

1.1 A bill for an act

1.2 relating to human services; modifying and establishing laws regarding aging,
1.3 disability, behavioral health, substance use disorder, and statewide opioid litigation;
1.4 amending Minnesota Statutes 2022, sections 3.757, subdivision 1; 62N.25,
1.5 subdivision 5; 62Q.1055; 62Q.47; 169A.70, subdivisions 3, 4; 245.462, subdivisions
1.6 3, 12; 245.4711, subdivisions 3, 4; 245.477; 245.4835, subdivision 2; 245.4871,
1.7 subdivisions 3, 19; 245.4873, subdivision 4; 245.4881, subdivisions 3, 4; 245.4885,
1.8 subdivision 1; 245.4887; 245.50, subdivision 5; 245A.03, subdivision 7; 245A.043,
1.9 subdivision 3; 245A.16, subdivision 1; 245D.03, subdivision 1; 245F.06,
1.10 subdivision 2; 245G.01, by adding subdivisions; 245G.02, subdivision 2; 245G.05,
1.11 subdivision 1, by adding a subdivision; 245G.06, subdivisions 1, 3, 4, by adding
1.12 subdivisions; 245G.07, subdivision 2; 245G.09, subdivision 3; 245G.11, subdivision
1.13 8; 245G.22, subdivisions 2, 15, 17; 245I.04, by adding subdivisions; 245I.10,
1.14 subdivision 6; 246.0135; 254A.03, subdivision 3; 254A.035, subdivision 2;
1.15 254A.19, subdivisions 1, 3, 4, by adding subdivisions; 254B.01, subdivisions 5,
1.16 8, by adding subdivisions; 254B.03, subdivisions 1, 2, 5; 254B.04, subdivisions
1.17 1, 2a, by adding subdivisions; 254B.05, subdivisions 1, 1a, 5; 256.01, by adding
1.18 a subdivision; 256.045, subdivision 3; 256B.0615, subdivisions 1, 5; 256B.0911,
1.19 subdivision 23; 256B.092, subdivision 10; 256B.093, subdivision 1; 256B.439,
1.20 subdivisions 3c, 3d, by adding a subdivision; 256B.492; 256B.493, subdivisions
1.21 2a, 4; 256D.09, subdivision 2a; 256L.03, subdivision 2; 256L.12, subdivision 8;
1.22 256S.202, subdivision 1; 260B.157, subdivisions 1, 3; 260C.157, subdivision 3;
1.23 260E.20, subdivision 1; 299A.299, subdivision 1; 524.5-104; 524.5-313; Laws
1.24 2021, First Special Session chapter 7, article 2, section 17; article 6, section 12;
1.25 article 11, section 18; article 13, section 43; article 17, section 20; Laws 2022,
1.26 chapter 98, article 4, section 37; proposing coding for new law in Minnesota
1.27 Statutes, chapter 254B; repealing Minnesota Statutes 2022, sections 169A.70,
1.28 subdivision 6; 245G.05, subdivision 2; 245G.06, subdivision 2; 245G.22,
1.29 subdivision 19; 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19,
1.30 subdivisions 1a, 2, 5; 254B.04, subdivisions 2b, 2c; 254B.041, subdivision 2;
1.31 254B.13, subdivisions 1, 2, 2a, 4, 5, 6, 7, 8; 254B.16; 256.041, subdivision 10;
1.32 256B.49, subdivision 23; 260.835, subdivision 2; Minnesota Rules, parts 9530.7000,
1.33 subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a, 19, 20, 21; 9530.7005; 9530.7010;
1.34 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, 6; 9530.7020, subparts 1, 1a, 2;
1.35 9530.7021; 9530.7022, subpart 1; 9530.7025; 9530.7030, subpart 1.

2.1 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

2.2 **ARTICLE 1**

2.3 **AGING, DISABILITY, AND BEHAVIORAL HEALTH SERVICES**

2.4 Section 1. Minnesota Statutes 2022, section 245.462, subdivision 3, is amended to read:

2.5 Subd. 3. **Case management services.** "Case management services" means activities
2.6 that are coordinated with the community support services program as defined in subdivision
2.7 6 and are designed to help adults with serious and persistent mental illness in gaining access
2.8 to needed medical, social, educational, vocational, and other necessary services as they
2.9 relate to the client's mental health needs. Case management services include developing a
2.10 functional assessment, an individual ~~assessment summary~~ community support plan, referring
2.11 and assisting the person to obtain needed mental health and other services, ensuring
2.12 coordination of services, and monitoring the delivery of services.

2.13 Sec. 2. Minnesota Statutes 2022, section 245.462, subdivision 12, is amended to read:

2.14 Subd. 12. **Individual ~~assessment summary~~ community support plan.** "Individual
2.15 ~~assessment summary~~ community support plan" means a written plan developed by a case
2.16 manager on the basis of a diagnostic assessment and functional assessment. The plan
2.17 identifies specific services needed by an adult with serious and persistent mental illness to
2.18 develop independence or improved functioning in daily living, health and medication
2.19 management, social functioning, interpersonal relationships, financial management, housing,
2.20 transportation, and employment.

2.21 Sec. 3. Minnesota Statutes 2022, section 245.4711, subdivision 3, is amended to read:

2.22 Subd. 3. **Duties of case manager.** Upon a determination of eligibility for case
2.23 management services, and if the adult consents to the services, the case manager shall
2.24 complete a written functional assessment according to section 245.462, subdivision 11a.
2.25 The case manager shall develop an individual ~~assessment summary~~ community support
2.26 plan for the adult according to subdivision 4, paragraph (a), review the adult's progress, and
2.27 monitor the provision of services. If services are to be provided in a host county that is not
2.28 the county of financial responsibility, the case manager shall consult with the host county
2.29 and obtain a letter demonstrating the concurrence of the host county regarding the provision
2.30 of services.

3.1 Sec. 4. Minnesota Statutes 2022, section 245.4711, subdivision 4, is amended to read:

3.2 Subd. 4. **Individual ~~assessment summary~~ community support plan.** (a) The case
3.3 manager must develop an individual ~~assessment summary~~ community support plan for each
3.4 adult that incorporates the client's individual treatment plan. The individual treatment plan
3.5 may not be a substitute for the development of an individual ~~assessment summary~~ community
3.6 support plan. The individual ~~assessment summary~~ community support plan must be developed
3.7 within 30 days of client intake and reviewed at least every 180 days after it is developed,
3.8 unless the case manager receives a written request from the client or the client's family for
3.9 a review of the plan every 90 days after it is developed. The case manager is responsible
3.10 for developing the individual ~~assessment summary~~ community support plan based on a
3.11 diagnostic assessment and a functional assessment and for implementing and monitoring
3.12 the delivery of services according to the individual ~~assessment summary~~ community support
3.13 plan. To the extent possible, the adult with serious and persistent mental illness, the person's
3.14 family, advocates, service providers, and significant others must be involved in all phases
3.15 of development and implementation of the individual ~~or family assessment summary~~
3.16 community support plan.

3.17 (b) The client's individual ~~assessment summary~~ community support plan must state:

3.18 (1) the goals of each service;

3.19 (2) the activities for accomplishing each goal;

3.20 (3) a schedule for each activity; and

3.21 (4) the frequency of face-to-face contacts by the case manager, as appropriate to client
3.22 need and the implementation of the individual ~~assessment summary~~ community support
3.23 plan.

3.24 Sec. 5. Minnesota Statutes 2022, section 245.477, is amended to read:

3.25 **245.477 APPEALS.**

3.26 Any adult who requests mental health services under sections 245.461 to 245.486 must
3.27 be advised of services available and the right to appeal at the time of the request and each
3.28 time the individual ~~assessment summary~~ community support plan or individual treatment
3.29 plan is reviewed. Any adult whose request for mental health services under sections 245.461
3.30 to 245.486 is denied, not acted upon with reasonable promptness, or whose services are
3.31 suspended, reduced, or terminated by action or inaction for which the county board is
3.32 responsible under sections 245.461 to 245.486 may contest that action or inaction before

4.1 the state agency as specified in section 256.045. The commissioner shall monitor the nature
4.2 and frequency of administrative appeals under this section.

4.3 Sec. 6. Minnesota Statutes 2022, section 245.4835, subdivision 2, is amended to read:

4.4 Subd. 2. **Failure to maintain expenditures.** (a) If a county does not comply with
4.5 subdivision 1, the commissioner shall require the county to develop a corrective action plan
4.6 according to a format and timeline established by the commissioner. If the commissioner
4.7 determines that a county has not developed an acceptable corrective action plan within the
4.8 required timeline, or that the county is not in compliance with an approved corrective action
4.9 plan, the protections provided to that county under section 245.485 do not apply.

4.10 (b) The commissioner shall consider the following factors to determine whether to
4.11 approve a county's corrective action plan:

4.12 (1) the degree to which a county is maximizing revenues for mental health services from
4.13 noncounty sources;

4.14 (2) the degree to which a county is expanding use of alternative services that meet mental
4.15 health needs, but do not count as mental health services within existing reporting systems.
4.16 If approved by the commissioner, the alternative services must be included in the county's
4.17 base as well as subsequent years. The commissioner's approval for alternative services must
4.18 be based on the following criteria:

4.19 (i) the service must be provided to children with emotional disturbance or adults with
4.20 mental illness;

4.21 (ii) the services must be based on an individual treatment plan or individual ~~assessment~~
4.22 ~~summary~~ community support plan as defined in the Comprehensive Mental Health Act;
4.23 and

4.24 (iii) the services must be supervised by a mental health professional and provided by
4.25 staff who meet the staff qualifications defined in sections 256B.0943, subdivision 7, and
4.26 256B.0623, subdivision 5.

4.27 (c) Additional county expenditures to make up for the prior year's underspending may
4.28 be spread out over a two-year period.

4.29 Sec. 7. Minnesota Statutes 2022, section 245.4871, subdivision 3, is amended to read:

4.30 Subd. 3. **Case management services.** "Case management services" means activities
4.31 that are coordinated with the family community support services and are designed to help

5.1 the child with severe emotional disturbance and the child's family obtain needed mental
5.2 health services, social services, educational services, health services, vocational services,
5.3 recreational services, and related services in the areas of volunteer services, advocacy,
5.4 transportation, and legal services. Case management services include assisting in obtaining
5.5 a comprehensive diagnostic assessment, developing an individual family ~~assessment summary~~
5.6 community support plan, and assisting the child and the child's family in obtaining needed
5.7 services by coordination with other agencies and assuring continuity of care. Case managers
5.8 must assess and reassess the delivery, appropriateness, and effectiveness of services over
5.9 time.

5.10 Sec. 8. Minnesota Statutes 2022, section 245.4871, subdivision 19, is amended to read:

5.11 Subd. 19. **Individual family ~~assessment summary~~ community support**
5.12 **plan**. "Individual family ~~assessment summary~~ community support plan" means a written
5.13 plan developed by a case manager in conjunction with the family and the child with severe
5.14 emotional disturbance on the basis of a diagnostic assessment and a functional assessment.
5.15 The plan identifies specific services needed by a child and the child's family to:

5.16 (1) treat the symptoms and dysfunctions determined in the diagnostic assessment;

5.17 (2) relieve conditions leading to emotional disturbance and improve the personal
5.18 well-being of the child;

5.19 (3) improve family functioning;

5.20 (4) enhance daily living skills;

5.21 (5) improve functioning in education and recreation settings;

5.22 (6) improve interpersonal and family relationships;

5.23 (7) enhance vocational development; and

5.24 (8) assist in obtaining transportation, housing, health services, and employment.

5.25 Sec. 9. Minnesota Statutes 2022, section 245.4873, subdivision 4, is amended to read:

5.26 Subd. 4. **Individual case coordination.** The case manager designated under section
5.27 245.4881 is responsible for ongoing coordination with any other person responsible for
5.28 planning, development, and delivery of social services, education, corrections, health, or
5.29 vocational services for the individual child. The individual family ~~assessment summary~~
5.30 community support plan developed by the case manager shall reflect the coordination among
5.31 the local service system providers.

6.1 Sec. 10. Minnesota Statutes 2022, section 245.4881, subdivision 3, is amended to read:

6.2 Subd. 3. **Duties of case manager.** (a) Upon a determination of eligibility for case
6.3 management services, the case manager shall develop an individual family ~~assessment~~
6.4 ~~summary~~ community support plan for a child as specified in subdivision 4, review the child's
6.5 progress, and monitor the provision of services. If services are to be provided in a host
6.6 county that is not the county of financial responsibility, the case manager shall consult with
6.7 the host county and obtain a letter demonstrating the concurrence of the host county regarding
6.8 the provision of services.

6.9 (b) The case manager shall note in the child's record the services needed by the child
6.10 and the child's family, the services requested by the family, services that are not available,
6.11 and the unmet needs of the child and child's family. The case manager shall note this
6.12 provision in the child's record.

6.13 Sec. 11. Minnesota Statutes 2022, section 245.4881, subdivision 4, is amended to read:

6.14 Subd. 4. **Individual family ~~assessment summary~~ community support plan.** (a) For
6.15 each child, the case manager must develop an individual family ~~assessment summary~~
6.16 community support plan that incorporates the child's individual treatment plan. The individual
6.17 treatment plan may not be a substitute for the development of an individual family ~~assessment~~
6.18 ~~summary~~ community support plan. The case manager is responsible for developing the
6.19 individual family ~~assessment summary~~ community support plan within 30 days of intake
6.20 based on a diagnostic assessment and for implementing and monitoring the delivery of
6.21 services according to the individual family ~~assessment summary~~ community support plan.
6.22 The case manager must review the plan at least every 180 calendar days after it is developed,
6.23 unless the case manager has received a written request from the child's family or an advocate
6.24 for the child for a review of the plan every 90 days after it is developed. To the extent
6.25 appropriate, the child with severe emotional disturbance, the child's family, advocates,
6.26 service providers, and significant others must be involved in all phases of development and
6.27 implementation of the individual family ~~assessment summary~~ community support plan.
6.28 Notwithstanding the lack of an individual family ~~assessment summary~~ community support
6.29 plan, the case manager shall assist the child and child's family in accessing the needed
6.30 services listed in section 245.4884, subdivision 1.

6.31 (b) The child's individual family ~~assessment summary~~ community support plan must
6.32 state:

6.33 (1) the goals and expected outcomes of each service and criteria for evaluating the
6.34 effectiveness and appropriateness of the service;

- 7.1 (2) the activities for accomplishing each goal;
- 7.2 (3) a schedule for each activity; and
- 7.3 (4) the frequency of face-to-face contacts by the case manager, as appropriate to client
- 7.4 need and the implementation of the individual family ~~assessment summary~~ community
- 7.5 support plan.

7.6 Sec. 12. Minnesota Statutes 2022, section 245.4885, subdivision 1, is amended to read:

7.7 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
7.8 case of an emergency, all children referred for treatment of severe emotional disturbance
7.9 in a treatment foster care setting, residential treatment facility, or informally admitted to a
7.10 regional treatment center shall undergo an assessment to determine the appropriate level of
7.11 care if county funds are used to pay for the child's services. An emergency includes when
7.12 a child is in need of and has been referred for crisis stabilization services under section
7.13 245.4882, subdivision 6. A child who has been referred to residential treatment for crisis
7.14 stabilization services in a residential treatment center is not required to undergo an assessment
7.15 under this section.

7.16 (b) The county board shall determine the appropriate level of care for a child when
7.17 county-controlled funds are used to pay for the child's residential treatment under this
7.18 chapter, including residential treatment provided in a qualified residential treatment program
7.19 as defined in section 260C.007, subdivision 26d. When a county board does not have
7.20 responsibility for a child's placement and the child is enrolled in a prepaid health program
7.21 under section 256B.69, the enrolled child's contracted health plan must determine the
7.22 appropriate level of care for the child. When Indian Health Services funds or funds of a
7.23 tribally owned facility funded under the Indian Self-Determination and Education Assistance
7.24 Act, Public Law 93-638, are used for the child, the Indian Health Services or 638 tribal
7.25 health facility must determine the appropriate level of care for the child. When more than
7.26 one entity bears responsibility for a child's coverage, the entities shall coordinate level of
7.27 care determination activities for the child to the extent possible.

7.28 (c) The child's level of care determination shall determine whether the proposed treatment:

- 7.29 (1) is necessary;
- 7.30 (2) is appropriate to the child's individual treatment needs;
- 7.31 (3) cannot be effectively provided in the child's home; and

8.1 (4) provides a length of stay as short as possible consistent with the individual child's
8.2 needs.

8.3 (d) When a level of care determination is conducted, the county board or other entity
8.4 may not determine that a screening of a child, referral, or admission to a residential treatment
8.5 facility is not appropriate solely because services were not first provided to the child in a
8.6 less restrictive setting and the child failed to make progress toward or meet treatment goals
8.7 in the less restrictive setting. The level of care determination must be based on a diagnostic
8.8 assessment of a child that evaluates the child's family, school, and community living
8.9 situations; and an assessment of the child's need for care out of the home using a validated
8.10 tool which assesses a child's functional status and assigns an appropriate level of care to the
8.11 child. The validated tool must be approved by the commissioner of human services and
8.12 may be the validated tool approved for the child's assessment under section 260C.704 if the
8.13 juvenile treatment screening team recommended placement of the child in a qualified
8.14 residential treatment program. If a diagnostic assessment has been completed by a mental
8.15 health professional within the past 180 days, a new diagnostic assessment need not be
8.16 completed unless in the opinion of the current treating mental health professional the child's
8.17 mental health status has changed markedly since the assessment was completed. The child's
8.18 parent shall be notified if an assessment will not be completed and of the reasons. A copy
8.19 of the notice shall be placed in the child's file. Recommendations developed as part of the
8.20 level of care determination process shall include specific community services needed by
8.21 the child and, if appropriate, the child's family, and shall indicate whether these services
8.22 are available and accessible to the child and the child's family. The child and the child's
8.23 family must be invited to any meeting where the level of care determination is discussed
8.24 and decisions regarding residential treatment are made. The child and the child's family
8.25 may invite other relatives, friends, or advocates to attend these meetings.

8.26 (e) During the level of care determination process, the child, child's family, or child's
8.27 legal representative, as appropriate, must be informed of the child's eligibility for case
8.28 management services and family community support services and that an individual family
8.29 ~~assessment summary~~ community support plan is being developed by the case manager, if
8.30 assigned.

8.31 (f) The level of care determination, placement decision, and recommendations for mental
8.32 health services must be documented in the child's record and made available to the child's
8.33 family, as appropriate.

9.1 Sec. 13. Minnesota Statutes 2022, section 245.4887, is amended to read:

9.2 **245.4887 APPEALS.**

9.3 A child or a child's family, as appropriate, who requests mental health services under
9.4 sections 245.487 to 245.4889 must be advised of services available and the right to appeal
9.5 as described in this section at the time of the request and each time the individual family
9.6 ~~assessment summary~~ community support plan or individual treatment plan is reviewed. A
9.7 child whose request for mental health services under sections 245.487 to 245.4889 is denied,
9.8 not acted upon with reasonable promptness, or whose services are suspended, reduced, or
9.9 terminated by action or inaction for which the county board is responsible under sections
9.10 245.487 to 245.4889 may contest that action or inaction before the state agency according
9.11 to section 256.045. The commissioner shall monitor the nature and frequency of
9.12 administrative appeals under this section.

9.13 Sec. 14. Minnesota Statutes 2022, section 245A.03, subdivision 7, is amended to read:

9.14 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
9.15 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
9.16 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
9.17 for a physical location that will not be the primary residence of the license holder for the
9.18 entire period of licensure. If a family child foster care home or family adult foster care home
9.19 license is issued during this moratorium, and the license holder changes the license holder's
9.20 primary residence away from the physical location of the foster care license, the
9.21 commissioner shall revoke the license according to section 245A.07. The commissioner
9.22 shall not issue an initial license for a community residential setting licensed under chapter
9.23 245D. When approving an exception under this paragraph, the commissioner shall consider
9.24 the resource need determination process in paragraph (h), the availability of foster care
9.25 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
9.26 person's choices during their annual assessment and service plan review, and the
9.27 recommendation of the local county board. The determination by the commissioner is final
9.28 and not subject to appeal. Exceptions to the moratorium include:

9.29 (1) ~~foster care settings~~ a license for a person in a foster care setting that is not the primary
9.30 residence of the license holder and where at least 80 percent of the residents are 55 years
9.31 of age or older;

9.32 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
9.33 community residential setting licenses replacing adult foster care licenses in existence on

10.1 December 31, 2013, and determined to be needed by the commissioner under paragraph
10.2 (b);

10.3 (3) new foster care licenses or community residential setting licenses determined to be
10.4 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
10.5 or regional treatment center; restructuring of state-operated services that limits the capacity
10.6 of state-operated facilities; or allowing movement to the community for people who no
10.7 longer require the level of care provided in state-operated facilities as provided under section
10.8 256B.092, subdivision 13, or 256B.49, subdivision 24;

10.9 (4) new foster care licenses or community residential setting licenses determined to be
10.10 needed by the commissioner under paragraph (b) for persons requiring hospital-level care;
10.11 or

10.12 (5) new foster care licenses or community residential setting licenses for people receiving
10.13 customized living or 24-hour customized living services under the brain injury or community
10.14 access for disability inclusion waiver plans under section 256B.49 and residing in the
10.15 customized living setting before July 1, 2022, for which a license is required. A customized
10.16 living service provider subject to this exception may rebut the presumption that a license
10.17 is required by seeking a reconsideration of the commissioner's determination. The
10.18 commissioner's disposition of a request for reconsideration is final and not subject to appeal
10.19 under chapter 14. The exception is available until June 30, 2023. This exception is available
10.20 when:

10.21 (i) the person's customized living services are provided in a customized living service
10.22 setting serving four or fewer people under the brain injury or community access for disability
10.23 inclusion waiver plans under section 256B.49 in a single-family home operational on or
10.24 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

10.25 (ii) the person's case manager provided the person with information about the choice of
10.26 service, service provider, and location of service, including in the person's home, to help
10.27 the person make an informed choice; and

10.28 (iii) the person's services provided in the licensed foster care or community residential
10.29 setting are less than or equal to the cost of the person's services delivered in the customized
10.30 living setting as determined by the lead agency.

10.31 (b) The commissioner shall determine the need for newly licensed foster care homes or
10.32 community residential settings as defined under this subdivision. As part of the determination,
10.33 the commissioner shall consider the availability of foster care capacity in the area in which
10.34 the licensee seeks to operate, and the recommendation of the local county board. The

11.1 determination by the commissioner must be final. A determination of need is not required
11.2 for a change in ownership at the same address.

