as required by MN Statutes, section 245G.06, subdivision 2a, aligned with the revised service types.

- The format of the service, such as group or individual, is different from the type of service. Treatment service types are described in MN Statutes, section 245G.07.

- The type and amount must be documented for each service session, even when billing a per diem rate or billing a combined total number of units for multiple sessions of the same service type in a day.

Review and revise staff policies and procedures if needed

Make sure that staff qualifications align with the type of services that will be provided.

- Review the list of professionals qualified to provide psychosocial services (counseling and psychoeducation) and ensure staff will meet the requirements and that personnel policies are aligned.
- If your program will provide recovery support services, develop a job description which aligns with the qualifications for a behavioral health practitioner in MN Statutes, section 245G.11, subdivision 12.
- Ensure that your personnel policies differentiate between position roles. It is not recommended for a staff person to simultaneously have both a clinical role and non-clinical role in a program, as it may cause confusion for clients about the staff person's role. The code of ethics for some certifications and licenses may also discourage or prohibit holding dual roles. If a dual role is appropriate, make sure there are policies and procedures that address how that is handled.

SUD Billing Changes for MHCP Outpatient Providers

What is changing

Codes, units, and rates

Legislation required establishing new outpatient billing codes and rates to correspond to the revised treatment services, and mandated that the codes be based on 15-minute units. The procedure codes and rates below will be effective for services provided on or after July 1, 2026, pending federal approval. MHCP providers that bill for time-based SUD outpatient services will be required to use the new procedure codes and will not be able to use procedure code H2035. DHS is still determining if outpatient SUD providers that are part of a CCBHC and bill a daily rate will use the new procedure codes.

SUD Treatment Services	Outpatient Procedure Code	Rate per 15-minute unit
Individual counseling	H0004 with modifier U8	$21.63
Group counseling	H0005 with modifier U8	$10.51
Individual psychoeducation	H2027 with modifier U8	$18.58
Group psychoeducation	H2027 with modifiers U8 HQ	$9.03

Individual recovery support	H2017 with modifier U8	$13.51
Group recovery support	H2017 with modifiers U8 HQ	$7.92
Treatment coordination (no change)	T1016 with modifiers HN U8	$37.13
Peer recovery support (no change)	H0038 with modifier U8	$15.02

The rate for each new type of service was determined based on qualifications required to provide the service, complexity of the service, and maximum group size for that type of service.

Rate enhancements

The enhanced rate options described in MN Statutes, section 254B.0507 can be applied to psychosocial service claims (counseling and psychoeducation) when a provider has been approved for the enhancement and meets the requirements of that section. Each enhancement is a percentage of the base service rate and that ratio did not change; however, the units were adjusted to 15 minutes to match the units for the base rate. The additional rates per 15-minute unit for psychosocial services are:

SUD Treatment Services	Co-Occurring Services (HH)	Culturally Specific (U4) or Disability Responsive (U3)	Medical Services (U5)	Clients with Children (U6)
Individual counseling	+1.62	+$1.98	+$4.33	+$1.98
Group counseling	+0.79	+$0.96	+$2.10	+$0.96
Individual psychoeducation	+1.39	+$1.70	+$3.72	+$1.70
Group psychoeducation	+$0.68	+$0.83	+$1.81	+$0.83

Update July 13, 2026: the enhanced rate modifiers will not change and are added to the table above.

Claim format types

Update July 13, 2026: Providers should submit claims for counseling and psychoeducation (H0004 U8, H0005 U8, H2027 U8, and H2027 U8 HQ) using the same format currently used for H2035 and H2035 HQ. Determine claim format based on type of provider and specific billing requirements. Providers must submit claims for recovery support (H2017 U8 and H2017 U8 HQ) as claim format 837P.

Update June 16, 2026: Changes to claim format requirements will no longer be included as part of the implementation for the upcoming changes. Providers will submit claims with the new outpatient procedure codes using the same claim format as before. The information previously provided below is no longer in effect.

