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State of Minnesota

HOUSE OF REPRESENTATIVES EIGHTY-EIGHTH SESSION H. F. No. 2410

02/27/2014 Authored by Allen

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1	A bill for an act			
1.2	relating to human services; making culturally specific substance use disorder			
1.3	programs eligible for higher chemical dependency treatment payment rates;			
1.4	amending Minnesota Statutes 2012, sections 254B.01, by adding a subdivision;			
1.5	254B.05, subdivision 5.			
1.6	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:			
1.7	Section 1. Minnesota Statutes 2012, section 254B.01, is amended by adding a			
1.8	subdivision to read:			
1.9	Subd. 8. Culturally specific program. (a) "Culturally specific program" means a			
1.10	substance use disorder treatment service program that is recovery-focused and culturally			
1.11	specific when the program:			
1.12	(1) improves service quality to and outcomes of a specific population by advancing			
1.13	health equity to help eliminate health disparities; and			
1.14	(2) ensures effective, equitable, comprehensive, and respectful quality care services			
1.15	that are responsive to an individual within a specific population's values, beliefs and			
1.16	practices, health literacy, preferred language, and other communication needs.			
1.17	(b) A tribally licensed substance use disorder program that is designated as serving			
1.18	a culturally specific population by the applicable tribal government is deemed to satisfy			
1.19	this subdivision.			
1.20	Sec. 2. Minnesota Statutes 2012, section 254B.05, subdivision 5, is amended to read:			
1.21	Subd. 5. Rate requirements. (a) The commissioner shall establish rates for			
1.22	chemical dependency services and service enhancements funded under this chapter.			
1.23	(b) Eligible chemical dependency treatment services include:			

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2.1	(1) outpatient treatment services that are licensed according to Minnesota Rules,
2.2	parts 9530.6405 to 9530.6480, or applicable tribal license;
2.3	(2) medication-assisted therapy services that are licensed according to Minnesota
2.4	Rules, parts 9530.6405 to 9530.6480 and 9530.6500, or applicable tribal license;
2.5	(3) medication-assisted therapy plus enhanced treatment services that meet the
2.6	requirements of clause (2) and provide nine hours of clinical services each week;
2.7	(4) high, medium, and low intensity residential treatment services that are licensed
2.8	according to Minnesota Rules, parts 9530.6405 to 9530.6480 and 9530.6505, or applicable
2.9	tribal license which provide, respectively, 30, 15, and five hours of clinical services each
2.10	week;
2.11	(5) hospital-based treatment services that are licensed according to Minnesota Rules,
2.12	parts 9530.6405 to 9530.6480, or applicable tribal license and licensed as a hospital under
2.13	sections 144.50 to 144.56;
2.14	(6) adolescent treatment programs that are licensed as outpatient treatment programs
2.15	according to Minnesota Rules, parts 9530.6405 to 9530.6485, or as residential treatment
2.16	programs according to Minnesota Rules, chapter 2960, or applicable tribal license; and
2.17	(7) room and board facilities that meet the requirements of section 254B.05,
2.18	subdivision 1a.
2.19	(c) The commissioner shall establish higher rates for programs that meet the
2.20	requirements of paragraph (b) and the following additional requirements:
2.21	(1) programs that serve parents with their children if the program meets the
2.22	additional licensing requirement in Minnesota Rules, part 9530.6490, and provides child
2.23	care that meets the requirements of section 245A.03, subdivision 2, during hours of
2.24	treatment activity;
2.25	(2) culturally specific programs serving special populations as defined in section
2.26	254B.01, subdivision 8, if the program meets the requirements in Minnesota Rules, part
2.27	9530.6605, subpart 13;
2.28	(3) programs that offer medical services delivered by appropriately credentialed
2.29	health care staff in an amount equal to two hours per client per week; and
2.30	(4) programs that offer services to individuals with co-occurring mental health and
2.31	chemical dependency problems if:
2.32	(i) the program meets the co-occurring requirements in Minnesota Rules, part
2.33	9530.6495;
2.34	(ii) 25 percent of the counseling staff are mental health professionals, as defined in
2.35	section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates
2.36	under the supervision of a licensed alcohol and drug counselor supervisor and licensed

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3.1	mental health professional, except that no more than 50 percent of the mental health staff					
3.2	may be students or licensing candidates;					
3.3	(iii) clients scoring positive on a standardized mental health screen receive a mental					
3.4	health diagnostic assessment within ten days of admission;					
3.5	(iv) the program has standards for multidisciplinary case review that include a					
3.6	monthly review for each client;					
3.7	(v) family education is offered that addresses mental health and substance abuse					
3.8	disorders and the interaction between the two; and					
3.9	(vi) co-occurring counseling staff will receive eight hours of co-occurring disorder					
3.10	training annually.					
3.11	(d) Adolescent residential programs that meet the requirements of Minnesota Rules,					
3.12	parts 2960.0580 to 2960.0700, are exempt from the requirements in paragraph (c), clause					
3.13	(4), items (i) to (iv).					