11.3 (c) When an adult resident served by the program moves out of a foster home that is not
11.4 the primary residence of the license holder according to section 256B.49, subdivision 15,
11.5 paragraph (f), or the adult community residential setting, the county shall immediately
11.6 inform the Department of Human Services Licensing Division. The department may decrease
11.7 the statewide licensed capacity for adult foster care settings.

11.8 (d) Residential settings that would otherwise be subject to the decreased license capacity
11.9 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
11.10 residents whose primary diagnosis is mental illness and the license holder is certified under
11.11 the requirements in subdivision 6a or section 245D.33.

11.12 (e) A resource need determination process, managed at the state level, using the available
11.13 data required by section 144A.351, and other data and information shall be used to determine
11.14 where the reduced capacity determined under section 256B.493 will be implemented. The
11.15 commissioner shall consult with the stakeholders described in section 144A.351, and employ
11.16 a variety of methods to improve the state's capacity to meet the informed decisions of those
11.17 people who want to move out of corporate foster care or community residential settings,
11.18 long-term service needs within budgetary limits, including seeking proposals from service
11.19 providers or lead agencies to change service type, capacity, or location to improve services,
11.20 increase the independence of residents, and better meet needs identified by the long-term
11.21 services and supports reports and statewide data and information.

11.22 (f) At the time of application and reapplication for licensure, the applicant and the license
11.23 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
11.24 required to inform the commissioner whether the physical location where the foster care
11.25 will be provided is or will be the primary residence of the license holder for the entire period
11.26 of licensure. If the primary residence of the applicant or license holder changes, the applicant
11.27 or license holder must notify the commissioner immediately. The commissioner shall print
11.28 on the foster care license certificate whether or not the physical location is the primary
11.29 residence of the license holder.

11.30 (g) License holders of foster care homes identified under paragraph (f) that are not the
11.31 primary residence of the license holder and that also provide services in the foster care home
11.32 that are covered by a federally approved home and community-based services waiver, as
11.33 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human

12.1 services licensing division that the license holder provides or intends to provide these
12.2 waiver-funded services.

12.3 (h) The commissioner may adjust capacity to address needs identified in section
12.4 144A.351. Under this authority, the commissioner may approve new licensed settings or
12.5 delicense existing settings. Delicensing of settings will be accomplished through a process
12.6 identified in section 256B.493.

12.7 (i) The commissioner must notify a license holder when its corporate foster care or
12.8 community residential setting licensed beds are reduced under this section. The notice of
12.9 reduction of licensed beds must be in writing and delivered to the license holder by certified
12.10 mail or personal service. The notice must state why the licensed beds are reduced and must
12.11 inform the license holder of its right to request reconsideration by the commissioner. The
12.12 license holder's request for reconsideration must be in writing. If mailed, the request for
12.13 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
12.14 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
12.15 reconsideration is made by personal service, it must be received by the commissioner within
12.16 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

12.17 (j) The commissioner shall not issue an initial license for children's residential treatment
12.18 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
12.19 for a program that Centers for Medicare and Medicaid Services would consider an institution
12.20 for mental diseases. Facilities that serve only private pay clients are exempt from the
12.21 moratorium described in this paragraph. The commissioner has the authority to manage
12.22 existing statewide capacity for children's residential treatment services subject to the
12.23 moratorium under this paragraph and may issue an initial license for such facilities if the
12.24 initial license would not increase the statewide capacity for children's residential treatment
12.25 services subject to the moratorium under this paragraph.

12.26 **EFFECTIVE DATE.** This section is effective the day following final enactment.

12.27 Sec. 15. Minnesota Statutes 2022, section 245A.16, subdivision 1, is amended to read:

12.28 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and private
12.29 agencies that have been designated or licensed by the commissioner to perform licensing
12.30 functions and activities under section 245A.04 and background studies for family child care
12.31 under chapter 245C; to recommend denial of applicants under section 245A.05; to issue
12.32 correction orders, to issue variances, and recommend a conditional license under section
12.33 245A.06; or to recommend suspending or revoking a license or issuing a fine under section
12.34 245A.07, shall comply with rules and directives of the commissioner governing those

13.1 functions and with this section. The following variances are excluded from the delegation
13.2 of variance authority and may be issued only by the commissioner:

13.3 (1) dual licensure of family child care and family child foster care, dual licensure of
13.4 family child foster care and family adult foster care, dual licensure of child foster residence
13.5 setting and community residential setting, and dual licensure of family adult foster care and
13.6 family child care;

13.7 (2) adult foster care maximum capacity;

13.8 (3) adult foster care minimum age requirement;

13.9 (4) child foster care maximum age requirement;

13.10 (5) variances regarding disqualified individuals except that, before the implementation
13.11 of NETStudy 2.0, county agencies may issue variances under section 245C.30 regarding
13.12 disqualified individuals when the county is responsible for conducting a consolidated
13.13 reconsideration according to sections 245C.25 and 245C.27, subdivision 2, clauses (a) and
13.14 (b), of a county maltreatment determination and a disqualification based on serious or
13.15 recurring maltreatment;

13.16 (6) the required presence of a caregiver in the adult foster care residence during normal
13.17 sleeping hours;

13.18 (7) variances to requirements relating to chemical use problems of a license holder or a
13.19 household member of a license holder; and

13.20 (8) variances to section 245A.53 for a time-limited period. If the commissioner grants
13.21 a variance under this clause, the license holder must provide notice of the variance to all
13.22 parents and guardians of the children in care.

13.23 Except as provided in section 245A.14, subdivision 4, paragraph (e), a county agency must
13.24 not grant a license holder a variance to exceed the maximum allowable family child care
13.25 license capacity of 14 children.

13.26 (b) A county agency that has been designated by the commissioner to issue family child
13.27 care variances must:

13.28 (1) publish the county agency's policies and criteria for issuing variances on the county's
13.29 public website and update the policies as necessary; and

13.30 (2) annually distribute the county agency's policies and criteria for issuing variances to
13.31 all family child care license holders in the county.

14.1 (c) Before the implementation of NETStudy 2.0, county agencies must report information
14.2 about disqualification reconsiderations under sections 245C.25 and 245C.27, subdivision
14.3 2, paragraphs (a) and (b), and variances granted under paragraph (a), clause (5), to the
14.4 commissioner at least monthly in a format prescribed by the commissioner.

14.5 (d) For family child care programs, the commissioner shall require a county agency to
14.6 conduct one unannounced licensing review at least annually.

14.7 (e) For family adult day services programs, the commissioner may authorize licensing
14.8 reviews every two years after a licensee has had at least one annual review.

14.9 (f) A license issued under this section may be issued for up to two years.

14.10 (g) During implementation of chapter 245D, the commissioner shall consider:

14.11 (1) the role of counties in quality assurance;

14.12 (2) the duties of county licensing staff; and

14.13 (3) the possible use of joint powers agreements, according to section 471.59, with counties
14.14 through which some licensing duties under chapter 245D may be delegated by the
14.15 commissioner to the counties.

14.16 Any consideration related to this paragraph must meet all of the requirements of the corrective
14.17 action plan ordered by the federal Centers for Medicare and Medicaid Services.

14.18 (h) Licensing authority specific to section 245D.06, subdivisions 5, 6, 7, and 8, or
14.19 successor provisions; and section 245D.061 or successor provisions, for family child foster
14.20 care programs providing out-of-home respite, as identified in section 245D.03, subdivision
14.21 1, paragraph (b), clause (1), is excluded from the delegation of authority to county and
14.22 private agencies.

14.23 (i) A county agency shall report to the commissioner, in a manner prescribed by the
14.24 commissioner, the following information for a licensed family child care program:

14.25 (1) the results of each licensing review completed, including the date of the review, and
14.26 any licensing correction order issued;

14.27 (2) any death, serious injury, or determination of substantiated maltreatment; and

14.28 (3) any fires that require the service of a fire department within 48 hours of the fire. The
14.29 information under this clause must also be reported to the state fire marshal within two
14.30 business days of receiving notice from a licensed family child care provider.

14.31 **EFFECTIVE DATE.** This section is effective the day following final enactment.

15.1 Sec. 16. Minnesota Statutes 2022, section 245D.03, subdivision 1, is amended to read:

15.2 Subdivision 1. **Applicability.** (a) The commissioner shall regulate the provision of home
15.3 and community-based services to persons with disabilities and persons age 65 and older
15.4 pursuant to this chapter. The licensing standards in this chapter govern the provision of
15.5 basic support services and intensive support services.

15.6 (b) Basic support services provide the level of assistance, supervision, and care that is
15.7 necessary to ensure the health and welfare of the person and do not include services that
15.8 are specifically directed toward the training, treatment, habilitation, or rehabilitation of the
15.9 person. Basic support services include:

15.10 (1) in-home and out-of-home respite care services as defined in section 245A.02,
15.11 subdivision 15, and under the brain injury, community alternative care, community access
15.12 for disability inclusion, developmental disabilities, and elderly waiver plans, excluding
15.13 out-of-home respite care provided to children in a family child foster care home licensed
15.14 under Minnesota Rules, parts 2960.3000 to 2960.3100, when the child foster care license
15.15 holder complies with the requirements under section 245D.06, subdivisions 5, 6, 7, and 8,
15.16 or successor provisions; and section 245D.061 or successor provisions, which must be
15.17 stipulated in the statement of intended use required under Minnesota Rules, part 2960.3000,
15.18 subpart 4;

15.19 (2) adult companion services as defined under the ~~brain injury, community access for~~
15.20 ~~disability inclusion, community alternative care, and elderly waiver plans~~ plan, excluding
15.21 adult companion services provided under the Corporation for National and Community
15.22 Services Senior Companion Program established under the Domestic Volunteer Service
15.23 Act of 1973, Public Law 98-288;

15.24 ~~(3) personal support as defined under the developmental disabilities waiver plan;~~

15.25 ~~(4)~~ (3) 24-hour emergency assistance, personal emergency response as defined under
15.26 the community access for disability inclusion and developmental disabilities waiver plans;

15.27 ~~(5)~~ (4) night supervision services as defined under the brain injury, community access
15.28 for disability inclusion, community alternative care, and developmental disabilities waiver
15.29 plans;

15.30 ~~(6)~~ (5) homemaker services as defined under the community access for disability
15.31 inclusion, brain injury, community alternative care, developmental disabilities, and elderly
15.32 waiver plans, excluding providers licensed by the Department of Health under chapter 144A
15.33 and those providers providing cleaning services only;

16.1 ~~(7)~~ (6) individual community living support under section 256S.13; and

16.2 ~~(8)~~ (7) individualized home supports without training services as defined under the brain
16.3 injury, community alternative care, and community access for disability inclusion, and
16.4 developmental disabilities waiver plans.

16.5 (c) Intensive support services provide assistance, supervision, and care that is necessary
16.6 to ensure the health and welfare of the person and services specifically directed toward the
16.7 training, habilitation, or rehabilitation of the person. Intensive support services include:

16.8 (1) intervention services, including:

16.9 (i) positive support services as defined under the brain injury and community access for
16.10 disability inclusion, community alternative care, and developmental disabilities waiver
16.11 plans;

16.12 (ii) in-home or out-of-home crisis respite services as defined under the brain injury,
16.13 community access for disability inclusion, community alternative care, and developmental
16.14 disabilities waiver plans; and

16.15 (iii) specialist services as defined under the current brain injury, community access for
16.16 disability inclusion, community alternative care, and developmental disabilities waiver
16.17 plans;

16.18 (2) in-home support services, including:

16.19 ~~(i) in-home family support and supported living services as defined under the~~
16.20 ~~developmental disabilities waiver plan;~~

16.21 ~~(ii) independent living services training as defined under the brain injury and community~~
16.22 ~~access for disability inclusion waiver plans;~~

16.23 ~~(iii)~~ (i) semi-independent living services;

16.24 ~~(iv)~~ (ii) individualized home support with training services as defined under the brain
16.25 injury, community alternative care, community access for disability inclusion, and
16.26 developmental disabilities waiver plans; and

16.27 ~~(v)~~ (iii) individualized home support with family training services as defined under the
16.28 brain injury, community alternative care, community access for disability inclusion, and
16.29 developmental disabilities waiver plans;

16.30 (3) residential supports and services, including:

17.1 ~~(i) supported living services as defined under the developmental disabilities waiver plan~~
17.2 ~~provided in a family or corporate child foster care residence, a family adult foster care~~
17.3 ~~residence, a community residential setting, or a supervised living facility;~~

17.4 ~~(ii) foster care services as defined in the brain injury, community alternative care, and~~
17.5 ~~community access for disability inclusion waiver plans provided in a family or corporate~~
17.6 ~~child foster care residence, a family adult foster care residence, or a community residential~~
17.7 ~~setting;~~

17.8 ~~(iii)~~ (i) community residential services as defined under the brain injury, community
17.9 alternative care, community access for disability inclusion, and developmental disabilities
17.10 waiver plans provided in a corporate child foster care residence, a community residential
17.11 setting, or a supervised living facility;

17.12 ~~(iv)~~ (ii) family residential services as defined in the brain injury, community alternative
17.13 care, community access for disability inclusion, and developmental disabilities waiver plans
17.14 provided in a family child foster care residence or a family adult foster care residence; and

17.15 ~~(v)~~ (iii) residential services provided to more than four persons with developmental
17.16 disabilities in a supervised living facility, including ICFs/DD;

17.17 (4) day services, including:

17.18 ~~(i) structured day services as defined under the brain injury waiver plan;~~

17.19 ~~(ii)~~ (i) day support services ~~under sections 252.41 to 252.46, and~~ as defined under the
17.20 brain injury, community alternative care, community access for disability inclusion, and
17.21 developmental disabilities waiver plans;

17.22 ~~(iii)~~ (ii) day training and habilitation services under sections 252.41 to 252.46, ~~and as~~
17.23 ~~defined under the developmental disabilities waiver plan; and~~

17.24 ~~(iv)~~ (iii) prevocational services as defined under the brain injury, community alternative
17.25 care, community access for disability inclusion, and developmental disabilities waiver plans;
17.26 ~~and~~

17.27 (5) employment exploration services as defined under the brain injury, community
17.28 alternative care, community access for disability inclusion, and developmental disabilities
17.29 waiver plans;

17.30 (6) employment development services as defined under the brain injury, community
17.31 alternative care, community access for disability inclusion, and developmental disabilities
17.32 waiver plans;

18.1 (7) employment support services as defined under the brain injury, community alternative
18.2 care, community access for disability inclusion, and developmental disabilities waiver plans;
18.3 and

18.4 (8) integrated community support as defined under the brain injury and community
18.5 access for disability inclusion waiver plans beginning January 1, 2021, and community
18.6 alternative care and developmental disabilities waiver plans beginning January 1, 2023.

18.7 Sec. 17. Minnesota Statutes 2022, section 245G.22, subdivision 15, is amended to read:

18.8 Subd. 15. **Nonmedication treatment services; documentation.** (a) The program must
18.9 offer at least 50 consecutive minutes of individual or group therapy treatment services as
18.10 defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first
18.11 ten weeks following the day of service initiation, and at least 50 consecutive minutes per
18.12 month thereafter. As clinically appropriate, the program may offer these services cumulatively
18.13 and not consecutively in increments of no less than 15 minutes over the required time period,
18.14 and for a total of 60 minutes of treatment services over the time period, and must document
18.15 the reason for providing services cumulatively in the client's record. The program may offer
18.16 additional levels of service when deemed clinically necessary.

18.17 (b) Notwithstanding the requirements of comprehensive assessments in section 245G.05,
18.18 the assessment must be completed within 21 days from the day of service initiation.

18.19 ~~(c) Notwithstanding the requirements of individual treatment plans set forth in section~~
18.20 ~~245G.06:~~

18.21 ~~(1) treatment plan contents for a maintenance client are not required to include goals~~
18.22 ~~the client must reach to complete treatment and have services terminated;~~

18.23 ~~(2) treatment plans for a client in a taper or detox status must include goals the client~~
18.24 ~~must reach to complete treatment and have services terminated; and~~

18.25 ~~(3) for the ten weeks following the day of service initiation for all new admissions,~~
18.26 ~~readmissions, and transfers, a weekly treatment plan review must be documented once the~~
18.27 ~~treatment plan is completed. Subsequently, the counselor must document treatment plan~~
18.28 ~~reviews in the six dimensions at least once monthly or, when clinical need warrants, more~~
18.29 ~~frequently.~~

18.30 Sec. 18. Minnesota Statutes 2022, section 245G.22, subdivision 17, is amended to read:

18.31 Subd. 17. **Policies and procedures.** (a) A license holder must develop and maintain the
18.32 policies and procedures required in this subdivision.

19.1 (b) For a program that is not open every day of the year, the license holder must maintain
19.2 a policy and procedure that covers requirements under section 245G.22, subdivisions 6 and
19.3 7. Unsupervised use of medication used for the treatment of opioid use disorder for days
19.4 that the program is closed for business, including but not limited to Sundays and state and
19.5 federal holidays, must meet the requirements under section 245G.22, subdivisions 6 and 7.

19.6 (c) The license holder must maintain a policy and procedure that includes specific
19.7 measures to reduce the possibility of diversion. The policy and procedure must:

19.8 (1) specifically identify and define the responsibilities of the medical and administrative
19.9 staff for performing diversion control measures; and

19.10 (2) include a process for contacting no less than five percent of clients who have
19.11 unsupervised use of medication, excluding clients approved solely under subdivision 6,
19.12 paragraph (a), to require clients to physically return to the program each month. The system
19.13 must require clients to return to the program within a stipulated time frame and turn in all
19.14 unused medication containers related to opioid use disorder treatment. The license holder
19.15 must document all related contacts on a central log and the outcome of the contact for each
19.16 client in the client's record. The medical director must be informed of each outcome that
19.17 results in a situation in which a possible diversion issue was identified.

19.18 (d) Medication used for the treatment of opioid use disorder must be ordered,
19.19 administered, and dispensed according to applicable state and federal regulations and the
19.20 standards set by applicable accreditation entities. If a medication order requires assessment
19.21 by the person administering or dispensing the medication to determine the amount to be
19.22 administered or dispensed, the assessment must be completed by an individual whose
19.23 professional scope of practice permits an assessment. For the purposes of enforcement of
19.24 this paragraph, the commissioner has the authority to monitor the person administering or
19.25 dispensing the medication for compliance with state and federal regulations and the relevant
19.26 standards of the license holder's accreditation agency and may issue licensing actions
19.27 according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's
19.28 determination of noncompliance.

19.29 (e) A counselor in an opioid treatment program must not supervise more than 50 clients.

19.30 (f) Notwithstanding paragraph (e), from July 1, 2023, to June 30, 2024, a counselor in
19.31 an opioid treatment program may supervise up to 60 clients. The license holder may continue
19.32 to serve a client who was receiving services at the program on June 30, 2024, at a counselor
19.33 to client ratio of up to one to 60 and is not required to discharge any clients in order to return
19.34 to the counselor to client ratio of one to 50. The license holder may not, however, serve a

20.1 new client after June 30, 2024, unless the counselor who would supervise the new client is
20.2 supervising fewer than 50 existing clients.

20.3 **EFFECTIVE DATE.** This section is effective July 1, 2023.

20.4 Sec. 19. Minnesota Statutes 2022, section 246.0135, is amended to read:

20.5 **246.0135 OPERATION OF REGIONAL TREATMENT CENTERS.**

20.6 (a) The commissioner of human services is prohibited from closing any regional treatment
20.7 center or state-operated nursing home or any program at any of the regional treatment centers
20.8 or state-operated nursing homes, without specific legislative authorization. ~~For persons with~~
20.9 ~~developmental disabilities who move from one regional treatment center to another regional~~
20.10 ~~treatment center, the provisions of section 256B.092, subdivision 10, must be followed for~~
20.11 ~~both the discharge from one regional treatment center and admission to another regional~~
20.12 ~~treatment center, except that the move is not subject to the consensus requirement of section~~
20.13 ~~256B.092, subdivision 10, paragraph (b).~~

20.14 (b) Prior to closing or downsizing a regional treatment center, the commissioner of
20.15 human services shall be responsible for assuring that community-based alternatives developed
20.16 in response are adequate to meet the program needs identified by each county within the
20.17 catchment area and do not require additional local county property tax expenditures.

20.18 (c) The nonfederal share of the cost of alternative treatment or care developed as the
20.19 result of the closure of a regional treatment center, including costs associated with fulfillment
20.20 of responsibilities under chapter 253B shall be paid from state funds appropriated for
20.21 purposes specified in section 246.013.

20.22 (d) The commissioner may not divert state funds used for providing for care or treatment
20.23 of persons residing in a regional treatment center for purposes unrelated to the care and
20.24 treatment of such persons.

20.25 Sec. 20. Minnesota Statutes 2022, section 254A.035, subdivision 2, is amended to read:

20.26 Subd. 2. **Membership terms, compensation, removal and expiration.** The membership
20.27 of this council shall be composed of 17 persons who are American Indians and who are
20.28 appointed by the commissioner. The commissioner shall appoint one representative from
20.29 each of the following groups: Red Lake Band of Chippewa Indians; Fond du Lac Band,
20.30 Minnesota Chippewa Tribe; Grand Portage Band, Minnesota Chippewa Tribe; Leech Lake
20.31 Band, Minnesota Chippewa Tribe; Mille Lacs Band, Minnesota Chippewa Tribe; Bois Forte
20.32 Band, Minnesota Chippewa Tribe; White Earth Band, Minnesota Chippewa Tribe; Lower

21.1 Sioux Indian Reservation; Prairie Island Sioux Indian Reservation; Shakopee Mdewakanton
21.2 Sioux Indian Reservation; Upper Sioux Indian Reservation; International Falls Northern
21.3 Range; Duluth Urban Indian Community; and two representatives from the Minneapolis
21.4 Urban Indian Community and two from the St. Paul Urban Indian Community. The terms,
21.5 compensation, and removal of American Indian Advisory Council members shall be as
21.6 provided in section 15.059. ~~The council expires June 30, 2023.~~

21.7 Sec. 21. Minnesota Statutes 2022, section 254B.05, subdivision 1a, is amended to read:

21.8 Subd. 1a. **Room and board provider requirements.** (a) Effective January 1, 2000,
21.9 vendors of room and board are eligible for behavioral health fund payment if the vendor:

21.10 (1) has rules prohibiting residents bringing chemicals into the facility or using chemicals
21.11 while residing in the facility and provide consequences for infractions of those rules;

21.12 (2) is determined to meet applicable health and safety requirements;

21.13 (3) is not a jail or prison;

21.14 (4) is not concurrently receiving funds under chapter 256I for the recipient;

21.15 (5) admits individuals who are 18 years of age or older;

21.16 (6) is registered as a board and lodging or lodging establishment according to section
21.17 157.17;

21.18 (7) has awake staff on site ~~24 hours per day~~ whenever a client is present;

21.19 (8) has staff who are at least 18 years of age and meet the requirements of section
21.20 245G.11, subdivision 1, paragraph (b);

21.21 (9) has emergency behavioral procedures that meet the requirements of section 245G.16;

21.22 (10) meets the requirements of section 245G.08, subdivision 5, if administering
21.23 medications to clients;

21.24 (11) meets the abuse prevention requirements of section 245A.65, including a policy on
21.25 fraternization and the mandatory reporting requirements of section 626.557;

21.26 (12) documents coordination with the treatment provider to ensure compliance with
21.27 section 254B.03, subdivision 2;

21.28 (13) protects client funds and ensures freedom from exploitation by meeting the
21.29 provisions of section 245A.04, subdivision 13;

22.1 (14) has a grievance procedure that meets the requirements of section 245G.15,
22.2 subdivision 2; and

22.3 (15) has sleeping and bathroom facilities for men and women separated by a door that
22.4 is locked, has an alarm, or is supervised by awake staff.