~~All outpatient substance use disorder service claims are billed as either Claim Format 837I (institutional) or 837P (professional). Once the new billing procedures are effective, the Claim Format to be used should be determined by the type of provider submitting the claim:~~

- ~~For outpatient SUD providers that bill for time-based services:~~
  - ~~SUD programs licensed by the state or tribal government will submit claims as Claim Format 837I / Type of Bill 89X or 13X.~~
  - ~~Other eligible SUD providers will submit claims as Claim Format 837P.~~
- ~~For outpatient SUD providers that bill a daily rate or encounter rate, DHS is still determining if the changes will affect how claims are submitted.~~

Revenue codes

Update June 16, 2026: Changes to revenue codes will no longer be included as part of the implementation for the upcoming changes. Providers using claim format 837I will submit claims with the new procedure codes using the same revenue codes as before: 0944, 0945, or 0953. The information previously provided below is no longer in effect.

~~Outpatient SUD programs with an ASAM Level of Care that submit claims as Claim Format 837I will need to include a revenue code on each claim to identify the level of care provided to the client:~~

- ~~Level of Care 1.0: use one of the following three codes:~~
  - ~~0944 for a client who has a drug use disorder~~
  - ~~0945 for a client who has an alcohol use disorder~~
  - ~~0953 for a client who has both drug use and alcohol use disorder~~
- ~~Level of Care 2.1: use new code 0906~~
- ~~Level of Care 2.5: use new code 0913~~

Limits and authorization

Outpatient SUD services are subject to daily limits for specific procedure codes as well as daily and weekly limits for combinations of certain types of services. Applicable limits for the new procedure codes will be identified in the MHCP Provider Manual.

- MN Statutes, section 254B.0505, subdivision 4 states that payment for outpatient substance use disorder services that are licensed according to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless prior authorization of a greater number of hours is obtained from the commissioner.
  - Currently, this limit applies to any treatment service billed as procedure code H2035, which can include counseling, education, and additional services provided by a qualified professional.

    - Effective for services provided on or after July 1, 2026, pending federal approval, this limit will apply to psychosocial services (counseling and education). Any combination of procedure codes H0004 U8, H0005 U8, H2027 U8, and H2027 U8 HQ will be limited to six hours (24 units) per day or 30 hours (120 units) per week without authorization.
- The authorization process described in the MHCP Provider Manual will remain the same.
- Recovery support services (procedure code H2017 U8) will have maximum of 16 units (4 hours) per client per day for combined individual and group service.

Update July 13, 2026: Use of modifiers

Up to 4 modifier codes may be used on a claim. Each of the new procedure codes requires the U8 modifier, and psychoeducation group and recovery support group require the HQ modifier. Additional modifiers may be used for things like rate enhancements, telehealth services, and adolescent services. Please contact SUD.Direct.Access.DHS@state.mn.us with questions regarding modifier combinations and limits.

What providers need to do

Review vendor eligibility and service requirements

The list of eligible vendors for SUD services is found in MN Statutes, section 254B.0501. Only certain provider types are eligible vendors of recovery support services. Counseling and psychoeducation provided by an eligible professional in private practice must be provided according to sections MN Statutes, section 245G.06 (individual treatment plan requirements) and MN Statutes, section 245G.07, subdivisions 1, 1a, and 1b (treatment services requirements), and cannot be provided before the comprehensive assessment is completed.

Review billing system and procedures

Providers should start preparing to make changes as needed in their billing procedures.

- Review the new codes identified above and make sure staff understand how the codes correspond to specific service types. Outpatient SUD providers that bill for time-based services will not be able to use procedure code H2035 for “individual treatment” or “group treatment” for services provided after the changes are effective. They will still be able to use H2035 to bill for services provided prior to the effective date of the changes, based on the MHCP billing timelines.
- Make sure your system allows you to bill in 15-minute units. Services with time-based units are intended to be scheduled and provided based on that increment.
- Review the information in the “Billable Units and Time Requirements” section of the MHCP Provider Manual which will still apply after the billing procedure changes are effective:
    - If a provider performs two or more of the same service for a client in a day, the billable unit for the day is based on the total combined minutes of service provided. For determining the total, only the actual number of minutes of service provided, not including breaks, can be counted. **Update July 13, 2026:** For example, if a client receives a group counseling service from 9:03-9:45am with no breaks (client was 3 minutes late) and a group counseling service from 10am-

12pm with a break from 10:52 to 11:10 on the same day, the total would be 144 minutes (42 minutes + 52 minutes + 50 minutes), which is 10 units.