22.5 (b) Programs licensed according to Minnesota Rules, chapter 2960, are exempt from
22.6 paragraph (a), clauses (5) to (15).

22.7 (c) Programs providing children's mental health crisis admissions and stabilization under
22.8 section 245.4882, subdivision 6, are eligible vendors of room and board.

22.9 (d) Licensed programs providing intensive residential treatment services or residential
22.10 crisis stabilization services pursuant to section 256B.0622 or 256B.0624 are eligible vendors
22.11 of room and board and are exempt from paragraph (a), clauses (6) to (15).

22.12 (e) A vendor that is not licensed as a residential treatment program must have a policy
22.13 to address staffing coverage when a client may unexpectedly need to be present at the room
22.14 and board site.

22.15 Sec. 22. Minnesota Statutes 2022, section 254B.05, subdivision 5, is amended to read:

22.16 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
22.17 use disorder services and service enhancements funded under this chapter.

22.18 (b) Eligible substance use disorder treatment services include:

22.19 (1) outpatient treatment services that are licensed according to sections 245G.01 to
22.20 245G.17, or applicable tribal license;

22.21 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
22.22 and 245G.05;

22.23 (3) care coordination services provided according to section 245G.07, subdivision 1,
22.24 paragraph (a), clause (5);

22.25 (4) peer recovery support services provided according to section 245G.07, subdivision
22.26 2, clause (8);

22.27 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
22.28 services provided according to chapter 245F;

22.29 (6) substance use disorder treatment services with medications for opioid use disorder
22.30 that are licensed according to sections 245G.01 to 245G.17 and 245G.22, or applicable
22.31 tribal license;

23.1 (7) substance use disorder treatment with medications for opioid use disorder plus
23.2 enhanced treatment services that meet the requirements of clause (6) and provide nine hours
23.3 of clinical services each week;

23.4 (8) high, medium, and low intensity residential treatment services that are licensed
23.5 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
23.6 provide, respectively, 30, 15, and five hours of clinical services each week;

23.7 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
23.8 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
23.9 144.56;

23.10 (10) adolescent treatment programs that are licensed as outpatient treatment programs
23.11 according to sections 245G.01 to 245G.18 or as residential treatment programs according
23.12 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
23.13 applicable tribal license;

23.14 (11) high-intensity residential treatment services that are licensed according to sections
23.15 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
23.16 clinical services each week provided by a state-operated vendor or to clients who have been
23.17 civilly committed to the commissioner, present the most complex and difficult care needs,
23.18 and are a potential threat to the community; and

23.19 (12) room and board facilities that meet the requirements of subdivision 1a.

23.20 (c) The commissioner shall establish higher rates for programs that meet the requirements
23.21 of paragraph (b) and one of the following additional requirements:

23.22 (1) programs that serve parents with their children if the program:

23.23 (i) provides on-site child care during the hours of treatment activity that:

23.24 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
23.25 9503; or

23.26 (B) ~~meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph~~
23.27 ~~(a), clause (6), and meets the requirements~~ is licensed under section chapter 245A and
23.28 sections 245G.01 to 245G.19, subdivision 4; or

23.29 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
23.30 licensed under chapter 245A as:

23.31 (A) a child care center under Minnesota Rules, chapter 9503; or

23.32 (B) a family child care home under Minnesota Rules, chapter 9502;

24.1 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
24.2 subdivision 4a;

24.3 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;

24.4 (4) programs that offer medical services delivered by appropriately credentialed health
24.5 care staff in an amount equal to two hours per client per week if the medical needs of the
24.6 client and the nature and provision of any medical services provided are documented in the
24.7 client file; or

24.8 (5) programs that offer services to individuals with co-occurring mental health and
24.9 substance use disorder problems if:

24.10 (i) the program meets the co-occurring requirements in section 245G.20;

24.11 (ii) 25 percent of the counseling staff are licensed mental health professionals under
24.12 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision
24.13 of a licensed alcohol and drug counselor supervisor and mental health professional under
24.14 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health
24.15 staff may be students or licensing candidates with time documented to be directly related
24.16 to provisions of co-occurring services;

24.17 (iii) clients scoring positive on a standardized mental health screen receive a mental
24.18 health diagnostic assessment within ten days of admission;

24.19 (iv) the program has standards for multidisciplinary case review that include a monthly
24.20 review for each client that, at a minimum, includes a licensed mental health professional
24.21 and licensed alcohol and drug counselor, and their involvement in the review is documented;

24.22 (v) family education is offered that addresses mental health and substance use disorder
24.23 and the interaction between the two; and

24.24 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
24.25 training annually.

24.26 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
24.27 that provides arrangements for off-site child care must maintain current documentation at
24.28 the substance use disorder facility of the child care provider's current licensure to provide
24.29 child care services. ~~Programs that provide child care according to paragraph (e), clause (1),
24.30 must be deemed in compliance with the licensing requirements in section 245G.19.~~

25.1 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
25.2 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
25.3 in paragraph (c), clause (4), items (i) to (iv).

25.4 (f) Subject to federal approval, substance use disorder services that are otherwise covered
25.5 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
25.6 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
25.7 the condition and needs of the person being served. Reimbursement shall be at the same
25.8 rates and under the same conditions that would otherwise apply to direct face-to-face services.

25.9 (g) For the purpose of reimbursement under this section, substance use disorder treatment
25.10 services provided in a group setting without a group participant maximum or maximum
25.11 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
25.12 At least one of the attending staff must meet the qualifications as established under this
25.13 chapter for the type of treatment service provided. A recovery peer may not be included as
25.14 part of the staff ratio.

25.15 (h) Payment for outpatient substance use disorder services that are licensed according
25.16 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
25.17 prior authorization of a greater number of hours is obtained from the commissioner.

25.18 Sec. 23. Minnesota Statutes 2022, section 256.01, is amended by adding a subdivision to
25.19 read:

25.20 **Subd. 12b. Department of Human Services systemic critical incident review team. (a)**
25.21 **The commissioner may establish a Department of Human Services systemic critical incident**
25.22 **review team to review critical incidents reported as required under section 626.557 for**
25.23 **which the Department of Human Services is responsible under section 626.5572, subdivision**
25.24 **13; chapter 245D; or Minnesota Rules, chapter 9544. When reviewing a critical incident,**
25.25 **the systemic critical incident review team shall identify systemic influences to the incident**
25.26 **rather than determine the culpability of any actors involved in the incident. The systemic**
25.27 **critical incident review may assess the entire critical incident process from the point of an**
25.28 **entity reporting the critical incident through the ongoing case management process.**
25.29 **Department staff shall lead and conduct the reviews and may utilize county staff as reviewers.**
25.30 **The systemic critical incident review process may include but is not limited to:**

25.31 **(1) data collection about the incident and actors involved. Data may include the relevant**
25.32 **critical services; the service provider's policies and procedures applicable to the incident;**
25.33 **the community support plan as defined in section 245D.02, subdivision 4b, for the person**

- 26.1 receiving services; or an interview of an actor involved in the critical incident or the review
26.2 of the critical incident. Actors may include:
- 26.3 (i) staff of the provider agency;
26.4 (ii) lead agency staff administering home and community-based services delivered by
26.5 the provider;
26.6 (iii) Department of Human Services staff with oversight of home and community-based
26.7 services;
26.8 (iv) Department of Health staff with oversight of home and community-based services;
26.9 (v) members of the community including advocates, legal representatives, health care
26.10 providers, pharmacy staff, or others with knowledge of the incident or the actors in the
26.11 incident; and
26.12 (vi) staff from the Office of the Ombudsman for Mental Health and Developmental
26.13 Disabilities and the Office of Ombudsman for Long-Term Care;
- 26.14 (2) systemic mapping of the critical incident. The team conducting the systemic mapping
26.15 of the incident may include any actors identified in clause (1), designated representatives
26.16 of other provider agencies, regional teams, and representatives of the local regional quality
26.17 council identified in section 256B.097; and
- 26.18 (3) analysis of the case for systemic influences.
- 26.19 Data collected by the critical incident review team shall be aggregated and provided to
26.20 regional teams, participating regional quality councils, and the commissioner. The regional
26.21 teams and quality councils shall analyze the data and make recommendations to the
26.22 commissioner regarding systemic changes that would decrease the number and severity of
26.23 critical incidents in the future or improve the quality of the home and community-based
26.24 service system.
- 26.25 (b) Cases selected for the systemic critical incident review process shall be selected by
26.26 a selection committee among the following critical incident categories:
- 26.27 (1) cases of caregiver neglect identified in section 626.5572, subdivision 17;
26.28 (2) cases involving financial exploitation identified in section 626.5572, subdivision 9;
26.29 (3) incidents identified in section 245D.02, subdivision 11;
26.30 (4) behavior interventions identified in Minnesota Rules, part 9544.0110;

27.1 (5) service terminations reported to the department in accordance with section 245D.10,
27.2 subdivision 3a; and

27.3 (6) other incidents determined by the commissioner.

27.4 (c) The systemic critical incident review under this section shall not replace the process
27.5 for screening or investigating cases of alleged maltreatment of an adult under section 626.557.
27.6 The department may select cases for systemic critical incident review, under the jurisdiction
27.7 of the commissioner, reported for suspected maltreatment and closed following initial or
27.8 final disposition.

27.9 (d) The proceedings and records of the review team are confidential data on individuals
27.10 or protected nonpublic data as defined in section 13.02, subdivisions 3 and 13. Data that
27.11 document a person's opinions formed as a result of the review are not subject to discovery
27.12 or introduction into evidence in a civil or criminal action against a professional, the state,
27.13 or a county agency arising out of the matters that the team is reviewing. Information,
27.14 documents, and records otherwise available from other sources are not immune from
27.15 discovery or use in a civil or criminal action solely because the information, documents,
27.16 and records were assessed or presented during proceedings of the review team. A person
27.17 who presented information before the systemic critical incident review team or who is a
27.18 member of the team shall not be prevented from testifying about matters within the person's
27.19 knowledge. In a civil or criminal proceeding, a person shall not be questioned about opinions
27.20 formed by the person as a result of the review.

27.21 (e) By October 1 of each year, the commissioner shall prepare an annual public report
27.22 containing the following information:

27.23 (1) the number of cases reviewed under each critical incident category identified in
27.24 paragraph (b) and a geographical description of where cases under each category originated;

27.25 (2) an aggregate summary of the systemic themes from the critical incidents examined
27.26 by the critical incident review team during the previous year;

27.27 (3) a synopsis of the conclusions, incident analyses, or exploratory activities taken in
27.28 regard to the critical incidents examined by the critical incident review team; and

27.29 (4) recommendations made to the commissioner regarding systemic changes that could
27.30 decrease the number and severity of critical incidents in the future or improve the quality
27.31 of the home and community-based service system.

27.32 **EFFECTIVE DATE.** This section is effective the day following final enactment.

28.1 Sec. 24. Minnesota Statutes 2022, section 256B.0911, subdivision 23, is amended to read:

28.2 Subd. 23. **MnCHOICES reassessments; option for alternative and self-directed**
28.3 **waiver services.** (a) At the time of reassessment, the certified assessor shall assess a person
28.4 receiving waiver residential supports and services and currently residing in a setting listed
28.5 in clauses (1) to (5) to determine if the person would prefer to be served in a
28.6 community-living setting as defined in section ~~256B.49, subdivision 23~~ 256B.492,
28.7 subdivision 1, paragraph (b), or in a setting not controlled by a provider, or to receive
28.8 integrated community supports as described in section 245D.03, subdivision 1, paragraph
28.9 (c), clause (8). The certified assessor shall offer the person through a person-centered
28.10 planning process the option to receive alternative housing and service options. This paragraph
28.11 applies to those currently residing in a:

28.12 (1) community residential setting;

28.13 (2) licensed adult foster care home that is either not the primary residence of the license
28.14 holder or in which the license holder is not the primary caregiver;

28.15 (3) family adult foster care residence;

28.16 (4) customized living setting; or

28.17 (5) supervised living facility.

28.18 (b) At the time of reassessment, the certified assessor shall assess each person receiving
28.19 waiver day services to determine if that person would prefer to receive employment services
28.20 as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7). The certified
28.21 assessor shall describe to the person through a person-centered planning process the option
28.22 to receive employment services.

28.23 (c) At the time of reassessment, the certified assessor shall assess each person receiving
28.24 non-self-directed waiver services to determine if that person would prefer an available
28.25 service and setting option that would permit self-directed services and supports. The certified
28.26 assessor shall describe to the person through a person-centered planning process the option
28.27 to receive self-directed services and supports.

28.28 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
28.29 of human services shall notify the revisor of statutes when federal approval is obtained.

28.30 Sec. 25. Minnesota Statutes 2022, section 256B.092, subdivision 10, is amended to read:

28.31 Subd. 10. **Admission of persons to and discharge of persons from regional treatment**
28.32 **centers.** (a) Prior to the admission of a person to a regional treatment center program for

29.1 persons with developmental disabilities, the case manager shall make efforts to secure
29.2 community-based alternatives. If these alternatives are rejected by the person, the person's
29.3 legal guardian or conservator, or the county agency in favor of a regional treatment center
29.4 placement, the case manager shall document the reasons why the alternatives were rejected.

29.5 ~~(b) When discharge of a person from a regional treatment center to a community-based~~
29.6 ~~service is proposed, the case manager shall convene the screening team and in addition to~~
29.7 ~~members of the team identified in subdivision 7, the case manager shall invite to the meeting~~
29.8 ~~the person's parents and near relatives, and the ombudsman established under section 245.92~~
29.9 ~~if the person is under public guardianship. The meeting shall be convened at a time and~~
29.10 ~~place that allows for participation of all team members and invited individuals who choose~~
29.11 ~~to attend. The notice of the meeting shall inform the person's parents and near relatives~~
29.12 ~~about the screening team process, and their right to request a review if they object to the~~
29.13 ~~discharge, and shall provide the names and functions of advocacy organizations, and~~
29.14 ~~information relating to assistance available to individuals interested in establishing private~~
29.15 ~~guardianships under the provisions of section 252A.03. The screening team meeting shall~~
29.16 ~~be conducted according to subdivisions 7 and 8. Discharge of the person shall not go forward~~
29.17 ~~without consensus of the screening team.~~

29.18 ~~(c) The results of the screening team meeting and individual service plan developed~~
29.19 ~~according to subdivision 1b shall be used by the interdisciplinary team assembled in~~
29.20 ~~accordance with Code of Federal Regulations, title 42, section 483.440, to evaluate and~~
29.21 ~~make recommended modifications to the individual service plan as proposed. The individual~~
29.22 ~~service plan shall specify postplacement monitoring to be done by the case manager according~~
29.23 ~~to section 253B.15, subdivision 1a.~~

29.24 ~~(d) Notice of the meeting of the interdisciplinary team assembled in accordance with~~
29.25 ~~Code of Federal Regulations, title 42, section 483.440, shall be sent to all team members~~
29.26 ~~15 days prior to the meeting, along with a copy of the proposed individual service plan. The~~
29.27 ~~case manager shall request that proposed providers visit the person and observe the person's~~
29.28 ~~program at the regional treatment center prior to the discharge. Whenever possible,~~
29.29 ~~preplacement visits by the person to proposed service sites should also be scheduled in~~
29.30 ~~advance of the meeting. Members of the interdisciplinary team assembled for the purpose~~
29.31 ~~of discharge planning shall include but not be limited to the case manager, the person, the~~
29.32 ~~person's legal guardian or conservator, parents and near relatives, the person's advocate,~~
29.33 ~~representatives of proposed community service providers, representatives of the regional~~
29.34 ~~treatment center residential and training and habilitation services, a registered nurse if the~~
29.35 ~~person has overriding medical needs that impact the delivery of services, and a qualified~~

30.1 ~~developmental disability professional specializing in behavior management if the person~~
30.2 ~~to be discharged has behaviors that may result in injury to self or others. The case manager~~
30.3 ~~may also invite other service providers who have expertise in an area related to specific~~
30.4 ~~service needs of the person to be discharged.~~

30.5 ~~(e) The interdisciplinary team shall review the proposed plan to assure that it identifies~~
30.6 ~~service needs, availability of services, including support services, and the proposed providers'~~
30.7 ~~abilities to meet the service needs identified in the person's individual service plan. The~~
30.8 ~~interdisciplinary team shall review the most recent licensing reports of the proposed providers~~
30.9 ~~and corrective action taken by the proposed provider, if required. The interdisciplinary team~~
30.10 ~~shall review the current individual program plans for the person and agree to an interim~~
30.11 ~~individual program plan to be followed for the first 30 days in the person's new living~~
30.12 ~~arrangement. The interdisciplinary team may suggest revisions to the service plan, and all~~
30.13 ~~team suggestions shall be documented. If the person is to be discharged to a community~~
30.14 ~~intermediate care facility for persons with developmental disabilities, the team shall give~~
30.15 ~~preference to facilities with a licensed capacity of 15 or fewer beds. Thirty days prior to the~~
30.16 ~~date of discharge, the case manager shall send a final copy of the service plan to all invited~~
30.17 ~~members of the team, the ombudsman, if the person is under public guardianship, and the~~
30.18 ~~advocacy system established under United States Code, title 42, section 6042.~~

30.19 (b) Assessment and support planning must be completed in accordance with requirements
30.20 identified in section 256B.0911.

30.21 ~~(f) (c) No discharge shall take place until disputes are resolved under section 256.045,~~
30.22 ~~subdivision 4a, or until a review by the commissioner is completed upon request of the chief~~
30.23 ~~executive officer or program director of the regional treatment center, or the county agency.~~
30.24 ~~For persons under public guardianship, the ombudsman may request a review or hearing~~
30.25 ~~under section 256.045. Notification schedules required under this subdivision may be waived~~
30.26 ~~by members of the team when judged urgent and with agreement of the parents or near~~
30.27 ~~relatives participating as members of the interdisciplinary team.~~

30.28 Sec. 26. Minnesota Statutes 2022, section 256B.093, subdivision 1, is amended to read:

30.29 Subdivision 1. **State traumatic brain injury program.** (a) The commissioner of human
30.30 services shall:

30.31 (1) maintain a statewide traumatic brain injury program;

30.32 (2) supervise and coordinate services and policies for persons with traumatic brain
30.33 injuries;

31.1 (3) contract with qualified agencies or employ staff to provide statewide administrative
31.2 case management and consultation;

31.3 (4) maintain an advisory committee to provide recommendations in reports to the
31.4 commissioner regarding program and service needs of persons with brain injuries;

31.5 (5) investigate the need for the development of rules or statutes for the brain injury home
31.6 and community-based services waiver; and

31.7 (6) investigate present and potential models of service coordination which can be
31.8 delivered at the local level.

31.9 (b) The advisory committee required by paragraph (a), clause (4), must consist of no
31.10 fewer than ten members and no more than 30 members. The commissioner shall appoint
31.11 all advisory committee members to one- or two-year terms and appoint one member as
31.12 chair. ~~The advisory committee expires on June 30, 2023.~~

31.13 Sec. 27. Minnesota Statutes 2022, section 256B.439, subdivision 3c, is amended to read:

31.14 Subd. 3c. **Contact and demographic information for consumer surveys for home**
31.15 **and community-based services.** For purposes of conducting the consumer surveys under
31.16 subdivision 3a, the commissioner may request contact information of clients and associated
31.17 key representatives and aggregate, de-identified demographic information of clients served
31.18 by the provider. The commissioner may request the following demographic information:
31.19 (1) age; (2) race; (3) ethnicity; and (4) gender identity. Providers must furnish the contact
31.20 and demographic information available to the provider and must provide notice to clients
31.21 and associated key representatives that their contact information and aggregate demographic
31.22 information has been provided to the commissioner.

31.23 Sec. 28. Minnesota Statutes 2022, section 256B.439, subdivision 3d, is amended to read:

31.24 Subd. 3d. **Resident experience survey and family survey for assisted living**
31.25 **facilities.** The commissioner shall develop and administer a resident experience survey for
31.26 assisted living facility residents and a family survey for families of assisted living facility
31.27 residents. Money appropriated to the commissioner to administer the resident experience
31.28 survey and family survey is available in either fiscal year of the biennium in which it is
31.29 appropriated. Assisted living facilities licensed under chapter 144G must participate in the
31.30 surveys when the commissioner requests their participation.

32.1 Sec. 29. Minnesota Statutes 2022, section 256B.439, is amended by adding a subdivision
32.2 to read:

32.3 Subd. 3e. **Demographic information for home and community-based services report**
32.4 **card.** (a) For purposes of including relevant information in the home and community-based
32.5 services report card for consumers on the populations served by providers and for other
32.6 data analysis, the commissioner may request from providers the following summary data
32.7 about clients served by the provider:

32.8 (1) age;

32.9 (2) race;

32.10 (3) ethnicity; and

32.11 (4) gender identity.

32.12 (b) For the purposes of this subdivision, "summary data" has the meaning given in section
32.13 13.02, subdivision 19. Providers must furnish the summary data only if the data on individuals
32.14 is available to the provider. A provider is not required to collect any demographic data from
32.15 clients for the sole purpose of providing the information requested by the commissioner
32.16 under this subdivision. If a provider furnishes the requested summary data to the
32.17 commissioner, the provider must provide notice to clients and associated key representatives
32.18 that the client's demographic information was included in the summary data provided to the
32.19 commissioner.

32.20 Sec. 30. Minnesota Statutes 2022, section 256B.492, is amended to read:

32.21 **256B.492 HOME AND COMMUNITY-BASED SETTINGS FOR PEOPLE WITH**
32.22 **DISABILITIES.**

32.23 Subdivision 1. **Definitions.** (a) For the purposes of this section the following terms have
32.24 the meanings given.

32.25 (b) "Community-living setting" means a single-family home or multifamily dwelling
32.26 unit where a service recipient or a service recipient's family owns or rents and maintains
32.27 control over the individual unit as demonstrated by a lease agreement. Community-living
32.28 setting does not include a home or dwelling unit that the service provider owns, operates,
32.29 or leases or in which the service provider has a direct or indirect financial interest.

32.30 (c) "Controlling individual" has the meaning given in section 245A.02, subdivision 5a.

32.31 (d) "License holder" has the meaning given in section 245A.02, subdivision 9.

33.1 Subd. 2. Home and community-based waiver settings. (a) Individuals receiving services
33.2 under a home and community-based waiver under section 256B.092 or 256B.49 may receive
33.3 services in the following settings:

33.4 (1) home and community-based settings that comply with all requirements identified by
33.5 the federal Centers for Medicare and Medicaid Services in the Code of Federal Regulations,
33.6 title 42, section 441.301(c), and with the requirements of the federally approved transition
33.7 plan and waiver plans for each home and community-based services waiver; and

33.8 (2) settings required by the Housing Opportunities for Persons with AIDS Program.

33.9 (b) The settings in paragraph (a) must not have the qualities of an institution which
33.10 include, but are not limited to: regimented meal and sleep times, limitations on visitors, and
33.11 lack of privacy. Restrictions agreed to and documented in the person's individual service
33.12 plan shall not result in a residence having the qualities of an institution as long as the
33.13 restrictions for the person are not imposed upon others in the same residence and are the
33.14 least restrictive alternative, imposed for the shortest possible time to meet the person's needs.

33.15 Subd. 3. Community-living settings. (a) Individuals receiving services under a home
33.16 and community-based waiver under section 256B.092 or 256B.49 may receive services in
33.17 community-living settings. Community-living settings must meet the requirements of
33.18 subdivision 2, paragraph (a), clause (1).

33.19 (b) For the purposes of this section, direct financial interest exists if payment passes
33.20 between the license holder or any controlling individual of a licensed program and the
33.21 service recipient or an entity acting on the service recipient's behalf for the purpose of
33.22 obtaining or maintaining a dwelling. For the purposes of this section, indirect financial
33.23 interest exists if the license holder or any controlling individual of a licensed program has
33.24 an ownership or investment interest in the entity that owns, operates, leases, or otherwise
33.25 receives payment from the service recipient or an entity acting on the service recipient's
33.26 behalf for the purpose of obtaining or maintaining a dwelling.

33.27 (c) To ensure a service recipient or the service recipient's family maintains control over
33.28 the home or dwelling unit, community-living settings are subject to the following
33.29 requirements:

33.30 (1) service recipients must not be required to receive services or share services;

33.31 (2) service recipients must not be required to have a disability or specific diagnosis to
33.32 live in the community-living setting;

33.33 (3) service recipients may hire service providers of their choice;

- 34.1 (4) service recipients may choose whether to share their household and with whom;
- 34.2 (5) the home or multifamily dwelling unit must include living, sleeping, bathing, and
- 34.3 cooking areas;
- 34.4 (6) service recipients must have lockable access and egress;
- 34.5 (7) service recipients must be free to receive visitors and leave the settings at times and
- 34.6 for durations of their own choosing;
- 34.7 (8) leases must comply with chapter 504B;
- 34.8 (9) landlords must not charge different rents to tenants who are receiving home and
- 34.9 community-based services; and
- 34.10 (10) access to the greater community must be easily facilitated based on the service
- 34.11 recipient's needs and preferences.
- 34.12 (d) Nothing in this section prohibits a service recipient from having another person or
- 34.13 entity not affiliated with the service provider cosign a lease. Nothing in this section prohibits
- 34.14 a service recipient, during any period in which a service provider has cosigned the service
- 34.15 recipient's lease, from modifying services with an existing cosigning service provider and,
- 34.16 subject to the approval of the landlord, maintaining a lease cosigned by the service provider.
- 34.17 Nothing in this section prohibits a service recipient, during any period in which a service
- 34.18 provider has cosigned the service recipient's lease, from terminating services with the
- 34.19 cosigning service provider, receiving services from a new service provider, or, subject to
- 34.20 the approval of the landlord, maintaining a lease cosigned by the new service provider.
- 34.21 (e) A lease cosigned by a service provider meets the requirements of paragraph (b) if
- 34.22 the service recipient and service provider develop and implement a transition plan which
- 34.23 must provide that, within two years of cosigning the initial lease, the service provider shall
- 34.24 transfer the lease to the service recipient and other cosigners, if any.
- 34.25 (f) In the event the landlord has not approved the transfer of the lease within two years
- 34.26 of the service provider cosigning the initial lease, the service provider must submit a
- 34.27 time-limited extension request to the commissioner of human services to continue the
- 34.28 cosigned lease arrangement. The extension request must include:
- 34.29 (1) the reason the landlord denied the transfer;
- 34.30 (2) the plan to overcome the denial to transfer the lease;
- 34.31 (3) the length of time needed to successfully transfer the lease, not to exceed an additional
- 34.32 two years;

35.1 (4) a description of how the transition plan was followed, what occurred that led to the
35.2 landlord denying the transfer, and what changes in circumstances or condition, if any, the
35.3 service recipient experienced; and

35.4 (5) a revised transition plan to transfer the cosigned lease between the service provider
35.5 and the service recipient to the service recipient.

35.6 (g) The commissioner must approve an extension under paragraph (f) within sufficient
35.7 time to ensure the continued occupancy by the service recipient.

35.8 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
35.9 of human services shall notify the revisor of statutes when federal approval is obtained.

35.10 Sec. 31. Minnesota Statutes 2022, section 256B.493, subdivision 2a, is amended to read:

35.11 Subd. 2a. **Closure process.** (a) The commissioner shall work with stakeholders to
35.12 establish a process for the application, review, approval, and implementation of setting
35.13 closures. Voluntary proposals from license holders for consolidation and closure of adult
35.14 foster care or community residential settings are encouraged. Whether voluntary or
35.15 involuntary, all closure plans must include:

35.16 (1) a description of the proposed closure plan, identifying the home or homes and
35.17 occupied beds;

35.18 (2) the proposed timetable for the proposed closure, including the proposed dates for
35.19 notification to people living there and the affected lead agencies, commencement of closure,
35.20 and completion of closure;

35.21 (3) the proposed relocation plan jointly developed by the counties of financial
35.22 responsibility, the people living there and their legal representatives, if any, who wish to
35.23 continue to receive services from the provider, and the providers for current residents of
35.24 any adult foster care home designated for closure; and

35.25 (4) documentation from the provider in a format approved by the commissioner that all
35.26 the adult foster care homes or community residential settings receiving a planned closure
35.27 rate adjustment under the plan have accepted joint and severable for recovery of
35.28 overpayments under section 256B.0641, subdivision 2, for the facilities designated for
35.29 closure under this plan.

35.30 (b) The commissioner shall give first priority to closure plans which:

35.31 (1) target counties and geographic areas which have:

35.32 (i) need for other types of services;

36.1 (ii) need for specialized services;

36.2 (iii) higher than average per capita use of licensed corporate foster care or community
36.3 residential settings; or

36.4 (iv) residents not living in the geographic area of their choice;

36.5 (2) demonstrate savings of medical assistance expenditures; and

36.6 (3) demonstrate that alternative services are based on the recipient's choice of provider
36.7 and are consistent with federal law, state law, and federally approved waiver plans.

36.8 The commissioner shall also consider any information provided by people using services,
36.9 their legal representatives, family members, or the lead agency on the impact of the planned
36.10 closure on people and the services they need.

36.11 ~~(e) For each closure plan approved by the commissioner, a contract must be established~~
36.12 ~~between the commissioner, the counties of financial responsibility, and the participating~~
36.13 ~~license holder.~~

36.14 Sec. 32. Minnesota Statutes 2022, section 256B.493, subdivision 4, is amended to read:

36.15 Subd. 4. **Review and approval process.** (a) To be considered for approval, an application
36.16 must include:

36.17 (1) a description of the proposed closure plan, which must identify the home or homes
36.18 and occupied beds for which a planned closure rate adjustment is requested;

36.19 (2) the proposed timetable for any proposed closure, including the proposed dates for
36.20 notification to residents and the affected lead agencies, commencement of closure, and
36.21 completion of closure;

36.22 (3) the proposed relocation plan jointly developed by the counties of financial
36.23 responsibility, the residents and their legal representatives, if any, who wish to continue to
36.24 receive services from the provider, and the providers for current residents of any adult foster
36.25 care home designated for closure; and

36.26 (4) documentation in a format approved by the commissioner that all the adult foster
36.27 care homes receiving a planned closure rate adjustment under the plan have accepted joint
36.28 and several liability for recovery of overpayments under section 256B.0641, subdivision 2,
36.29 for the facilities designated for closure under this plan.

36.30 (b) In reviewing and approving closure proposals, the commissioner shall give first
36.31 priority to proposals that:

37.1 (1) target counties and geographic areas which have:
37.2 (i) need for other types of services;
37.3 (ii) need for specialized services;
37.4 (iii) higher than average per capita use of foster care settings where the license holder
37.5 does not reside; or

37.6 (iv) residents not living in the geographic area of their choice;

37.7 (2) demonstrate savings of medical assistance expenditures; and

37.8 (3) demonstrate that alternative services are based on the recipient's choice of provider
37.9 and are consistent with federal law, state law, and federally approved waiver plans.

37.10 The commissioner shall also consider any information provided by service recipients,
37.11 their legal representatives, family members, or the lead agency on the impact of the planned
37.12 closure on the recipients and the services they need.

37.13 (c) The commissioner shall select proposals that best meet the criteria established in this
37.14 subdivision for planned closure of adult foster care settings. The commissioner shall notify
37.15 license holders of the selections approved by the commissioner.

37.16 ~~(d) For each proposal approved by the commissioner, a contract must be established~~
37.17 ~~between the commissioner, the counties of financial responsibility, and the participating~~
37.18 ~~license holder.~~

37.19 **EFFECTIVE DATE.** This section is effective the day following final enactment.

37.20 Sec. 33. Minnesota Statutes 2022, section 256S.202, subdivision 1, is amended to read:

37.21 Subdivision 1. **Customized living monthly service rate limits.** (a) Except for a
37.22 participant assigned to case mix classification L, as described in section 256S.18, subdivision
37.23 1, paragraph (b), the customized living monthly service rate limit shall not exceed 50 percent
37.24 of the monthly case mix budget cap, ~~less the maintenance needs allowance~~, adjusted at least
37.25 annually in the manner described under section 256S.18, subdivisions 5 and 6.

37.26 (b) The customized living monthly service rate limit for participants assigned to case
37.27 mix classification L must be the monthly service rate limit for participants assigned to case
37.28 mix classification A, reduced by 25 percent.

38.1 Sec. 34. Minnesota Statutes 2022, section 524.5-104, is amended to read:

38.2 **524.5-104 FACILITY OF TRANSFER.**

38.3 (a) A person who may transfer money or personal property to a minor may do so, as to
38.4 an amount or value not exceeding the amount allowable as a tax exclusion gift under section
38.5 2503(b) of the Internal Revenue Code or a different amount that is approved by the court,
38.6 by transferring it to:

38.7 (1) a person who has the care and custody of the minor and with whom the minor resides;

38.8 (2) a guardian of the minor;

38.9 (3) a custodian under the Uniform Transfers To Minors Act or custodial trustee under
38.10 the Uniform Custodial Trust Act;

38.11 (4) a financial institution as a deposit in an interest-bearing account or certificate in the
38.12 sole name of the minor and giving notice of the deposit to the minor; or

38.13 (5) an ABLE account. A guardian only has the authority to establish an ABLE account.
38.14 The guardian may not administer the ABLE account in the guardian's capacity as guardian.
38.15 The guardian may appoint or name a person to exercise signature authority over an ABLE
38.16 account, including the individual selected by the eligible individual or the eligible individual's
38.17 agent under a power of attorney, conservator, spouse, parent, sibling, grandparent, or
38.18 representative payee, whether an individual or organization, appointed by the Social Security
38.19 Administration, in that order.

38.20 (b) This section does not apply if the person making payment or delivery knows that a
38.21 conservator has been appointed or that a proceeding for appointment of a conservator of
38.22 the minor is pending.

38.23 (c) A person who transfers money or property in compliance with this section is not
38.24 responsible for its proper application.

38.25 (d) A guardian or other person who receives money or property for a minor under
38.26 paragraph (a), clause (1) or (2), may only apply it to the support, care, education, health,
38.27 and welfare of the minor, and may not derive a personal financial benefit except for
38.28 reimbursement for necessary expenses. Any excess must be preserved for the future support,
38.29 care, education, health, and welfare of the minor and any balance must be transferred to the
38.30 minor upon emancipation or attaining majority.

38.31 **EFFECTIVE DATE.** This section is effective the day following final enactment.

39.1 Sec. 35. Minnesota Statutes 2022, section 524.5-313, is amended to read:

39.2 **524.5-313 POWERS AND DUTIES OF GUARDIAN.**

39.3 (a) A guardian shall be subject to the control and direction of the court at all times and
39.4 in all things.

39.5 (b) The court shall grant to a guardian only those powers necessary to provide for the
39.6 demonstrated needs of the person subject to guardianship.

39.7 (c) The court may appoint a guardian if it determines that all the powers and duties listed
39.8 in this section are needed to provide for the needs of the incapacitated person. The court
39.9 may also appoint a guardian if it determines that a guardian is needed to provide for the
39.10 needs of the incapacitated person through the exercise of some, but not all, of the powers
39.11 and duties listed in this section. The duties and powers of a guardian or those which the
39.12 court may grant to a guardian include, but are not limited to:

39.13 (1) the power to have custody of the person subject to guardianship and the power to
39.14 establish a place of abode within or outside the state, except as otherwise provided in this
39.15 clause. The person subject to guardianship or any interested person may petition the court
39.16 to prevent or to initiate a change in abode. A person subject to guardianship may not be
39.17 admitted to a regional treatment center by the guardian except:

39.18 (i) after a hearing under chapter 253B;

39.19 (ii) for outpatient services; or

39.20 (iii) for the purpose of receiving temporary care for a specific period of time not to
39.21 exceed 90 days in any calendar year;

39.22 (2) the duty to provide for the care, comfort, and maintenance needs of the person subject
39.23 to guardianship, including food, clothing, shelter, health care, social and recreational
39.24 requirements, and, whenever appropriate, training, education, and habilitation or
39.25 rehabilitation. The guardian has no duty to pay for these requirements out of personal funds.
39.26 Whenever possible and appropriate, the guardian should meet these requirements through
39.27 governmental benefits or services to which the person subject to guardianship is entitled,
39.28 rather than from the estate of the person subject to guardianship. Failure to satisfy the needs
39.29 and requirements of this clause shall be grounds for removal of a private guardian, but the
39.30 guardian shall have no personal or monetary liability;

39.31 (3) the duty to take reasonable care of the clothing, furniture, vehicles, and other personal
39.32 effects of the person subject to guardianship, and, if other property requires protection, the
39.33 power to seek appointment of a conservator of the estate. The guardian must give notice by

40.1 mail to interested persons prior to the disposition of the clothing, furniture, vehicles, or
40.2 other personal effects of the person subject to guardianship. The notice must inform the
40.3 person of the right to object to the disposition of the property within ten days of the date of
40.4 mailing and to petition the court for a review of the guardian's proposed actions. Notice of
40.5 the objection must be served by mail or personal service on the guardian and the person
40.6 subject to guardianship unless the person subject to guardianship is the objector. The guardian
40.7 served with notice of an objection to the disposition of the property may not dispose of the
40.8 property unless the court approves the disposition after a hearing;

40.9 (4)(i) the power to give any necessary consent to enable the person subject to guardianship
40.10 to receive necessary medical or other professional care, counsel, treatment, or service, except
40.11 that no guardian may give consent for psychosurgery, electroshock, sterilization, or
40.12 experimental treatment of any kind unless the procedure is first approved by order of the
40.13 court as provided in this clause. The guardian shall not consent to any medical care for the
40.14 person subject to guardianship which violates the known conscientious, religious, or moral
40.15 belief of the person subject to guardianship;

40.16 (ii) a guardian who believes a procedure described in item (i) requiring prior court
40.17 approval to be necessary for the proper care of the person subject to guardianship, shall
40.18 petition the court for an order and, in the case of a public guardianship under chapter 252A,
40.19 obtain the written recommendation of the commissioner of human services. The court shall
40.20 fix the time and place for the hearing and shall give notice to the person subject to
40.21 guardianship in such manner as specified in section 524.5-308 and to interested persons.
40.22 The court shall appoint an attorney to represent the person subject to guardianship who is
40.23 not represented by counsel, provided that such appointment shall expire upon the expiration
40.24 of the appeal time for the order issued by the court under this section or the order dismissing
40.25 a petition, or upon such other time or event as the court may direct. In every case the court
40.26 shall determine if the procedure is in the best interest of the person subject to guardianship.
40.27 In making its determination, the court shall consider a written medical report which
40.28 specifically considers the medical risks of the procedure, whether alternative, less restrictive
40.29 methods of treatment could be used to protect the best interest of the person subject to
40.30 guardianship, and any recommendation of the commissioner of human services for a public
40.31 person subject to guardianship. The standard of proof is that of clear and convincing evidence;

40.32 (iii) in the case of a petition for sterilization of a person with developmental disabilities
40.33 subject to guardianship, the court shall appoint a licensed physician, a psychologist who is
40.34 qualified in the diagnosis and treatment of developmental disability, and a social worker
40.35 who is familiar with the social history and adjustment of the person subject to guardianship

41.1 or the case manager for the person subject to guardianship to examine or evaluate the person
41.2 subject to guardianship and to provide written reports to the court. The reports shall indicate
41.3 why sterilization is being proposed, whether sterilization is necessary and is the least intrusive
41.4 method for alleviating the problem presented, and whether it is in the best interest of the
41.5 person subject to guardianship. The medical report shall specifically consider the medical
41.6 risks of sterilization, the consequences of not performing the sterilization, and whether
41.7 alternative methods of contraception could be used to protect the best interest of the person
41.8 subject to guardianship;

41.9 (iv) any person subject to guardianship whose right to consent to a sterilization has not
41.10 been restricted under this section or section 252A.101 may be sterilized only if the person
41.11 subject to guardianship consents in writing or there is a sworn acknowledgment by an
41.12 interested person of a nonwritten consent by the person subject to guardianship. The consent
41.13 must certify that the person subject to guardianship has received a full explanation from a
41.14 physician or registered nurse of the nature and irreversible consequences of the sterilization;

41.15 (v) a guardian or the public guardian's designee who acts within the scope of authority
41.16 conferred by letters of guardianship under section 252A.101, subdivision 7, and according
41.17 to the standards established in this chapter or in chapter 252A shall not be civilly or criminally
41.18 liable for the provision of any necessary medical care, including, but not limited to, the
41.19 administration of psychotropic medication or the implementation of aversive and deprivation
41.20 procedures to which the guardian or the public guardian's designee has consented;

41.21 (5) in the event there is no duly appointed conservator of the estate of the person subject
41.22 to guardianship, the guardian shall have the power to approve or withhold approval of any
41.23 contract, except for necessities, which the person subject to guardianship may make or wish
41.24 to make;

41.25 (6) the duty and power to exercise supervisory authority over the person subject to
41.26 guardianship in a manner which limits civil rights and restricts personal freedom only to
41.27 the extent necessary to provide needed care and services. A guardian may not restrict the
41.28 ability of the person subject to guardianship to communicate, visit, or interact with others,
41.29 including receiving visitors or making or receiving telephone calls, personal mail, or
41.30 electronic communications including through social media, or participating in social activities,
41.31 unless the guardian has good cause to believe restriction is necessary because interaction
41.32 with the person poses a risk of significant physical, psychological, or financial harm to the
41.33 person subject to guardianship, and there is no other means to avoid such significant harm.
41.34 In all cases, the guardian shall provide written notice of the restrictions imposed to the court,
41.35 to the person subject to guardianship, and to the person subject to restrictions. The person

42.1 subject to guardianship or the person subject to restrictions may petition the court to remove
42.2 or modify the restrictions;

42.3 (7) if there is no acting conservator of the estate for the person subject to guardianship,
42.4 the guardian has the power to apply on behalf of the person subject to guardianship for any
42.5 assistance, services, or benefits available to the person subject to guardianship through any
42.6 unit of government;

42.7 (8) unless otherwise ordered by the court, the person subject to guardianship retains the
42.8 right to vote;

42.9 (9) the power to establish an ABLE account for a person subject to guardianship or
42.10 conservatorship. By this provision a guardian only has the authority to establish an ABLE
42.11 account, but may not administer the ABLE account in the guardian's capacity as guardian.
42.12 The guardian may appoint or name a person to exercise signature authority over an ABLE
42.13 account, including the individual selected by the eligible individual or the eligible individual's
42.14 agent under a power of attorney; conservator; spouse; parent; sibling; grandparent; or
42.15 representative payee, whether an individual or organization, appointed by the SSA, in that
42.16 order; and

42.17 (10) if there is no conservator appointed for the person subject to guardianship, the
42.18 guardian has the duty and power to institute suit on behalf of the person subject to
42.19 guardianship and represent the person subject to guardianship in expungement proceedings,
42.20 harassment proceedings, and all civil court proceedings, including but not limited to
42.21 restraining orders, orders for protection, name changes, conciliation court, housing court,
42.22 family court, probate court, and juvenile court, provided that a guardian may not settle or
42.23 compromise any claim or debt owed to the estate without court approval.

42.24 **EFFECTIVE DATE.** This section is effective the day following final enactment.

42.25 Sec. 36. Laws 2021, First Special Session chapter 7, article 17, section 20, is amended to
42.26 read:

42.27 Sec. 20. **HCBS WORKFORCE DEVELOPMENT GRANT.**

42.28 Subdivision 1. **Appropriation.** (a) This act includes \$0 in fiscal year 2022 and \$5,588,000
42.29 in fiscal year 2023 to address challenges related to attracting and maintaining direct care
42.30 workers who provide home and community-based services for people with disabilities and
42.31 older adults. The general fund base included in this act for this purpose is \$5,588,000 in
42.32 fiscal year 2024 and \$0 in fiscal year 2025.