- Overlapping claim submission times are duplicative and ineligible for payment. Once a unit of time has been "claimed", another service cannot be provided and claimed during the same time period.

Questions

Send questions to SUD.Direct.Access.DHS@state.mn.us or contact the DHS policy area which oversees your program type.

Addendum 1: 245G.07 Language Effective August 1, 2026

Subdivision 1. **Treatment service.** (a) A licensed treatment program must offer the treatment services in subdivisions 1a and 1b and may offer the treatment services in subdivision 2 to each client, unless clinically inappropriate and the justifying clinical rationale is documented. The treatment program must document in the individual treatment plan the specific services for which a client has an assessed need and the plan to provide the services.
(b) A treatment service provided to a client must be provided according to the individual treatment plan and must consider cultural differences and special needs of a client.
(c) A supportive service alone does not constitute a treatment service. Supportive services include:
(1) milieu management or supervising or monitoring clients without also providing a treatment service identified in subdivision 1a, 1b, or 2a;
(2) transporting clients;
(3) waiting with clients for appointments at social service agencies, court hearings, and similar activities; and
(4) collecting urinalysis samples.
(d) A treatment service provided in a group setting must be provided in a cohesive manner and setting that allows every client receiving the service to interact and receive the same service at the same time.
Subd. 1a. **Psychosocial treatment service.** Psychosocial treatment services must be provided according to the hours identified in section 254B.19 for the ASAM level of care provided to the client. A license holder must provide the following psychosocial treatment services as a part of the client's individual treatment:
(1) counseling services that provide a client with professional assistance in managing substance use disorder and co-occurring conditions, either individually or in a group setting. Counseling must:
(i) use evidence-based techniques to help a client modify behavior, overcome obstacles, and achieve and sustain recovery through techniques such as active listening, guidance, discussion, feedback, and clarification;
(ii) help the client to identify and address needs related to substance use, develop strategies to avoid harmful substance use, and establish a lifestyle free of the harmful effects of substance use disorder; and
(iii) work to improve well-being and mental health, resolve or mitigate symptomatic behaviors, beliefs, compulsions, thoughts, and emotions, and enhance relationships and social skills, while addressing client-centered psychological and emotional needs; and

(2) psychoeducation services to provide a client with information about substance use and co-occurring conditions, either individually or in a group setting. Psychoeducation includes structured presentations, interactive discussions, and practical exercises to help clients understand and manage their conditions effectively. Topics include but are not limited to:
(i) the causes of substance use disorder and co-occurring disorders;
(ii) behavioral techniques that help a client change behaviors, thoughts, and feelings;
(iii) the importance of maintaining mental health, including understanding symptoms of mental illness;
(iv) medications for addiction and psychiatric disorders and the importance of medication adherence;
(v) the importance of maintaining physical health, health-related risk factors associated with substance use disorder, and specific health education on tuberculosis, HIV, other sexually transmitted diseases, drug and alcohol use during pregnancy, and hepatitis; and
(vi) harm-reduction strategies.
Subd. 1b. **Treatment coordination.** (a) Treatment coordination must be provided to a single client by an individual who meets the staff qualifications in section 245G.11, subdivision 7. Treatment coordination services include:
(1) coordinating directly with others involved in the client's treatment and recovery, including the referral source, family or natural supports, social services agencies, and external care providers;
(2) providing clients with training and facilitating connections to community resources that support recovery;
(3) assisting clients in obtaining necessary resources and services such as financial assistance, housing, food, clothing, medical care, education, harm reduction services, vocational support, and recreational services that promote recovery;
(4) helping clients connect and engage with self-help support groups and expand social support networks with family, friends, and organizations; and
(5) assisting clients in transitioning between levels of care, including providing direct connections to ensure continuity of care.
(b) Treatment coordination does not include coordinating services or communicating with staff members within the licensed program.
(c) Treatment coordination may be provided in a setting with the individual client and others involved in the client's treatment and recovery.
Subd. 2a. **Ancillary treatment service.** (a) A license holder may provide ancillary services in addition to the hours of psychosocial treatment services identified in section 254B.19 for the ASAM level of care provided to the client.
(b) A license holder may provide the following ancillary treatment services as a part of the client's individual treatment:
(1) recovery support services provided individually or in a group setting, that include:
(i) supporting clients in restoring daily living skills, such as health and health care navigation and self-care to enhance personal well-being;
(ii) providing resources and assistance to help clients restore life skills, including effective parenting, financial management, pro-social behavior, education, employment, and nutrition;
(iii) assisting clients in restoring daily functioning and routines affected by substance use and supporting them in developing skills for successful community integration; and