43.1 (b) At least 90 percent of funding for this provision must be directed to workers who
43.2 earn ~~200~~ 300 percent or less of the most current federal poverty level issued by the United
43.3 States Department of Health and Human Services.

43.4 (c) The commissioner must consult with stakeholders to finalize a report detailing the
43.5 final plan for use of the funds. The commissioner must publish the report by March 1, 2022,
43.6 and notify the chairs and ranking minority members of the legislative committees with
43.7 jurisdiction over health and human services policy and finance.

43.8 Subd. 2. **Public assistance eligibility.** Notwithstanding any law to the contrary, workforce
43.9 development grant money received under this section is not income, assets, or personal
43.10 property for purposes of determining eligibility or recertifying eligibility for:

43.11 (1) child care assistance programs under Minnesota Statutes, chapter 119B;

43.12 (2) general assistance, Minnesota supplemental aid, and food support under Minnesota
43.13 Statutes, chapter 256D;

43.14 (3) housing support under Minnesota Statutes, chapter 256I;

43.15 (4) Minnesota family investment program and diversionary work program under
43.16 Minnesota Statutes, chapter 256J; and

43.17 (5) economic assistance programs under Minnesota Statutes, chapter 256P.

43.18 Subd. 3. **Medical assistance eligibility.** Notwithstanding any law to the contrary,
43.19 workforce development grant money received under this section is not income or assets for
43.20 the purposes of determining eligibility for medical assistance under Minnesota Statutes,
43.21 section 256B.056, subdivision 1a, paragraph (a); 3; or 3c; or 256B.057, subdivision 3, 3a,
43.22 or 3b.

43.23 Sec. 37. **DIRECTION TO COMMISSIONER; BRAIN INJURY AND COMMUNITY**
43.24 **ACCESS FOR DISABILITY INCLUSION WAIVER CUSTOMIZED LIVING**
43.25 **SERVICES PROVIDERS LOCATED IN HENNEPIN AND ITASCA COUNTIES.**

43.26 The commissioner of human services shall determine the brain injury (BI) or community
43.27 access for disability inclusion (CADI) waiver customized living and 24-hour customized
43.28 living size limitation exception applies to:

43.29 (1) two United States Department of Housing and Urban Development-subsidized
43.30 housing settings created on September 29, 1980, that are located in the city of Minneapolis,
43.31 provide customized living and 24-hour customized living services for clients enrolled in

44.1 the BI and CADI waiver, and had a capacity to service six clients in the setting as of July
44.2 1, 2022; and

44.3 (2) one United States Department of Housing and Urban Development-subsidized housing
44.4 setting created on April 15, 1991, that is located in the city of Grand Rapids, provides
44.5 customized living and 24-hour customized living services for clients enrolled in the BI and
44.6 CADI waiver, and had a capacity to service eight clients in the setting as of July 1, 2022.

44.7 Sec. 38. **REPEALER.**

44.8 Minnesota Statutes 2022, sections 254B.13, subdivisions 1, 2, 2a, 4, 5, 6, 7, and 8;
44.9 254B.16; 256.041, subdivision 10; 256B.49, subdivision 23; and 260.835, subdivision 2,
44.10 are repealed.

44.11 **EFFECTIVE DATE.** This section is effective the day following final enactment.

44.12 **ARTICLE 2**

44.13 **SUBSTANCE USE DISORDER DIRECT ACCESS**

44.14 Section 1. Minnesota Statutes 2022, section 62N.25, subdivision 5, is amended to read:

44.15 Subd. 5. **Benefits.** Community integrated service networks must offer the health
44.16 maintenance organization benefit set, as defined in chapter 62D, and other laws applicable
44.17 to entities regulated under chapter 62D. Community networks and chemical dependency
44.18 facilities under contract with a community network shall use the assessment criteria in
44.19 ~~Minnesota Rules, parts 9530.6600 to 9530.6655,~~ section 245G.05 when assessing enrollees
44.20 for chemical dependency treatment.

44.21 Sec. 2. Minnesota Statutes 2022, section 62Q.1055, is amended to read:

44.22 **62Q.1055 CHEMICAL DEPENDENCY.**

44.23 All health plan companies shall use the assessment criteria in ~~Minnesota Rules, parts~~
44.24 ~~9530.6600 to 9530.6655,~~ section 245G.05 when assessing and ~~placing~~ treating enrollees
44.25 for chemical dependency treatment.

45.1 Sec. 3. Minnesota Statutes 2022, section 62Q.47, is amended to read:

45.2 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**
45.3 **SERVICES.**

45.4 (a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism,
45.5 mental health, or chemical dependency services, must comply with the requirements of this
45.6 section.

45.7 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental
45.8 health and outpatient chemical dependency and alcoholism services, except for persons
45.9 ~~placed in seeking~~ chemical dependency services under ~~Minnesota Rules, parts 9530.6600~~
45.10 ~~to 9530.6655~~ section 245G.05, must not place a greater financial burden on the insured or
45.11 enrollee, or be more restrictive than those requirements and limitations for outpatient medical
45.12 services.

45.13 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital
45.14 mental health and inpatient hospital and residential chemical dependency and alcoholism
45.15 services, except for persons ~~placed in seeking~~ chemical dependency services under ~~Minnesota~~
45.16 ~~Rules, parts 9530.6600 to 9530.6655~~ section 245G.05, must not place a greater financial
45.17 burden on the insured or enrollee, or be more restrictive than those requirements and
45.18 limitations for inpatient hospital medical services.

45.19 (d) A health plan company must not impose an NQTL with respect to mental health and
45.20 substance use disorders in any classification of benefits unless, under the terms of the health
45.21 plan as written and in operation, any processes, strategies, evidentiary standards, or other
45.22 factors used in applying the NQTL to mental health and substance use disorders in the
45.23 classification are comparable to, and are applied no more stringently than, the processes,
45.24 strategies, evidentiary standards, or other factors used in applying the NQTL with respect
45.25 to medical and surgical benefits in the same classification.

45.26 (e) All health plans must meet the requirements of the federal Mental Health Parity Act
45.27 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and
45.28 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal
45.29 guidance or regulations issued under, those acts.

45.30 (f) The commissioner may require information from health plan companies to confirm
45.31 that mental health parity is being implemented by the health plan company. Information
45.32 required may include comparisons between mental health and substance use disorder
45.33 treatment and other medical conditions, including a comparison of prior authorization

46.1 requirements, drug formulary design, claim denials, rehabilitation services, and other
46.2 information the commissioner deems appropriate.

46.3 (g) Regardless of the health care provider's professional license, if the service provided
46.4 is consistent with the provider's scope of practice and the health plan company's credentialing
46.5 and contracting provisions, mental health therapy visits and medication maintenance visits
46.6 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing
46.7 requirements imposed under the enrollee's health plan.

46.8 (h) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce, in
46.9 consultation with the commissioner of health, shall submit a report on compliance and
46.10 oversight to the chairs and ranking minority members of the legislative committees with
46.11 jurisdiction over health and commerce. The report must:

46.12 (1) describe the commissioner's process for reviewing health plan company compliance
46.13 with United States Code, title 42, section 18031(j), any federal regulations or guidance
46.14 relating to compliance and oversight, and compliance with this section and section 62Q.53;

46.15 (2) identify any enforcement actions taken by either commissioner during the preceding
46.16 12-month period regarding compliance with parity for mental health and substance use
46.17 disorders benefits under state and federal law, summarizing the results of any market conduct
46.18 examinations. The summary must include: (i) the number of formal enforcement actions
46.19 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the
46.20 subject matter of each enforcement action, including quantitative and nonquantitative
46.21 treatment limitations;

46.22 (3) detail any corrective action taken by either commissioner to ensure health plan
46.23 company compliance with this section, section 62Q.53, and United States Code, title 42,
46.24 section 18031(j); and

46.25 (4) describe the information provided by either commissioner to the public about
46.26 alcoholism, mental health, or chemical dependency parity protections under state and federal
46.27 law.

46.28 The report must be written in nontechnical, readily understandable language and must be
46.29 made available to the public by, among other means as the commissioners find appropriate,
46.30 posting the report on department websites. Individually identifiable information must be
46.31 excluded from the report, consistent with state and federal privacy protections.

47.1 Sec. 4. Minnesota Statutes 2022, section 169A.70, subdivision 3, is amended to read:

47.2 Subd. 3. **Assessment report.** (a) The assessment report must be on a form prescribed
47.3 by the commissioner and shall contain an evaluation of the convicted defendant concerning
47.4 the defendant's prior traffic and criminal record, characteristics and history of alcohol and
47.5 chemical use problems, and amenability to rehabilitation through the alcohol safety program.
47.6 The report is classified as private data on individuals as defined in section 13.02, subdivision
47.7 12.

47.8 (b) The assessment report must include:

47.9 (1) a diagnosis of the nature of the offender's chemical and alcohol involvement;

47.10 (2) an assessment of the severity level of the involvement;

47.11 (3) a recommended level of care for the offender ~~in accordance with the criteria contained~~
47.12 ~~identified in rules adopted by the commissioner of human services under section 254A.03,~~
47.13 ~~subdivision 3 (substance use disorder treatment rules) section 254B.19, subdivision 1;~~

47.14 (4) an assessment of the offender's placement needs;

47.15 (5) recommendations for other appropriate remedial action or care, including aftercare
47.16 services in section 254B.01, subdivision 3, that may consist of educational programs,
47.17 one-on-one counseling, a program or type of treatment that addresses mental health concerns,
47.18 or a combination of them; and

47.19 (6) a specific explanation why no level of care or action was recommended, if applicable.

47.20 Sec. 5. Minnesota Statutes 2022, section 169A.70, subdivision 4, is amended to read:

47.21 Subd. 4. **Assessor standards; rules; assessment time limits.** A chemical use assessment
47.22 required by this section must be conducted by an assessor appointed by the court. The
47.23 assessor must meet the training and qualification requirements of ~~rules adopted by the~~
47.24 ~~commissioner of human services under section 254A.03, subdivision 3 (substance use~~
47.25 ~~disorder treatment rules) section 245G.11, subdivisions 1 and 5.~~ Notwithstanding section
47.26 13.82 (law enforcement data), the assessor shall have access to any police reports, laboratory
47.27 test results, and other law enforcement data relating to the current offense or previous
47.28 offenses that are necessary to complete the evaluation. ~~An assessor providing an assessment~~
47.29 ~~under this section may not have any direct or shared financial interest or referral relationship~~
47.30 ~~resulting in shared financial gain with a treatment provider, except as authorized under~~
47.31 ~~section 254A.19, subdivision 3. If an independent assessor is not available, the court may~~
47.32 ~~use the services of an assessor authorized to perform assessments for the county social~~

48.1 ~~services agency under a variance granted under rules adopted by the commissioner of human~~
48.2 ~~services under section 254A.03, subdivision 3.~~ An appointment for the defendant to undergo
48.3 the assessment must be made by the court, a court services probation officer, or the court
48.4 administrator as soon as possible but in no case more than one week after the defendant's
48.5 court appearance. The assessment must be completed no later than three weeks after the
48.6 defendant's court appearance. If the assessment is not performed within this time limit, the
48.7 county where the defendant is to be sentenced shall perform the assessment. The county of
48.8 financial responsibility must be determined under chapter 256G.

48.9 Sec. 6. Minnesota Statutes 2022, section 245A.043, subdivision 3, is amended to read:

48.10 Subd. 3. **Change of ownership process.** (a) When a change in ownership is proposed
48.11 and the party intends to assume operation without an interruption in service longer than 60
48.12 days after acquiring the program or service, the license holder must provide the commissioner
48.13 with written notice of the proposed change on a form provided by the commissioner at least
48.14 60 days before the anticipated date of the change in ownership. For purposes of this
48.15 subdivision and subdivision 4, "party" means the party that intends to operate the service
48.16 or program.

48.17 (b) The party must submit a license application under this chapter on the form and in
48.18 the manner prescribed by the commissioner at least 30 days before the change in ownership
48.19 is complete, and must include documentation to support the upcoming change. The party
48.20 must comply with background study requirements under chapter 245C and shall pay the
48.21 application fee required under section 245A.10. A party that intends to assume operation
48.22 without an interruption in service longer than 60 days after acquiring the program or service
48.23 is exempt from the requirements of sections 245G.03, subdivision 2, paragraph (b), and
48.24 254B.03, subdivision 2, paragraphs (c) and (d) ~~and (e)~~.

48.25 (c) The commissioner may streamline application procedures when the party is an existing
48.26 license holder under this chapter and is acquiring a program licensed under this chapter or
48.27 service in the same service class as one or more licensed programs or services the party
48.28 operates and those licenses are in substantial compliance. For purposes of this subdivision,
48.29 "substantial compliance" means within the previous 12 months the commissioner did not
48.30 (1) issue a sanction under section 245A.07 against a license held by the party, or (2) make
48.31 a license held by the party conditional according to section 245A.06.

48.32 (d) Except when a temporary change in ownership license is issued pursuant to
48.33 subdivision 4, the existing license holder is solely responsible for operating the program

49.1 according to applicable laws and rules until a license under this chapter is issued to the
49.2 party.

49.3 (e) If a licensing inspection of the program or service was conducted within the previous
49.4 12 months and the existing license holder's license record demonstrates substantial
49.5 compliance with the applicable licensing requirements, the commissioner may waive the
49.6 party's inspection required by section 245A.04, subdivision 4. The party must submit to the
49.7 commissioner (1) proof that the premises was inspected by a fire marshal or that the fire
49.8 marshal deemed that an inspection was not warranted, and (2) proof that the premises was
49.9 inspected for compliance with the building code or that no inspection was deemed warranted.

49.10 (f) If the party is seeking a license for a program or service that has an outstanding action
49.11 under section 245A.06 or 245A.07, the party must submit a letter as part of the application
49.12 process identifying how the party has or will come into full compliance with the licensing
49.13 requirements.

49.14 (g) The commissioner shall evaluate the party's application according to section 245A.04,
49.15 subdivision 6. If the commissioner determines that the party has remedied or demonstrates
49.16 the ability to remedy the outstanding actions under section 245A.06 or 245A.07 and has
49.17 determined that the program otherwise complies with all applicable laws and rules, the
49.18 commissioner shall issue a license or conditional license under this chapter. The conditional
49.19 license remains in effect until the commissioner determines that the grounds for the action
49.20 are corrected or no longer exist.

49.21 (h) The commissioner may deny an application as provided in section 245A.05. An
49.22 applicant whose application was denied by the commissioner may appeal the denial according
49.23 to section 245A.05.

49.24 (i) This subdivision does not apply to a licensed program or service located in a home
49.25 where the license holder resides.

49.26 Sec. 7. Minnesota Statutes 2022, section 245F.06, subdivision 2, is amended to read:

49.27 Subd. 2. **Comprehensive assessment and assessment summary.** (a) Prior to a medically
49.28 stable discharge, but not later than 72 hours following admission, a license holder must
49.29 provide a comprehensive assessment ~~and assessment summary~~ according to sections
49.30 245.4863, paragraph (a), and 245G.05, for each patient who has a positive screening for a
49.31 substance use disorder. If a patient's medical condition prevents a comprehensive assessment
49.32 from being completed within 72 hours, the license holder must document why the assessment

50.1 was not completed. The comprehensive assessment must include documentation of the
50.2 appropriateness of an involuntary referral through the civil commitment process.

50.3 (b) If available to the program, a patient's previous comprehensive assessment may be
50.4 used in the patient record. If a previously completed comprehensive assessment is used, its
50.5 contents must be reviewed to ensure the assessment is accurate and current and complies
50.6 with the requirements of this chapter. The review must be completed by a staff person
50.7 qualified according to section 245G.11, subdivision 5. The license holder must document
50.8 that the review was completed and that the previously completed assessment is accurate
50.9 and current, or the license holder must complete an updated or new assessment.

50.10 Sec. 8. Minnesota Statutes 2022, section 245G.01, is amended by adding a subdivision to
50.11 read:

50.12 Subd. 4a. **American Society of Addiction Medicine criteria or ASAM**
50.13 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM criteria" has the
50.14 meaning provided in section 254B.01, subdivision 2a.

50.15 **EFFECTIVE DATE.** This section is effective January 1, 2024.

50.16 Sec. 9. Minnesota Statutes 2022, section 245G.01, is amended by adding a subdivision to
50.17 read:

50.18 Subd. 20c. **Protective factors.** "Protective factors" means the actions or efforts a person
50.19 can take to reduce the negative impact of certain issues, such as substance use disorders,
50.20 mental health disorders, and risk of suicide. Protective factors include connecting to positive
50.21 supports in the community, a nutritious diet, exercise, attending counseling or 12-step
50.22 groups, and taking appropriate medications.

50.23 Sec. 10. Minnesota Statutes 2022, section 245G.01, is amended by adding a subdivision
50.24 to read:

50.25 Subd. 20d. **Skilled treatment services.** "Skilled treatment services" has the meaning
50.26 provided in section 254B.01, subdivision 10.

50.27 Sec. 11. Minnesota Statutes 2022, section 245G.02, subdivision 2, is amended to read:

50.28 Subd. 2. **Exemption from license requirement.** This chapter does not apply to a county
50.29 or recovery community organization that is providing a service for which the county or
50.30 recovery community organization is an eligible vendor under section 254B.05. This chapter
50.31 does not apply to an organization whose primary functions are information, referral,

51.1 diagnosis, case management, and assessment for the purposes of client placement, education,
51.2 support group services, or self-help programs. This chapter does not apply to the activities
51.3 of a licensed professional in private practice. A license holder providing the initial set of
51.4 substance use disorder services allowable under section 254A.03, subdivision 3, paragraph
51.5 (c), to an individual referred to a licensed nonresidential substance use disorder treatment
51.6 program after a positive screen for alcohol or substance misuse is exempt from sections
51.7 245G.05; 245G.06, subdivisions 1, 1a, 2, and 4; 245G.07, subdivisions 1, paragraph (a),
51.8 clauses (2) to (4), and 2, clauses (1) to (7); and 245G.17.

51.9 **EFFECTIVE DATE.** This section is effective January 1, 2024.

51.10 Sec. 12. Minnesota Statutes 2022, section 245G.05, subdivision 1, is amended to read:

51.11 Subdivision 1. **Comprehensive assessment.** ~~(a)~~ A comprehensive assessment of the
51.12 client's substance use disorder must be administered face-to-face by an alcohol and drug
51.13 counselor within ~~three~~ five calendar days from the day of service initiation for a residential
51.14 program or ~~within three calendar days on which a treatment session has been provided of~~
51.15 ~~the day of service initiation for a client~~ by the end of the fifth day on which a treatment
51.16 service is provided in a nonresidential program. The number of days to complete the
51.17 comprehensive assessment excludes the day of service initiation. If the comprehensive
51.18 assessment is not completed within the required time frame, the person-centered reason for
51.19 the delay and the planned completion date must be documented in the client's file. The
51.20 comprehensive assessment is complete upon a qualified staff member's dated signature. If
51.21 the client received a comprehensive assessment that authorized the treatment service, an
51.22 alcohol and drug counselor may use the comprehensive assessment for requirements of this
51.23 subdivision but must document a review of the comprehensive assessment and update the
51.24 comprehensive assessment as clinically necessary to ensure compliance with this subdivision
51.25 within applicable timelines. ~~The comprehensive assessment must include sufficient~~
51.26 ~~information to complete the assessment summary according to subdivision 2 and the~~
51.27 ~~individual treatment plan according to section 245G.06. The comprehensive assessment~~
51.28 ~~must include information about the client's needs that relate to substance use and personal~~
51.29 ~~strengths that support recovery, including:~~

51.30 ~~(1) age, sex, cultural background, sexual orientation, living situation, economic status,~~
51.31 ~~and level of education;~~

51.32 ~~(2) a description of the circumstances on the day of service initiation;~~

51.33 ~~(3) a list of previous attempts at treatment for substance misuse or substance use disorder,~~
51.34 ~~compulsive gambling, or mental illness;~~

- 52.1 ~~(4) a list of substance use history including amounts and types of substances used,~~
52.2 ~~frequency and duration of use, periods of abstinence, and circumstances of relapse, if any.~~
52.3 ~~For each substance used within the previous 30 days, the information must include the date~~
52.4 ~~of the most recent use and address the absence or presence of previous withdrawal symptoms;~~
- 52.5 ~~(5) specific problem behaviors exhibited by the client when under the influence of~~
52.6 ~~substances;~~
- 52.7 ~~(6) the client's desire for family involvement in the treatment program, family history~~
52.8 ~~of substance use and misuse, history or presence of physical or sexual abuse, and level of~~
52.9 ~~family support;~~
- 52.10 ~~(7) physical and medical concerns or diagnoses, current medical treatment needed or~~
52.11 ~~being received related to the diagnoses, and whether the concerns need to be referred to an~~
52.12 ~~appropriate health care professional;~~
- 52.13 ~~(8) mental health history, including symptoms and the effect on the client's ability to~~
52.14 ~~function; current mental health treatment; and psychotropic medication needed to maintain~~
52.15 ~~stability. The assessment must utilize screening tools approved by the commissioner pursuant~~
52.16 ~~to section 245.4863 to identify whether the client screens positive for co-occurring disorders;~~
- 52.17 ~~(9) arrests and legal interventions related to substance use;~~
- 52.18 ~~(10) a description of how the client's use affected the client's ability to function~~
52.19 ~~appropriately in work and educational settings;~~
- 52.20 ~~(11) ability to understand written treatment materials, including rules and the client's~~
52.21 ~~rights;~~
- 52.22 ~~(12) a description of any risk-taking behavior, including behavior that puts the client at~~
52.23 ~~risk of exposure to blood-borne or sexually transmitted diseases;~~
- 52.24 ~~(13) social network in relation to expected support for recovery;~~
- 52.25 ~~(14) leisure time activities that are associated with substance use;~~
- 52.26 ~~(15) whether the client is pregnant and, if so, the health of the unborn child and the~~
52.27 ~~client's current involvement in prenatal care;~~
- 52.28 ~~(16) whether the client recognizes needs related to substance use and is willing to follow~~
52.29 ~~treatment recommendations; and~~
- 52.30 ~~(17) information from a collateral contact may be included, but is not required.~~

53.1 ~~(b) If the client is identified as having opioid use disorder or seeking treatment for opioid~~
53.2 ~~use disorder, the program must provide educational information to the client concerning:~~

53.3 ~~(1) risks for opioid use disorder and dependence;~~

53.4 ~~(2) treatment options, including the use of a medication for opioid use disorder;~~

53.5 ~~(3) the risk of and recognizing opioid overdose; and~~

53.6 ~~(4) the use, availability, and administration of naloxone to respond to opioid overdose.~~

53.7 ~~(c) The commissioner shall develop educational materials that are supported by research~~
53.8 ~~and updated periodically. The license holder must use the educational materials that are~~
53.9 ~~approved by the commissioner to comply with this requirement.~~

53.10 ~~(d) If the comprehensive assessment is completed to authorize treatment service for the~~
53.11 ~~client, at the earliest opportunity during the assessment interview the assessor shall determine~~
53.12 ~~if:~~

53.13 ~~(1) the client is in severe withdrawal and likely to be a danger to self or others;~~

53.14 ~~(2) the client has severe medical problems that require immediate attention; or~~

53.15 ~~(3) the client has severe emotional or behavioral symptoms that place the client or others~~
53.16 ~~at risk of harm.~~

53.17 ~~If one or more of the conditions in clauses (1) to (3) are present, the assessor must end the~~
53.18 ~~assessment interview and follow the procedures in the program's medical services plan~~
53.19 ~~under section 245G.08, subdivision 2, to help the client obtain the appropriate services. The~~
53.20 ~~assessment interview may resume when the condition is resolved. An alcohol and drug~~
53.21 ~~counselor must sign and date the comprehensive assessment review and update.~~

53.22 **EFFECTIVE DATE.** This section is effective January 1, 2024.

53.23 Sec. 13. Minnesota Statutes 2022, section 245G.05, is amended by adding a subdivision
53.24 to read:

53.25 **Subd. 3. Comprehensive assessment requirements.** (a) A comprehensive assessment
53.26 must meet the requirements under section 245I.10, subdivision 6, paragraphs (b) and (c).

53.27 It must also include:

53.28 (1) a diagnosis of a substance use disorder or a finding that the client does not meet the
53.29 criteria for a substance use disorder;

54.1 (2) a determination of whether the individual screens positive for co-occurring mental
54.2 health disorders using a screening tool approved by the commissioner pursuant to section
54.3 245.4863;

54.4 (3) a risk rating and summary to support the risk ratings within each of the dimensions
54.5 listed in section 254B.04, subdivision 4; and

54.6 (4) a recommendation for the ASAM level of care identified in section 254B.19,
54.7 subdivision 1.

54.8 (b) If the individual is assessed for opioid use disorder, the program must provide
54.9 educational material to the client within 24 hours of service initiation on:

54.10 (1) risks for opioid use disorder and dependence;

54.11 (2) treatment options, including the use of a medication for opioid use disorder;

54.12 (3) the risk and recognition of opioid overdose; and

54.13 (4) the use, availability, and administration of an opiate antagonist to respond to opioid
54.14 overdose.

54.15 If the client is identified as having opioid use disorder at a later point, the required educational
54.16 material must be provided at that point. The license holder must use the educational materials
54.17 that are approved by the commissioner to comply with this requirement.

54.18 **EFFECTIVE DATE.** This section is effective January 1, 2024.

54.19 Sec. 14. Minnesota Statutes 2022, section 245G.06, subdivision 1, is amended to read:

54.20 Subdivision 1. **General.** Each client must have a person-centered individual treatment
54.21 plan developed by an alcohol and drug counselor within ten days from the day of service
54.22 initiation for a residential program ~~and within five calendar days~~, by the end of the tenth
54.23 day on which a treatment session has been provided from the day of service initiation for
54.24 a client in a nonresidential program, not to exceed 30 days. Opioid treatment programs must
54.25 complete the individual treatment plan within 21 days from the day of service initiation.
54.26 The number of days to complete the individual treatment plan excludes the day of service
54.27 initiation. The individual treatment plan must be signed by the client and the alcohol and
54.28 drug counselor and document the client's involvement in the development of the plan. The
54.29 individual treatment plan is developed upon the qualified staff member's dated signature.
54.30 Treatment planning must include ongoing assessment of client needs. An individual treatment
54.31 plan must be updated based on new information gathered about the client's condition, the
54.32 client's level of participation, and on whether methods identified have the intended effect.

55.1 A change to the plan must be signed by the client and the alcohol and drug counselor. If the
55.2 client chooses to have family or others involved in treatment services, the client's individual
55.3 treatment plan must include how the family or others will be involved in the client's treatment.
55.4 If a client is receiving treatment services or an assessment via telehealth and the alcohol
55.5 and drug counselor documents the reason the client's signature cannot be obtained, the
55.6 alcohol and drug counselor may document the client's verbal approval or electronic written
55.7 approval of the treatment plan or change to the treatment plan in lieu of the client's signature.

55.8 **EFFECTIVE DATE.** This section is effective January 1, 2024.

55.9 Sec. 15. Minnesota Statutes 2022, section 245G.06, is amended by adding a subdivision
55.10 to read:

55.11 Subd. 1a. **Individual treatment plan contents and process.** (a) After completing a
55.12 client's comprehensive assessment, the license holder must complete an individual treatment
55.13 plan. The license holder must:

55.14 (1) base the client's individual treatment plan on the client's comprehensive assessment;

55.15 (2) use a person-centered, culturally appropriate planning process that allows the client's
55.16 family and other natural supports to observe and participate in the client's individual treatment
55.17 services, assessments, and treatment planning;

55.18 (3) identify the client's treatment goals in relation to any or all of the applicable ASAM
55.19 six dimensions identified in section 254B.04, subdivision 4, to ensure measurable treatment
55.20 objectives, a treatment strategy, and a schedule for accomplishing the client's treatment
55.21 goals and objectives;

55.22 (4) document the ASAM level of care identified in section 254B.19, subdivision 1, under
55.23 which the client is receiving services;

55.24 (5) identify the participants involved in the client's treatment planning. The client must
55.25 participate in the client's treatment planning. If applicable, the license holder must document
55.26 the reasons that the license holder did not involve the client's family or other natural supports
55.27 in the client's treatment planning;

55.28 (6) identify resources to refer the client to when the client's needs will be addressed
55.29 concurrently by another provider; and

55.30 (7) identify maintenance strategy goals and methods designed to address relapse
55.31 prevention and to strengthen the client's protective factors.

55.32 **EFFECTIVE DATE.** This section is effective January 1, 2024.

56.1 Sec. 16. Minnesota Statutes 2022, section 245G.06, subdivision 3, is amended to read:

56.2 Subd. 3. **Treatment plan review.** A treatment plan review must be ~~entered in a client's~~
56.3 ~~file weekly or after each treatment service, whichever is less frequent,~~ completed by the
56.4 alcohol and drug counselor responsible for the client's treatment plan. The review must
56.5 indicate the span of time covered by the review ~~and each of the six dimensions listed in~~
56.6 ~~section 245G.05, subdivision 2, paragraph (c).~~ The review and must:

56.7 (1) ~~address each goal in the~~ document client goals addressed since the last treatment
56.8 plan review and whether the identified methods to address the goals are continue to be
56.9 effective;

56.10 (2) ~~include~~ document monitoring of any physical and mental health problems and include
56.11 toxicology results for alcohol and substance use, when available;

56.12 (3) document the participation of others involved in the individual's treatment planning,
56.13 including when services are offered to the client's family or significant others;

56.14 (4) if changes to the treatment plan are determined to be necessary, document staff
56.15 recommendations for changes in the methods identified in the treatment plan and whether
56.16 the client agrees with the change; ~~and~~

56.17 (5) include a review and evaluation of the individual abuse prevention plan according
56.18 to section 245A.65; and

56.19 (6) document any referrals made since the previous treatment plan review.

56.20 **EFFECTIVE DATE.** This section is effective January 1, 2024.

56.21 Sec. 17. Minnesota Statutes 2022, section 245G.06, is amended by adding a subdivision
56.22 to read:

56.23 Subd. 3a. **Frequency of treatment plan reviews.** (a) A license holder must ensure that
56.24 the alcohol and drug counselor responsible for a client's treatment plan completes and
56.25 documents a treatment plan review that meets the requirements of subdivision 3 in each
56.26 client's file, according to the frequencies required in this subdivision. All ASAM levels
56.27 referred to in this chapter are those described in section 254B.19, subdivision 1.

56.28 (b) For a client receiving residential ASAM level 3.3 or 3.5 high-intensity services or
56.29 residential hospital-based services, a treatment plan review must be completed once every
56.30 14 days.

57.1 (c) For a client receiving residential ASAM level 3.1 low-intensity services or any other
57.2 residential level not listed in paragraph (b), a treatment plan review must be completed once
57.3 every 30 days.

57.4 (d) For a client receiving nonresidential ASAM level 2.5 partial hospitalization services,
57.5 a treatment plan review must be completed once every 14 days.

57.6 (e) For a client receiving nonresidential ASAM level 1.0 outpatient or 2.1 intensive
57.7 outpatient services or any other nonresidential level not included in paragraph (d), a treatment
57.8 plan review must be completed once every 30 days.

57.9 (f) For a client receiving nonresidential opioid treatment program services according to
57.10 section 245G.22:

57.11 (1) a treatment plan review must be completed weekly for the ten weeks following
57.12 completion of the treatment plan; and

57.13 (2) monthly thereafter.

57.14 Treatment plan reviews must be completed more frequently when clinical needs warrant.

57.15 (g) Notwithstanding paragraphs (e) and (f), clause (2), for a client in a nonresidential
57.16 program with a treatment plan that clearly indicates less than five hours of skilled treatment
57.17 services will be provided to the client each month, a treatment plan review must be completed
57.18 once every 90 days. Treatment plan reviews must be completed more frequently when
57.19 clinical needs warrant.

57.20 **EFFECTIVE DATE.** This section is effective January 1, 2024.

57.21 Sec. 18. Minnesota Statutes 2022, section 245G.06, subdivision 4, is amended to read:

57.22 Subd. 4. **Service discharge summary.** (a) An alcohol and drug counselor must write a
57.23 service discharge summary for each client. The service discharge summary must be
57.24 completed within five days of the client's service termination. A copy of the client's service
57.25 discharge summary must be provided to the client upon the client's request.

57.26 (b) The service discharge summary must be recorded in the six dimensions listed in
57.27 section ~~245G.05, subdivision 2, paragraph (e)~~ 254B.04, subdivision 4, and include the
57.28 following information:

57.29 (1) the client's issues, strengths, and needs while participating in treatment, including
57.30 services provided;

58.1 (2) the client's progress toward achieving each goal identified in the individual treatment
58.2 plan;

58.3 (3) a risk ~~description according to section 245G.05~~ rating and description for each of
58.4 the ASAM six dimensions;

58.5 (4) the reasons for and circumstances of service termination. If a program discharges a
58.6 client at staff request, the reason for discharge and the procedure followed for the decision
58.7 to discharge must be documented and comply with the requirements in section 245G.14,
58.8 subdivision 3, clause (3);

58.9 (5) the client's living arrangements at service termination;

58.10 (6) continuing care recommendations, including transitions between more or less intense
58.11 services, or more frequent to less frequent services, and referrals made with specific attention
58.12 to continuity of care for mental health, as needed; and

58.13 (7) service termination diagnosis.

58.14 **EFFECTIVE DATE.** This section is effective January 1, 2024.

58.15 Sec. 19. Minnesota Statutes 2022, section 245G.09, subdivision 3, is amended to read:

58.16 Subd. 3. **Contents.** Client records must contain the following:

58.17 (1) documentation that the client was given information on client rights and
58.18 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided
58.19 an orientation to the program abuse prevention plan required under section 245A.65,
58.20 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record
58.21 must contain documentation that the client was provided educational information according
58.22 to section 245G.05, subdivision ~~1~~ 3, paragraph (b);

58.23 (2) an initial services plan completed according to section 245G.04;

58.24 (3) a comprehensive assessment completed according to section 245G.05;

58.25 ~~(4) an assessment summary completed according to section 245G.05, subdivision 2;~~

58.26 ~~(5)~~ (4) an individual abuse prevention plan according to sections 245A.65, subdivision
58.27 2, and 626.557, subdivision 14, when applicable;

58.28 ~~(6)~~ (5) an individual treatment plan according to section 245G.06, subdivisions 1 and
58.29 2;

59.1 ~~(7)~~ (6) documentation of treatment services, significant events, appointments, concerns,
59.2 and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, ~~and 3,~~ and
59.3 3a; and

59.4 ~~(8)~~ (7) a summary at the time of service termination according to section 245G.06,
59.5 subdivision 4.

59.6 **EFFECTIVE DATE.** This section is effective January 1, 2024.

59.7 Sec. 20. Minnesota Statutes 2022, section 245G.22, subdivision 2, is amended to read:

59.8 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
59.9 have the meanings given them.

59.10 (b) "Diversion" means the use of a medication for the treatment of opioid addiction being
59.11 diverted from intended use of the medication.

59.12 (c) "Guest dose" means administration of a medication used for the treatment of opioid
59.13 addiction to a person who is not a client of the program that is administering or dispensing
59.14 the medication.

59.15 (d) "Medical director" means a practitioner licensed to practice medicine in the
59.16 jurisdiction that the opioid treatment program is located who assumes responsibility for
59.17 administering all medical services performed by the program, either by performing the
59.18 services directly or by delegating specific responsibility to a practitioner of the opioid
59.19 treatment program.

59.20 (e) "Medication used for the treatment of opioid use disorder" means a medication
59.21 approved by the Food and Drug Administration for the treatment of opioid use disorder.

59.22 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

59.23 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,
59.24 title 42, section 8.12, and includes programs licensed under this chapter.

59.25 ~~(h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,~~
59.26 ~~subpart 21a.~~

59.27 ~~(i)~~ (h) "Practitioner" means a staff member holding a current, unrestricted license to
59.28 practice medicine issued by the Board of Medical Practice or nursing issued by the Board
59.29 of Nursing and is currently registered with the Drug Enforcement Administration to order
59.30 or dispense controlled substances in Schedules II to V under the Controlled Substances Act,
59.31 United States Code, title 21, part B, section 821. Practitioner includes an advanced practice
59.32 registered nurse and physician assistant if the staff member receives a variance by the state

60.1 opioid treatment authority under section 254A.03 and the federal Substance Abuse and
60.2 Mental Health Services Administration.

60.3 ~~(j)~~ (i) "Unsupervised use" means the use of a medication for the treatment of opioid use
60.4 disorder dispensed for use by a client outside of the program setting.

60.5 Sec. 21. Minnesota Statutes 2022, section 245I.10, subdivision 6, is amended to read:

60.6 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health
60.7 professional or a clinical trainee may complete a standard diagnostic assessment of a client.
60.8 A standard diagnostic assessment of a client must include a face-to-face interview with a
60.9 client and a written evaluation of the client. The assessor must complete a client's standard
60.10 diagnostic assessment within the client's cultural context. An alcohol and drug counselor
60.11 may gather and document the information in paragraphs (b) and (c) when completing a
60.12 comprehensive assessment according to section 245G.05.

60.13 (b) When completing a standard diagnostic assessment of a client, the assessor must
60.14 gather and document information about the client's current life situation, including the
60.15 following information:

60.16 (1) the client's age;

60.17 (2) the client's current living situation, including the client's housing status and household
60.18 members;

60.19 (3) the status of the client's basic needs;

60.20 (4) the client's education level and employment status;

60.21 (5) the client's current medications;

60.22 (6) any immediate risks to the client's health and safety, including withdrawal symptoms,
60.23 medical conditions, and behavioral and emotional symptoms;

60.24 (7) the client's perceptions of the client's condition;

60.25 (8) the client's description of the client's symptoms, including the reason for the client's
60.26 referral;

60.27 (9) the client's history of mental health and substance use disorder treatment; ~~and~~

60.28 (10) cultural influences on the client; and

60.29 (11) substance use history, if applicable, including:

61.1 (i) amounts and types of substances, frequency and duration, route of administration,
61.2 periods of abstinence, and circumstances of relapse; and

61.3 (ii) the impact to functioning when under the influence of substances, including legal
61.4 interventions.

61.5 (c) If the assessor cannot obtain the information that this paragraph requires without
61.6 retraumatizing the client or harming the client's willingness to engage in treatment, the
61.7 assessor must identify which topics will require further assessment during the course of the
61.8 client's treatment. The assessor must gather and document information related to the following
61.9 topics:

61.10 (1) the client's relationship with the client's family and other significant personal
61.11 relationships, including the client's evaluation of the quality of each relationship;

61.12 (2) the client's strengths and resources, including the extent and quality of the client's
61.13 social networks;

61.14 (3) important developmental incidents in the client's life;

61.15 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

61.16 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

61.17 (6) the client's health history and the client's family health history, including the client's
61.18 physical, chemical, and mental health history.

61.19 (d) When completing a standard diagnostic assessment of a client, an assessor must use
61.20 a recognized diagnostic framework.

61.21 (1) When completing a standard diagnostic assessment of a client who is five years of
61.22 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
61.23 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
61.24 published by Zero to Three.

61.25 (2) When completing a standard diagnostic assessment of a client who is six years of
61.26 age or older, the assessor must use the current edition of the Diagnostic and Statistical
61.27 Manual of Mental Disorders published by the American Psychiatric Association.

61.28 (3) When completing a standard diagnostic assessment of a client who is five years of
61.29 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
61.30 (ECSII) to the client and include the results in the client's assessment.

62.1 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
62.2 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
62.3 (CASII) to the client and include the results in the client's assessment.

62.4 (5) When completing a standard diagnostic assessment of a client who is 18 years of
62.5 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
62.6 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
62.7 published by the American Psychiatric Association to screen and assess the client for a
62.8 substance use disorder.

62.9 (e) When completing a standard diagnostic assessment of a client, the assessor must
62.10 include and document the following components of the assessment:

62.11 (1) the client's mental status examination;

62.12 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
62.13 vulnerabilities; safety needs, including client information that supports the assessor's findings
62.14 after applying a recognized diagnostic framework from paragraph (d); and any differential
62.15 diagnosis of the client; and

62.16 (3) an explanation of: (i) how the assessor diagnosed the client using the information
62.17 from the client's interview, assessment, psychological testing, and collateral information
62.18 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
62.19 and (v) the client's responsivity factors.

62.20 (f) When completing a standard diagnostic assessment of a client, the assessor must
62.21 consult the client and the client's family about which services that the client and the family
62.22 prefer to treat the client. The assessor must make referrals for the client as to services required
62.23 by law.

62.24 Sec. 22. Minnesota Statutes 2022, section 254A.03, subdivision 3, is amended to read:

62.25 Subd. 3. **Rules for substance use disorder care.** (a) ~~The commissioner of human~~
62.26 ~~services shall establish by rule criteria to be used in determining the appropriate level of~~
62.27 ~~substance use disorder care for each recipient of public assistance seeking treatment for~~
62.28 ~~substance misuse or substance use disorder. Upon federal approval of a comprehensive~~
62.29 ~~assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding~~
62.30 ~~the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, An eligible vendor of~~
62.31 comprehensive assessments under section 254B.05 may determine ~~and approve~~ the
62.32 appropriate level of substance use disorder treatment for a recipient of public assistance.
62.33 The process for determining an individual's financial eligibility for the behavioral health

63.1 fund or determining an individual's enrollment in or eligibility for a publicly subsidized
63.2 health plan is not affected by the individual's choice to access a comprehensive assessment
63.3 for placement.

63.4 (b) The commissioner shall develop and implement a utilization review process for
63.5 publicly funded treatment placements to monitor and review the clinical appropriateness
63.6 and timeliness of all publicly funded placements in treatment.

63.7 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for
63.8 alcohol or substance use disorder that is provided to a recipient of public assistance within
63.9 a primary care clinic, hospital, or other medical setting or school setting establishes medical
63.10 necessity and approval for an initial set of substance use disorder services identified in
63.11 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose
63.12 screen result is positive may include any combination of up to four hours of individual or
63.13 group substance use disorder treatment, two hours of substance use disorder treatment
63.14 coordination, or two hours of substance use disorder peer support services provided by a
63.15 qualified individual according to chapter 245G. A recipient must obtain an assessment
63.16 pursuant to paragraph (a) to be approved for additional treatment services. ~~Minnesota Rules,~~
63.17 ~~parts 9530.6600 to 9530.6655, and~~ A comprehensive assessment pursuant to section 245G.05
63.18 ~~are not applicable~~ is not required to receive the initial set of services allowed under this
63.19 subdivision. A positive screen result establishes eligibility for the initial set of services
63.20 allowed under this subdivision.

63.21 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, An individual~~
63.22 ~~may choose to obtain a comprehensive assessment as provided in section 245G.05.~~
63.23 ~~Individuals obtaining a comprehensive assessment may access any enrolled provider that~~
63.24 ~~is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision~~
63.25 ~~3, paragraph (d). If the individual is enrolled in a prepaid health plan, the individual must~~
63.26 ~~comply with any provider network requirements or limitations. This paragraph expires July~~
63.27 ~~1, 2022.~~

63.28 (d) An individual may choose to obtain a comprehensive assessment as provided in
63.29 section 245G.05. Individuals obtaining a comprehensive assessment may access any enrolled
63.30 provider that is licensed to provide the level of service authorized pursuant to section
63.31 254A.19, subdivision 3. If the individual is enrolled in a prepaid health plan, the individual
63.32 must comply with any provider network requirements or limitations.

64.1 Sec. 23. Minnesota Statutes 2022, section 254A.19, subdivision 1, is amended to read:

64.2 Subdivision 1. **Persons arrested outside of home county.** When a chemical use
64.3 assessment is required ~~under Minnesota Rules, parts 9530.6600 to 9530.6655~~, for a person
64.4 who is arrested and taken into custody by a peace officer outside of the person's county of
64.5 residence, the ~~assessment must be completed by the person's county of residence no later~~
64.6 ~~than three weeks after the assessment is initially requested. If the assessment is not performed~~
64.7 ~~within this time limit, the county where the person is to be sentenced shall perform the~~
64.8 ~~assessment~~ county where the person is detained must give access to an assessor qualified
64.9 under section 254A.19, subdivision 3. The county of financial responsibility is determined
64.10 under chapter 256G.