(iv) helping clients respond to or avoid triggers that threaten their community stability, assisting the client in identifying potential crises and developing a plan to address them, and providing support to restore the client's stability and functioning; and

(2) peer recovery support services provided according to sections 254B.05, subdivision 5, and 254B.052.

Subd. 3. **Treatment service providers.** (a) All treatment services must be provided by an individual specifically qualified according to the accepted credential required to provide the service.

(b) Psychosocial treatment services must be provided by an alcohol and drug counselor qualified according to section 245G.11, subdivision 5, unless the individual providing the service is specifically qualified according to the accepted credential required to provide the service. The commissioner shall maintain a current list of professionals qualified to provide psychosocial treatment services.

(c) Treatment coordination must be provided by a treatment coordinator qualified according to section 245G.11, subdivision 7.

(d) Recovery support services must be provided by a behavioral health practitioner qualified according to section 245G.11, subdivision 12.

(e) Peer recovery support services must be provided by a recovery peer qualified according to section 245I.04, subdivision 18.

Subd. 3a. **Use of guest speakers.** (a) The license holder may allow a guest speaker to present information to clients as part of a treatment service provided by an alcohol and drug counselor, according to the requirements of this subdivision.

(b) An alcohol and drug counselor must visually observe and listen to the presentation of information by a guest speaker the entire time the guest speaker presents information to the clients. The alcohol and drug counselor is responsible for all information the guest speaker presents to the clients.

(c) The presentation of information by a guest speaker constitutes a direct contact service, as defined in section 245C.02, subdivision 11.

(d) The license holder must provide the guest speaker with all training required for staff members. If the guest speaker provides direct contact services one day a month or less, the license holder must only provide the guest speaker with orientation training on the following subjects before the guest speaker provides direct contact services:

(1) mandatory reporting of maltreatment, as specified in sections 245A.65, 626.557, and 626.5572 and chapter 260E;

(2) applicable client confidentiality rules and regulations;

(3) ethical standards for client interactions; and

(4) emergency procedures.

Subd. 4. **Location of service provision.** (a) The license holder must provide all treatment services a client receives at one of the license holder's substance use disorder treatment licensed locations or at a location allowed under paragraphs (b) to (f). If the services are provided at the locations in paragraphs (b) to (d), the license holder must document in the client record the location services were provided.

(b) The license holder may provide nonresidential individual treatment services at a client's home or place of residence.