64.11 Sec. 24. Minnesota Statutes 2022, section 254A.19, subdivision 3, is amended to read:

64.12 Subd. 3. **Financial conflicts of interest. Comprehensive assessments.** (a) ~~Except as~~
64.13 ~~provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment~~
64.14 ~~under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared~~
64.15 ~~financial interest or referral relationship resulting in shared financial gain with a treatment~~
64.16 ~~provider.~~

64.17 (b) ~~A county may contract with an assessor having a conflict described in paragraph (a)~~
64.18 ~~if the county documents that:~~

64.19 (1) ~~the assessor is employed by a culturally specific service provider or a service provider~~
64.20 ~~with a program designed to treat individuals of a specific age, sex, or sexual preference;~~

64.21 (2) ~~the county does not employ a sufficient number of qualified assessors and the only~~
64.22 ~~qualified assessors available in the county have a direct or shared financial interest or a~~
64.23 ~~referral relationship resulting in shared financial gain with a treatment provider; or~~

64.24 (3) ~~the county social service agency has an existing relationship with an assessor or~~
64.25 ~~service provider and elects to enter into a contract with that assessor to provide both~~
64.26 ~~assessment and treatment under circumstances specified in the county's contract, provided~~
64.27 ~~the county retains responsibility for making placement decisions.~~

64.28 (c) ~~The county may contract with a hospital to conduct chemical assessments if the~~
64.29 ~~requirements in subdivision 1a are met.~~

64.30 ~~An assessor under this paragraph may not place clients in treatment. The assessor shall~~
64.31 ~~gather required information and provide it to the county along with any required~~
64.32 ~~documentation. The county shall make all placement decisions for clients assessed by~~
64.33 ~~assessors under this paragraph.~~

65.1 (d) An eligible vendor under section 254B.05 conducting a comprehensive assessment
65.2 for an individual seeking treatment shall approve the nature, intensity level, and duration
65.3 of treatment service if a need for services is indicated, but the individual assessed can access
65.4 any enrolled provider that is licensed to provide the level of service authorized, including
65.5 the provider or program that completed the assessment. If an individual is enrolled in a
65.6 prepaid health plan, the individual must comply with any provider network requirements
65.7 or limitations.

65.8 Sec. 25. Minnesota Statutes 2022, section 254A.19, subdivision 4, is amended to read:

65.9 Subd. 4. **Civil commitments.** ~~A Rule 25 assessment, under Minnesota Rules, part~~
65.10 ~~9530.6615, For the purposes of determining level of care, a comprehensive assessment does~~
65.11 ~~not need to be completed for an individual being committed as a chemically dependent~~
65.12 ~~person, as defined in section 253B.02, and for the duration of a civil commitment under~~
65.13 ~~section 253B.065, 253B.09, or 253B.095 in order for a county to access the behavioral~~
65.14 ~~health fund under section 254B.04. The county must determine if the individual meets the~~
65.15 ~~financial eligibility requirements for the behavioral health fund under section 254B.04.~~
65.16 ~~Nothing in this subdivision prohibits placement in a treatment facility or treatment program~~
65.17 ~~governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.~~

65.18 Sec. 26. Minnesota Statutes 2022, section 254A.19, is amended by adding a subdivision
65.19 to read:

65.20 Subd. 6. **Assessments for detoxification programs.** For detoxification programs licensed
65.21 under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a
65.22 "chemical use assessment" is a comprehensive assessment completed according to the
65.23 requirements of section 245G.05 and a "chemical dependency assessor" or "assessor" is an
65.24 individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.

65.25 Sec. 27. Minnesota Statutes 2022, section 254A.19, is amended by adding a subdivision
65.26 to read:

65.27 Subd. 7. **Assessments for children's residential facilities.** For children's residential
65.28 facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to
65.29 2960.0220 and 2960.0430 to 2960.0490, a "chemical use assessment" is a comprehensive
65.30 assessment completed according to the requirements of section 245G.05 and must be
65.31 completed by an individual who meets the qualifications of section 245G.11, subdivisions
65.32 1 and 5.

66.1 Sec. 28. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
66.2 to read:

66.3 Subd. 2a. **American Society of Addiction Medicine criteria or ASAM**
66.4 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM criteria" means the
66.5 clinical guidelines for purposes of assessment, treatment, placement, and transfer or discharge
66.6 of individuals with substance use disorders. The ASAM criteria are contained in the most
66.7 current edition of the *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related,*
66.8 *and Co-Occurring Conditions.*

66.9 Sec. 29. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
66.10 to read:

66.11 Subd. 2b. **Behavioral health fund.** "Behavioral health fund" means money allocated
66.12 for payment of treatment services under chapter 254B.

66.13 Sec. 30. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
66.14 to read:

66.15 Subd. 2c. **Client.** "Client" means an individual who has requested substance use disorder
66.16 services or for whom substance use disorder services have been requested.

66.17 Sec. 31. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
66.18 to read:

66.19 Subd. 2d. **Co-payment.** "Co-payment" means:

66.20 (1) the amount an insured person is obligated to pay before the person's third-party
66.21 payment source is obligated to make a payment; or

66.22 (2) the amount an insured person is obligated to pay in addition to the amount the person's
66.23 third-party payment source is obligated to pay.

66.24 Sec. 32. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
66.25 to read:

66.26 Subd. 4c. **Department.** "Department" means the Department of Human Services.

67.1 Sec. 33. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
67.2 to read:

67.3 Subd. 4d. **Drug and Alcohol Abuse Normative Evaluation System or DAANES.** "Drug
67.4 and Alcohol Abuse Normative Evaluation System" or "DAANES" means the reporting
67.5 system used to collect all substance use disorder treatment data across all levels of care and
67.6 providers.

67.7 Sec. 34. Minnesota Statutes 2022, section 254B.01, subdivision 5, is amended to read:

67.8 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of
67.9 county commissioners, a local social services agency, or a human services board ~~to make~~
67.10 ~~placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to~~
67.11 ~~20~~ authorized under section 254B.03, subdivision 1, to determine financial eligibility for
67.12 the behavioral health fund.

67.13 Sec. 35. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
67.14 to read:

67.15 Subd. 6a. **Minor child.** "Minor child" means an individual under the age of 18 years.

67.16 Sec. 36. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
67.17 to read:

67.18 Subd. 6b. **Policyholder.** "Policyholder" means a person who has a third-party payment
67.19 policy under which a third-party payment source has an obligation to pay all or part of a
67.20 client's treatment costs.

67.21 Sec. 37. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
67.22 to read:

67.23 Subd. 9. **Responsible relative.** "Responsible relative" means a person who is a member
67.24 of the client's household and is the client's spouse or the parent of a minor child who is a
67.25 client.

67.26 Sec. 38. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
67.27 to read:

67.28 Subd. 10. **Skilled treatment services.** "Skilled treatment services" includes the treatment
67.29 services described in section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4), and

68.1 2, clauses (1) to (6). Skilled treatment services must be provided by qualified professionals
68.2 as identified in section 245G.07, subdivision 3.

68.3 Sec. 39. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
68.4 to read:

68.5 Subd. 11. **Third-party payment source** "Third-party payment source" means a person,
68.6 entity, or public or private agency other than medical assistance or general assistance medical
68.7 care that has a probable obligation to pay all or part of the costs of a client's substance use
68.8 disorder treatment.

68.9 Sec. 40. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
68.10 to read:

68.11 Subd. 12. **Vendor.** "Vendor" means a provider of substance use disorder treatment
68.12 services that meets the criteria established in section 254B.05, and that has applied to
68.13 participate as a provider in the medical assistance program according to Minnesota Rules,
68.14 part 9505.0195.

68.15 Sec. 41. Minnesota Statutes 2022, section 254B.03, subdivision 1, is amended to read:

68.16 Subdivision 1. **Local agency duties.** (a) Every local agency ~~shall~~ must determine financial
68.17 eligibility for substance use disorder services and provide substance use disorder services
68.18 to persons residing within its jurisdiction who meet criteria established by the commissioner
68.19 ~~for placement in a substance use disorder residential or nonresidential treatment service.~~
68.20 Substance use disorder money must be administered by the local agencies according to law
68.21 and rules adopted by the commissioner under sections 14.001 to 14.69.

68.22 (b) In order to contain costs, the commissioner of human services shall select eligible
68.23 vendors of substance use disorder services who can provide economical and appropriate
68.24 treatment. Unless the local agency is a social services department directly administered by
68.25 a county or human services board, the local agency shall not be an eligible vendor under
68.26 section 254B.05. The commissioner may approve proposals from county boards to provide
68.27 services in an economical manner or to control utilization, with safeguards to ensure that
68.28 necessary services are provided. If a county implements a demonstration or experimental
68.29 medical services funding plan, the commissioner shall transfer the money as appropriate.

68.30 ~~(c) A culturally specific vendor that provides assessments under a variance under~~
68.31 ~~Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons~~
68.32 ~~not covered by the variance.~~

69.1 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655,~~ (c) An individual
69.2 may choose to obtain a comprehensive assessment as provided in section 245G.05.
69.3 Individuals obtaining a comprehensive assessment may access any enrolled provider that
69.4 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision
69.5 3, ~~paragraph (d)~~. If the individual is enrolled in a prepaid health plan, the individual must
69.6 comply with any provider network requirements or limitations.

69.7 ~~(e)~~ (d) Beginning July 1, 2022, local agencies shall not make placement location
69.8 determinations.

69.9 Sec. 42. Minnesota Statutes 2022, section 254B.03, subdivision 2, is amended to read:

69.10 Subd. 2. **Behavioral health fund payment.** (a) Payment from the behavioral health
69.11 fund is limited to payments for services identified in section 254B.05, other than
69.12 detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and
69.13 detoxification provided in another state that would be required to be licensed as a substance
69.14 use disorder program if the program were in the state. Out of state vendors must also provide
69.15 the commissioner with assurances that the program complies substantially with state licensing
69.16 requirements and possesses all licenses and certifications required by the host state to provide
69.17 substance use disorder treatment. Vendors receiving payments from the behavioral health
69.18 fund must not require co-payment from a recipient of benefits for services provided under
69.19 this subdivision. The vendor is prohibited from using the client's public benefits to offset
69.20 the cost of services paid under this section. The vendor shall not require the client to use
69.21 public benefits for room or board costs. This includes but is not limited to cash assistance
69.22 benefits under chapters 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP
69.23 benefits is a right of a client receiving services through the behavioral health fund or through
69.24 state contracted managed care entities. Payment from the behavioral health fund shall be
69.25 made for necessary room and board costs provided by vendors meeting the criteria under
69.26 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner
69.27 of health according to sections 144.50 to 144.56 to a client who is:

69.28 (1) determined to meet the criteria for placement in a residential substance use disorder
69.29 treatment program according to rules adopted under section 254A.03, subdivision 3; and

69.30 (2) concurrently receiving a substance use disorder treatment service in a program
69.31 licensed by the commissioner and reimbursed by the behavioral health fund.

69.32 ~~(b) A county may, from its own resources, provide substance use disorder services for~~
69.33 ~~which state payments are not made. A county may elect to use the same invoice procedures~~
69.34 ~~and obtain the same state payment services as are used for substance use disorder services~~

70.1 ~~for which state payments are made under this section if county payments are made to the~~
70.2 ~~state in advance of state payments to vendors. When a county uses the state system for~~
70.3 ~~payment, the commissioner shall make monthly billings to the county using the most recent~~
70.4 ~~available information to determine the anticipated services for which payments will be made~~
70.5 ~~in the coming month. Adjustment of any overestimate or underestimate based on actual~~
70.6 ~~expenditures shall be made by the state agency by adjusting the estimate for any succeeding~~
70.7 ~~month.~~

70.8 ~~(e)~~ (b) The commissioner shall coordinate substance use disorder services and determine
70.9 whether there is a need for any proposed expansion of substance use disorder treatment
70.10 services. The commissioner shall deny vendor certification to any provider that has not
70.11 received prior approval from the commissioner for the creation of new programs or the
70.12 expansion of existing program capacity. The commissioner shall consider the provider's
70.13 capacity to obtain clients from outside the state based on plans, agreements, and previous
70.14 utilization history, when determining the need for new treatment services.

70.15 ~~(d)~~ (c) At least 60 days prior to submitting an application for new licensure under chapter
70.16 245G, the applicant must notify the county human services director in writing of the
70.17 applicant's intent to open a new treatment program. The written notification must include,
70.18 at a minimum:

70.19 (1) a description of the proposed treatment program; and

70.20 (2) a description of the target population to be served by the treatment program.

70.21 ~~(e)~~ (d) The county human services director may submit a written statement to the
70.22 commissioner, within 60 days of receiving notice from the applicant, regarding the county's
70.23 support of or opposition to the opening of the new treatment program. The written statement
70.24 must include documentation of the rationale for the county's determination. The commissioner
70.25 shall consider the county's written statement when determining whether there is a need for
70.26 the treatment program as required by paragraph (c).

70.27 Sec. 43. Minnesota Statutes 2022, section 254B.03, subdivision 5, is amended to read:

70.28 Subd. 5. **Rules; appeal.** The commissioner shall adopt rules as necessary to implement
70.29 this chapter. ~~The commissioner shall establish an appeals process for use by recipients when~~
70.30 ~~services certified by the county are disputed. The commissioner shall adopt rules and~~
70.31 ~~standards for the appeal process to assure adequate redress for persons referred to~~
70.32 ~~inappropriate services.~~

71.1 Sec. 44. Minnesota Statutes 2022, section 254B.04, subdivision 1, is amended to read:

71.2 Subdivision 1. **Eligibility. Scope and applicability.** ~~(a) Persons eligible for benefits~~
71.3 ~~under Code of Federal Regulations, title 25, part 20, who meet the income standards of~~
71.4 ~~section 256B.056, subdivision 4, and are not enrolled in medical assistance, are entitled to~~
71.5 ~~behavioral health fund services. State money appropriated for this paragraph must be placed~~
71.6 ~~in a separate account established for this purpose.~~

71.7 ~~(b) Persons with dependent children who are determined to be in need of chemical~~
71.8 ~~dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or~~
71.9 ~~a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the~~
71.10 ~~local agency to access needed treatment services. Treatment services must be appropriate~~
71.11 ~~for the individual or family, which may include long-term care treatment or treatment in a~~
71.12 ~~facility that allows the dependent children to stay in the treatment facility. The county shall~~
71.13 ~~pay for out-of-home placement costs, if applicable.~~

71.14 ~~(c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible~~
71.15 ~~for room and board services under section 254B.05, subdivision 5, paragraph (b), clause~~
71.16 ~~(12).~~

71.17 This section governs the administration of the behavioral health fund, establishes the
71.18 criteria to be applied by local agencies to determine a client's financial eligibility under the
71.19 behavioral health fund, and determines a client's obligation to pay for substance use disorder
71.20 treatment services.

71.21 Sec. 45. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
71.22 to read:

71.23 Subd. 1a. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
71.24 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
71.25 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
71.26 fund services. State money appropriated for this paragraph must be placed in a separate
71.27 account established for this purpose.

71.28 (b) Persons with dependent children who are determined to be in need of chemical
71.29 dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or
71.30 a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the
71.31 local agency to access needed treatment services. Treatment services must be appropriate
71.32 for the individual or family, which may include long-term care treatment or treatment in a

72.1 facility that allows the dependent children to stay in the treatment facility. The county shall
72.2 pay for out-of-home placement costs, if applicable.

72.3 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
72.4 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
72.5 (12).

72.6 (d) A client is eligible to have substance use disorder treatment paid for with funds from
72.7 the behavioral health fund when the client:

72.8 (1) is eligible for MFIP as determined under chapter 256J;

72.9 (2) is eligible for medical assistance as determined under Minnesota Rules, parts
72.10 9505.0010 to 9505.0150;

72.11 (3) is eligible for general assistance, general assistance medical care, or work readiness
72.12 as determined under Minnesota Rules, parts 9500.1200 to 9500.1318; or

72.13 (4) has income that is within current household size and income guidelines for entitled
72.14 persons, as defined in this subdivision and subdivision 7.

72.15 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have
72.16 a third-party payment source are eligible for the behavioral health fund if the third-party
72.17 payment source pays less than 100 percent of the cost of treatment services for eligible
72.18 clients.

72.19 (f) A client is ineligible to have substance use disorder treatment services paid for with
72.20 behavioral health fund money if the client:

72.21 (1) has an income that exceeds current household size and income guidelines for entitled
72.22 persons as defined in this subdivision and subdivision 7; or

72.23 (2) has an available third-party payment source that will pay the total cost of the client's
72.24 treatment.

72.25 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode
72.26 is eligible for continued treatment service that is paid for by the behavioral health fund until
72.27 the treatment episode is completed or the client is re-enrolled in a state prepaid health plan
72.28 if the client:

72.29 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance
72.30 medical care; or

72.31 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local
72.32 agency under section 254B.04.

73.1 (h) When a county commits a client under chapter 253B to a regional treatment center
73.2 for substance use disorder services and the client is ineligible for the behavioral health fund,
73.3 the county is responsible for the payment to the regional treatment center according to
73.4 section 254B.05, subdivision 4.

73.5 Sec. 46. Minnesota Statutes 2022, section 254B.04, subdivision 2a, is amended to read:

73.6 Subd. 2a. **Eligibility for treatment in residential settings room and board services**
73.7 **for persons in outpatient substance use disorder treatment.** ~~Notwithstanding provisions~~
73.8 ~~of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in~~
73.9 ~~making placements to residential treatment settings,~~ A person eligible for room and board
73.10 services under this section 254B.05, subdivision 5, paragraph (b), clause (12), must score
73.11 at level 4 on assessment dimensions related to readiness to change, relapse, continued use,
73.12 or recovery environment in order to be assigned to services with a room and board component
73.13 reimbursed under this section. Whether a treatment facility has been designated an institution
73.14 for mental diseases under United States Code, title 42, section 1396d, shall not be a factor
73.15 in making placements.

73.16 Sec. 47. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
73.17 to read:

73.18 **Subd. 4. Assessment criteria and risk descriptions.** (a) The level of care determination
73.19 must follow criteria approved by the commissioner.

73.20 (b) Dimension 1: Acute intoxication and withdrawal potential. A vendor must use the
73.21 following criteria in Dimension 1 to determine a client's acute intoxication and withdrawal
73.22 potential, the client's ability to cope with withdrawal symptoms, and the client's current
73.23 state of intoxication.

73.24 (c) Dimension 2: Biomedical conditions and complications. The vendor must use the
73.25 following criteria in Dimension 2 to determine a client's biomedical conditions and
73.26 complications, the degree to which any physical disorder of the client would interfere with
73.27 treatment for substance use, and the client's ability to tolerate any related discomfort. If the
73.28 client is pregnant, the provider must determine the impact of continued substance use on
73.29 the unborn child.

73.30 (d) Dimension 3: Emotional, behavioral, and cognitive conditions and complications.
73.31 The vendor must use the following criteria in Dimension 3 to determine a client's emotional,
73.32 behavioral, and cognitive conditions and complications; the degree to which any condition

74.1 or complication is likely to interfere with treatment for substance use or with functioning
74.2 in significant life areas; and the likelihood of harm to self or others.

74.3 (e) Dimension 4: Readiness for change. The vendor must use the following criteria in
74.4 Dimension 4 to determine a client's readiness for change and the support necessary to keep
74.5 the client involved in treatment services.

74.6 (f) Dimension 5: Relapse, continued use, and continued problem potential. The vendor
74.7 must use the following criteria in Dimension 5 to determine a client's relapse, continued
74.8 use, and continued problem potential and the degree to which the client recognizes relapse
74.9 issues and has the skills to prevent relapse of either substance use or mental health problems.

74.10 (g) Dimension 6: Recovery environment. The vendor must use the following criteria in
74.11 Dimension 6 to determine a client's recovery environment, whether the areas of the client's
74.12 life are supportive of or antagonistic to treatment participation and recovery.

74.13 Sec. 48. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
74.14 to read:

74.15 Subd. 5. **Local agency responsibility to provide services.** The local agency may employ
74.16 individuals to conduct administrative activities and facilitate access to substance use disorder
74.17 treatment services.

74.18 Sec. 49. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
74.19 to read:

74.20 Subd. 6. **Local agency to determine client financial eligibility.** (a) The local agency
74.21 shall determine a client's financial eligibility for the behavioral health fund according to
74.22 section 254B.04, subdivision 1a, with the income calculated prospectively for one year from
74.23 the date of comprehensive assessment. The local agency shall pay for eligible clients
74.24 according to chapter 256G. The local agency shall enter the financial eligibility span within
74.25 ten calendar days of request. Client eligibility must be determined using forms prescribed
74.26 by the department. To determine a client's eligibility, the local agency must determine the
74.27 client's income, the size of the client's household, the availability of a third-party payment
74.28 source, and a responsible relative's ability to pay for the client's substance use disorder
74.29 treatment.

74.30 (b) A client who is a minor child must not be deemed to have income available to pay
74.31 for substance use disorder treatment, unless the minor child is responsible for payment under

75.1 section 144.347 for substance use disorder treatment services sought under section 144.343,
75.2 subdivision 1.

75.3 (c) The local agency must determine the client's household size as follows:

75.4 (1) if the client is a minor child, the household size includes the following persons living
75.5 in the same dwelling unit:

75.6 (i) the client;

75.7 (ii) the client's birth or adoptive parents; and

75.8 (iii) the client's siblings who are minors; and

75.9 (2) if the client is an adult, the household size includes the following persons living in
75.10 the same dwelling unit:

75.11 (i) the client;

75.12 (ii) the client's spouse;

75.13 (iii) the client's minor children; and

75.14 (iv) the client's spouse's minor children.

75.15 For purposes of this paragraph, household size includes a person listed in clauses (1) and
75.16 (2) who is in an out-of-home placement if a person listed in clause (1) or (2) is contributing
75.17 to the cost of care of the person in out-of-home placement.

75.18 (d) The local agency must determine the client's current prepaid health plan enrollment,
75.19 the availability of a third-party payment source, including the availability of total payment,
75.20 partial payment, and amount of co-payment.

75.21 (e) The local agency must provide the required eligibility information to the department
75.22 in the manner specified by the department.

75.23 (f) The local agency shall require the client and policyholder to conditionally assign to
75.24 the department the client and policyholder's rights and the rights of minor children to benefits
75.25 or services provided to the client if the department is required to collect from a third-party
75.26 pay source.

75.27 (g) The local agency must redetermine a client's eligibility for the behavioral health fund
75.28 every 12 months.

75.29 (h) A client, responsible relative, and policyholder must provide income or wage
75.30 verification, household size verification, and must make an assignment of third-party payment
75.31 rights under paragraph (f). If a client, responsible relative, or policyholder does not comply

76.1 with the provisions of this subdivision, the client is ineligible for behavioral health fund
76.2 payment for substance use disorder treatment, and the client and responsible relative must
76.3 be obligated to pay for the full cost of substance use disorder treatment services provided
76.4 to the client.