(c) If the license holder provides treatment services by telehealth, the services must be provided according to this paragraph:

(1) the license holder must maintain a licensed physical location in Minnesota where the license holder must offer all treatment services in subdivision 1a physically in-person to each client;
(2) the license holder must meet all requirements for the provision of telehealth in sections 254B.0505, subdivision 2, and 256B.0625, subdivision 3b. The license holder must document all items in section 256B.0625, subdivision 3b, paragraph (c), for each client receiving services by telehealth, regardless of payment type or whether the client is a medical assistance enrollee;
(3) the license holder may provide treatment services by telehealth to clients individually;
(4) the license holder may provide treatment services by telehealth to a group of clients that are each in a separate physical location;
(5) the license holder must not provide treatment services remotely by telehealth to a group of clients meeting together in person, unless permitted under clause (7);
(6) clients and staff may join an in-person group by telehealth if a staff member qualified to provide the treatment service is physically present with the group of clients meeting together in person; and
(7) the qualified professional providing a residential group treatment service by telehealth must be physically present on-site at the licensed residential location while the service is being provided. If weather conditions or short-term illness prohibit a qualified professional from traveling to the residential program and another qualified professional is not available to provide the service, a qualified professional may provide a residential group treatment service by telehealth from a location away from the licensed residential location. In such circumstances, the license holder must ensure that a qualified professional does not provide a residential group treatment service by telehealth from a location away from the licensed residential location for more than one day at a time, must ensure that a staff person who qualifies as a paraprofessional is physically present with the group of clients, and must document the reason for providing the remote telehealth service in the records of clients receiving the service. The license holder must document the dates that residential group treatment services were provided by telehealth from a location away from the licensed residential location in a central log and must provide the log to the commissioner upon request.
(d) The license holder may provide the ancillary treatment services under subdivision 2a away from the licensed location at a suitable location appropriate to the treatment service.
(e) Upon written approval from the commissioner for each satellite location, the license holder may provide nonresidential treatment services at satellite locations that are in a school, jail, or nursing home. A satellite location may only provide services to students of the school, inmates of the jail, or residents of the nursing home. Schools, jails, and nursing homes are exempt from the licensing requirements in section 245A.04, subdivision 2a, to document compliance with building codes, fire and safety codes, health rules, and zoning ordinances.
(f) The commissioner may approve other suitable locations as satellite locations for nonresidential treatment services. The commissioner may require satellite locations under this paragraph to meet all applicable licensing requirements. The license holder may not have more than two satellite locations per license under this paragraph.
(g) The license holder must provide the commissioner access to all files, documentation, staff persons, and any other information the commissioner requires at the main licensed location for all clients served at any location under paragraphs (b) to (f).

(h) Notwithstanding sections 245A.65, subdivision 2, and 626.557, subdivision 14, a program abuse prevention plan is not required for satellite or other locations under paragraphs (b) to (e). An individual abuse prevention plan is still required for any client that is a vulnerable adult as defined in section 626.5572, subdivision 21.

Addendum 2: Differences between counseling and psychoeducation

Group Counseling

In group counseling, participants talk about their own experiences, thoughts, feelings, and challenges. The counselor helps people:

- Process emotions
- Discuss personal struggles
- Give and receive feedback from others
- Practice new ways of thinking or coping
- Work toward treatment goals

Example: A counselor leads a group of people in recovery to discuss recent triggers for substance use, explore why those triggers are difficult, and help each other develop strategies to stay sober.

Think of it as: A therapy session with several people working together on personal growth and recovery.

Psychoeducation

In psychoeducation, the focus is on teaching information and building knowledge or skills. The facilitator provides education about topics such as:

- How addiction affects the brain
- Stress management techniques
- Understanding relapse warning signs
- Communication skills
- The stages of change

Participants may ask questions or complete activities, but they are **not expected to process their personal issues in depth**.

Example: An instructor teaches a class on the signs of relapse and reviews a worksheet on developing a relapse prevention plan.

Think of it as: A class or workshop where people learn information that can help their recovery.

A Simple Analogy

Imagine a group of people learning to drive:

- **Psychoeducation** is the classroom portion where everyone learns the rules of the road and how a car works.
- **Group counseling** is discussing each person's fears about driving, processing past accidents, and helping one another become more confident drivers.

One-Sentence Difference

Psychoeducation teaches people what they need to know; group counseling helps people apply that knowledge to their own lives and make personal changes.