76.5 Sec. 50. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
76.6 to read:

76.7 Subd. 7. **Client fees.** A client whose household income is within current household size
76.8 and income guidelines for entitled persons as defined in section 254B.04, subdivision 1a,
76.9 must pay no fee for care related to substance use disorder, including drug screens.

76.10 Sec. 51. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
76.11 to read:

76.12 Subd. 8. **Vendor must participate in DAANES system.** To be eligible for payment
76.13 under the behavioral health fund, a vendor must participate in the Drug and Alcohol Abuse
76.14 Normative Evaluation System (DAANES) or submit to the commissioner the information
76.15 required in the DAANES in the format specified by the commissioner.

76.16 Sec. 52. Minnesota Statutes 2022, section 254B.05, subdivision 5, is amended to read:

76.17 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
76.18 use disorder services and service enhancements funded under this chapter.

76.19 (b) Eligible substance use disorder treatment services include:

76.20 (1) ~~outpatient treatment services that are licensed according to sections 245G.01 to~~
76.21 ~~245G.17, or applicable tribal license;~~ those licensed, as applicable, according to chapter
76.22 245G or applicable Tribal license and provided according to the following ASAM levels
76.23 of care:

76.24 (i) ASAM level 0.5 early intervention services provided according to section 254B.19,
76.25 subdivision 1, clause (1);

76.26 (ii) ASAM level 1.0 outpatient services provided according to section 254B.19,
76.27 subdivision 1, clause (2);

76.28 (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,
76.29 subdivision 1, clause (3);

76.30 (iv) ASAM level 2.5 partial hospitalization services provided according to section
76.31 254B.19, subdivision 1, clause (4);

- 77.1 (v) ASAM level 3.1 clinically managed low-intensity residential services provided
77.2 according to section 254B.19, subdivision 1, clause (5);
- 77.3 (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential
77.4 services provided according to section 254B.19, subdivision 1, clause (6); and
- 77.5 (vii) ASAM level 3.5 clinically managed high-intensity residential services provided
77.6 according to section 254B.19, subdivision 1, clause (7);
- 77.7 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
77.8 and 245G.05;
- 77.9 (3) ~~care~~ treatment coordination services provided according to section 245G.07,
77.10 subdivision 1, paragraph (a), clause (5);
- 77.11 (4) peer recovery support services provided according to section 245G.07, subdivision
77.12 2, clause (8);
- 77.13 (5) ~~on July 1, 2019, or upon federal approval, whichever is later,~~ withdrawal management
77.14 services provided according to chapter 245F;
- 77.15 (6) substance use disorder treatment services with medications for opioid use disorder
77.16 ~~that are~~ provided in an opioid treatment program licensed according to sections 245G.01
77.17 to 245G.17 and 245G.22, or applicable tribal license;
- 77.18 (7) substance use disorder treatment with medications for opioid use disorder plus
77.19 enhanced treatment services that meet the requirements of clause (6) and provide nine hours
77.20 of clinical services each week;
- 77.21 ~~(8) high, medium, and low intensity residential treatment services that are licensed~~
77.22 ~~according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which~~
77.23 ~~provide, respectively, 30, 15, and five hours of clinical services each week;~~
- 77.24 ~~(9)~~ (8) hospital-based treatment services that are licensed according to sections 245G.01
77.25 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
77.26 144.56;
- 77.27 ~~(10)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs
77.28 according to sections 245G.01 to 245G.18 or as residential treatment programs according
77.29 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
77.30 applicable tribal license;
- 77.31 ~~(11) high intensity residential treatment~~ (10) ASAM 3.5 clinically managed high-intensity
77.32 residential services that are licensed according to sections 245G.01 to 245G.17 and 245G.21

78.1 or applicable tribal license, which provide ~~30 hours of clinical services each week~~ ASAM
78.2 level of care 3.5 according to section 254B.19, subdivision 1, clause (7), and are provided
78.3 by a state-operated vendor or to clients who have been civilly committed to the commissioner,
78.4 present the most complex and difficult care needs, and are a potential threat to the community;
78.5 and

78.6 ~~(12)~~ (11) room and board facilities that meet the requirements of subdivision 1a.

78.7 (c) The commissioner shall establish higher rates for programs that meet the requirements
78.8 of paragraph (b) and one of the following additional requirements:

78.9 (1) programs that serve parents with their children if the program:

78.10 (i) provides on-site child care during the hours of treatment activity that:

78.11 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
78.12 9503; or

78.13 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
78.14 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

78.15 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
78.16 licensed under chapter 245A as:

78.17 (A) a child care center under Minnesota Rules, chapter 9503; or

78.18 (B) a family child care home under Minnesota Rules, chapter 9502;

78.19 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
78.20 subdivision 4a;

78.21 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;

78.22 (4) programs that offer medical services delivered by appropriately credentialed health
78.23 care staff in an amount equal to two hours per client per week if the medical needs of the
78.24 client and the nature and provision of any medical services provided are documented in the
78.25 client file; or

78.26 (5) programs that offer services to individuals with co-occurring mental health and
78.27 substance use disorder problems if:

78.28 (i) the program meets the co-occurring requirements in section 245G.20;

78.29 (ii) 25 percent of the counseling staff are licensed mental health professionals under
78.30 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision
78.31 of a licensed alcohol and drug counselor supervisor and mental health professional under

79.1 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health
79.2 staff may be students or licensing candidates with time documented to be directly related
79.3 to provisions of co-occurring services;

79.4 (iii) clients scoring positive on a standardized mental health screen receive a mental
79.5 health diagnostic assessment within ten days of admission;

79.6 (iv) the program has standards for multidisciplinary case review that include a monthly
79.7 review for each client that, at a minimum, includes a licensed mental health professional
79.8 and licensed alcohol and drug counselor, and their involvement in the review is documented;

79.9 (v) family education is offered that addresses mental health and substance use disorder
79.10 and the interaction between the two; and

79.11 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
79.12 training annually.

79.13 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
79.14 that provides arrangements for off-site child care must maintain current documentation at
79.15 the substance use disorder facility of the child care provider's current licensure to provide
79.16 child care services. Programs that provide child care according to paragraph (c), clause (1),
79.17 must be deemed in compliance with the licensing requirements in section 245G.19.

79.18 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
79.19 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
79.20 in paragraph (c), clause (4), items (i) to (iv).

79.21 (f) Subject to federal approval, substance use disorder services that are otherwise covered
79.22 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
79.23 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
79.24 the condition and needs of the person being served. Reimbursement shall be at the same
79.25 rates and under the same conditions that would otherwise apply to direct face-to-face services.

79.26 (g) For the purpose of reimbursement under this section, substance use disorder treatment
79.27 services provided in a group setting without a group participant maximum or maximum
79.28 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
79.29 At least one of the attending staff must meet the qualifications as established under this
79.30 chapter for the type of treatment service provided. A recovery peer may not be included as
79.31 part of the staff ratio.

80.1 (h) Payment for outpatient substance use disorder services that are licensed according
80.2 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
80.3 prior authorization of a greater number of hours is obtained from the commissioner.

80.4 (i) Payment for substance use disorder services under this section must start from the
80.5 day of service initiation, when the comprehensive assessment is completed within the
80.6 required timelines.

80.7 **EFFECTIVE DATE.** The amendments to paragraph (b), clause (1), items (i) to (iv),
80.8 are effective January 1, 2025, or upon federal approval, whichever is later. The amendments
80.9 to paragraph (b), clause (1), items (v) to (vii), are effective January 1, 2024, or upon federal
80.10 approval, whichever is later. The amendments to paragraph (b), clauses (2) to (11), are
80.11 effective January 1, 2024. Paragraph (i) is effective July 1, 2023.

80.12 Sec. 53. **[254B.19] AMERICAN SOCIETY OF ADDICTION MEDICINE**
80.13 **STANDARDS OF CARE.**

80.14 Subdivision 1. **Level of care requirements.** For each client assigned an ASAM level
80.15 of care, eligible vendors must implement the standards set by the ASAM for the respective
80.16 level of care. Additionally, vendors must meet the following requirements:

80.17 (1) For ASAM level 0.5 early intervention targeting individuals who are at risk of
80.18 developing a substance-related problem but may not have a diagnosed substance use disorder,
80.19 early intervention services may include individual or group counseling, treatment
80.20 coordination, peer recovery support, screening brief intervention, and referral to treatment
80.21 provided according to section 254A.03, subdivision 3, paragraph (c).

80.22 (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per
80.23 week of skilled treatment services and adolescents must receive up to five hours per week.
80.24 Services must be licensed according to section 245G.20 and meet requirements under section
80.25 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly
80.26 skilled treatment service hours allowable per week.

80.27 (3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours
80.28 per week of skilled treatment services and adolescents must receive six or more hours per
80.29 week. Vendors must be licensed according to section 245G.20 and must meet requirements
80.30 under section 256B.0759. Peer recovery services and treatment coordination may be provided
80.31 beyond the hourly skilled treatment service hours allowable per week. If clinically indicated
80.32 on the client's treatment plan, this service may be provided in conjunction with room and
80.33 board according to section 254B.05, subdivision 1a.

81.1 (4) For ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or
81.2 more of skilled treatment services. Services must be licensed according to section 245G.20
81.3 and must meet requirements under section 256B.0759. Level 2.5 is for clients who need
81.4 daily monitoring in a structured setting, as directed by the individual treatment plan and in
81.5 accordance with the limitations in section 254B.05, subdivision 5, paragraph (h). If clinically
81.6 indicated on the client's treatment plan, this service may be provided in conjunction with
81.7 room and board according to section 254B.05, subdivision 1a.

81.8 (5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs
81.9 must provide at least 5 hours of skilled treatment services per week according to each client's
81.10 specific treatment schedule, as directed by the individual treatment plan. Programs must be
81.11 licensed according to section 245G.20 and must meet requirements under section 256B.0759.

81.12 (6) For ASAM level 3.3 clinically managed population-specific high-intensity residential
81.13 clients, programs must be licensed according to section 245G.20 and must meet requirements
81.14 under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must
81.15 be enrolled as a disability responsive program as described in section 254B.01, subdivision
81.16 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive
81.17 impairment so significant, and the resulting level of impairment so great, that outpatient or
81.18 other levels of residential care would not be feasible or effective. Programs must provide,
81.19 at a minimum, daily skilled treatment services seven days a week according to each client's
81.20 specific treatment schedule, as directed by the individual treatment plan.

81.21 (7) For ASAM level 3.5 clinically managed high-intensity residential clients, services
81.22 must be licensed according to section 245G.20 and must meet requirements under section
81.23 256B.0759. Programs must have 24-hour staffing coverage and provide, at a minimum,
81.24 daily skilled treatment services seven days a week according to each client's specific treatment
81.25 schedule, as directed by the individual treatment plan.

81.26 (8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal
81.27 management must be provided according to chapter 245F.

81.28 (9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal
81.29 management must be provided according to chapter 245F.

81.30 Subd. 2. **Patient referral arrangement agreement.** The license holder must maintain
81.31 documentation of a formal patient referral arrangement agreement for each of the following
81.32 ASAM levels of care not provided by the license holder:

81.33 (1) level 1.0 outpatient;

82.1 (2) level 2.1 intensive outpatient;

82.2 (3) level 2.5 partial hospitalization;

82.3 (4) level 3.1 clinically managed low-intensity residential;

82.4 (5) level 3.3 clinically managed population-specific high-intensity residential;

82.5 (6) level 3.5 clinically managed high-intensity residential;

82.6 (7) level withdrawal management 3.2 clinically managed residential withdrawal

82.7 management; and

82.8 (8) level withdrawal management 3.7 medically monitored inpatient withdrawal

82.9 management.

82.10 Subd. 3. **Evidence-based practices.** All services delivered within the ASAM levels of
82.11 care referenced in subdivision 1, clauses (1) to (7), must have documentation of the
82.12 evidence-based practices being utilized as referenced in the most current edition of the
82.13 ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring
82.14 Conditions.

82.15 Subd. 4. **Program outreach plan.** Eligible vendors providing services under ASAM
82.16 levels of care referenced in subdivision 1, clauses (2) to (7), must have a program outreach
82.17 plan. The treatment director must document a review and update the plan annually. The
82.18 program outreach plan must include treatment coordination strategies and processes to
82.19 ensure seamless transitions across the continuum of care. The plan must include how the
82.20 provider will:

82.21 (1) increase the awareness of early intervention treatment services, including but not
82.22 limited to the services defined in section 254A.03, subdivision 3, paragraph (c);

82.23 (2) coordinate, as necessary, with certified community behavioral health clinics when
82.24 a license holder is located in a geographic region served by a certified community behavioral
82.25 health clinic;

82.26 (3) establish a referral arrangement agreement with a withdrawal management program
82.27 licensed under chapter 245F when a license holder is located in a geographic region in which
82.28 a withdrawal management program is licensed under chapter 245F. If a withdrawal
82.29 management program licensed under chapter 245F is not geographically accessible, the
82.30 plan must include how the provider will address the client's need for this level of care;

82.31 (4) coordinate with inpatient acute care hospitals, including emergency departments,
82.32 hospital outpatient clinics, urgent care centers, residential crisis settings, medical

83.1 detoxification inpatient facilities, and ambulatory detoxification providers in the area served
83.2 by the provider to help transition individuals from emergency department or hospital settings
83.3 and minimize the time between assessment and treatment;

83.4 (5) develop and maintain collaboration with local county and Tribal human services
83.5 agencies; and

83.6 (6) collaborate with primary care and mental health settings.

83.7 **EFFECTIVE DATE.** This section is effective January 1, 2024.

83.8 Sec. 54. Minnesota Statutes 2022, section 256D.09, subdivision 2a, is amended to read:

83.9 Subd. 2a. **Vendor payments for drug dependent persons.** If, at the time of application
83.10 or at any other time, there is a reasonable basis for questioning whether a person applying
83.11 for or receiving financial assistance is drug dependent, as defined in section 254A.02,
83.12 subdivision 5, the person shall be referred for a chemical health assessment, and only
83.13 emergency assistance payments or general assistance vendor payments may be provided
83.14 until the assessment is complete and the results of the assessment made available to the
83.15 county agency. A reasonable basis for referring an individual for an assessment exists when:

83.16 (1) the person has required detoxification two or more times in the past 12 months;

83.17 (2) the person appears intoxicated at the county agency as indicated by two or more of
83.18 the following:

83.19 (i) the odor of alcohol;

83.20 (ii) slurred speech;

83.21 (iii) disconjugate gaze;

83.22 (iv) impaired balance;

83.23 (v) difficulty remaining awake;

83.24 (vi) consumption of alcohol;

83.25 (vii) responding to sights or sounds that are not actually present;

83.26 (viii) extreme restlessness, fast speech, or unusual belligerence;

83.27 (3) the person has been involuntarily committed for drug dependency at least once in
83.28 the past 12 months; or

83.29 (4) the person has received treatment, including domiciliary care, for drug abuse or
83.30 dependency at least twice in the past 12 months.

84.1 The assessment and determination of drug dependency, if any, must be made by an
84.2 assessor qualified under ~~Minnesota Rules, part 9530.6615, subpart 2~~ section 245G.11,
84.3 subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only
84.4 provide emergency general assistance or vendor payments to an otherwise eligible applicant
84.5 or recipient who is determined to be drug dependent, except up to 15 percent of the grant
84.6 amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision
84.7 1, the commissioner of human services shall also require county agencies to provide
84.8 assistance only in the form of vendor payments to all eligible recipients who assert substance
84.9 use disorder as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a),
84.10 clauses (1) and (5).

84.11 The determination of drug dependency shall be reviewed at least every 12 months. If
84.12 the county determines a recipient is no longer drug dependent, the county may cease vendor
84.13 payments and provide the recipient payments in cash.

84.14 Sec. 55. Minnesota Statutes 2022, section 256L.03, subdivision 2, is amended to read:

84.15 Subd. 2. **Substance use disorder.** Beginning July 1, 1993, covered health services shall
84.16 include individual outpatient treatment of substance use disorder by a qualified health
84.17 professional or outpatient program.

84.18 Persons who may need substance use disorder services under the provisions of this
84.19 chapter ~~shall be assessed by a local agency as defined under section 254B.01~~ must be
84.20 assessed by a qualified professional as defined in section 245G.11, subdivisions 1 and 5,
84.21 and under the assessment provisions of section 254A.03, subdivision 3. A local agency or
84.22 managed care plan under contract with the Department of Human Services must ~~place~~ offer
84.23 services to a person in need of substance use disorder services as provided in Minnesota
84.24 Rules, parts 9530.6600 to 9530.6655 based on the recommendations of section 245G.05.
84.25 Persons who are recipients of medical benefits under the provisions of this chapter and who
84.26 are financially eligible for behavioral health fund services provided under the provisions of
84.27 chapter 254B shall receive substance use disorder treatment services under the provisions
84.28 of chapter 254B only if:

84.29 (1) they have exhausted the substance use disorder benefits offered under this chapter;
84.30 or

84.31 (2) an assessment indicates that they need a level of care not provided under the provisions
84.32 of this chapter.

85.1 Recipients of covered health services under the children's health plan, as provided in
85.2 Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292,
85.3 article 4, section 17, and recipients of covered health services enrolled in the children's
85.4 health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992,
85.5 chapter 549, article 4, sections 5 and 17, are eligible to receive substance use disorder
85.6 benefits under this subdivision.

85.7 Sec. 56. Minnesota Statutes 2022, section 256L.12, subdivision 8, is amended to read:

85.8 Subd. 8. **Substance use disorder assessments.** The managed care plan shall be
85.9 responsible for assessing the need and ~~placement for~~ provision of substance use disorder
85.10 services according to criteria set forth in ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~
85.11 section 245G.05.

85.12 Sec. 57. Minnesota Statutes 2022, section 260B.157, subdivision 1, is amended to read:

85.13 Subdivision 1. **Investigation.** Upon request of the court the local social services agency
85.14 or probation officer shall investigate the personal and family history and environment of
85.15 any minor coming within the jurisdiction of the court under section 260B.101 and shall
85.16 report its findings to the court. The court may order any minor coming within its jurisdiction
85.17 to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the
85.18 court.

85.19 The court shall order a chemical use assessment conducted when a child is (1) found to
85.20 be delinquent for violating a provision of chapter 152, or for committing a felony-level
85.21 violation of a provision of chapter 609 if the probation officer determines that alcohol or
85.22 drug use was a contributing factor in the commission of the offense, or (2) alleged to be
85.23 delinquent for violating a provision of chapter 152, if the child is being held in custody
85.24 under a detention order. The assessor's qualifications must comply with section 245G.11,
85.25 subdivisions 1 and 5, and the assessment criteria ~~shall~~ must comply with ~~Minnesota Rules,~~
85.26 ~~parts 9530.6600 to 9530.6655~~ section 245G.05. If funds under chapter 254B are to be used
85.27 to pay for the recommended treatment, the assessment ~~and placement~~ must comply with all
85.28 provisions of ~~Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030~~
85.29 sections 245G.05 and 254B.04. The commissioner of human services shall reimburse the
85.30 court for the cost of the chemical use assessment, up to a maximum of \$100.

85.31 The court shall order a children's mental health screening conducted when a child is
85.32 found to be delinquent. The screening shall be conducted with a screening instrument
85.33 approved by the commissioner of human services and shall be conducted by a mental health

86.1 practitioner as defined in section 245.4871, subdivision 26, or a probation officer who is
86.2 trained in the use of the screening instrument. If the screening indicates a need for assessment,
86.3 the local social services agency, in consultation with the child's family, shall have a diagnostic
86.4 assessment conducted, including a functional assessment, as defined in section 245.4871.

86.5 With the consent of the commissioner of corrections and agreement of the county to pay
86.6 the costs thereof, the court may, by order, place a minor coming within its jurisdiction in
86.7 an institution maintained by the commissioner for the detention, diagnosis, custody and
86.8 treatment of persons adjudicated to be delinquent, in order that the condition of the minor
86.9 be given due consideration in the disposition of the case. Any funds received under the
86.10 provisions of this subdivision shall not cancel until the end of the fiscal year immediately
86.11 following the fiscal year in which the funds were received. The funds are available for use
86.12 by the commissioner of corrections during that period and are hereby appropriated annually
86.13 to the commissioner of corrections as reimbursement of the costs of providing these services
86.14 to the juvenile courts.

86.15 Sec. 58. Minnesota Statutes 2022, section 260B.157, subdivision 3, is amended to read:

86.16 Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall
86.17 establish a juvenile treatment screening team to conduct screenings and prepare case plans
86.18 under this subdivision. The team, which may be the team constituted under section 245.4885
86.19 or 256B.092 or ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ chapter 254B, shall consist
86.20 of social workers, juvenile justice professionals, and persons with expertise in the treatment
86.21 of juveniles who are emotionally disabled, chemically dependent, or have a developmental
86.22 disability. The team shall involve parents or guardians in the screening process as appropriate.
86.23 The team may be the same team as defined in section 260C.157, subdivision 3.

86.24 (b) If the court, prior to, or as part of, a final disposition, proposes to place a child:

86.25 (1) for the primary purpose of treatment for an emotional disturbance, and residential
86.26 placement is consistent with section 260.012, a developmental disability, or chemical
86.27 dependency in a residential treatment facility out of state or in one which is within the state
86.28 and licensed by the commissioner of human services under chapter 245A; or

86.29 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a
86.30 post-dispositional placement in a facility licensed by the commissioner of corrections or
86.31 human services, the court shall notify the county welfare agency. The county's juvenile
86.32 treatment screening team must either:

87.1 (i) screen and evaluate the child and file its recommendations with the court within 14
87.2 days of receipt of the notice; or

87.3 (ii) elect not to screen a given case, and notify the court of that decision within three
87.4 working days.

87.5 (c) If the screening team has elected to screen and evaluate the child, the child may not
87.6 be placed for the primary purpose of treatment for an emotional disturbance, a developmental
87.7 disability, or chemical dependency, in a residential treatment facility out of state nor in a
87.8 residential treatment facility within the state that is licensed under chapter 245A, unless one
87.9 of the following conditions applies:

87.10 (1) a treatment professional certifies that an emergency requires the placement of the
87.11 child in a facility within the state;

87.12 (2) the screening team has evaluated the child and recommended that a residential
87.13 placement is necessary to meet the child's treatment needs and the safety needs of the
87.14 community, that it is a cost-effective means of meeting the treatment needs, and that it will
87.15 be of therapeutic value to the child; or

87.16 (3) the court, having reviewed a screening team recommendation against placement,
87.17 determines to the contrary that a residential placement is necessary. The court shall state
87.18 the reasons for its determination in writing, on the record, and shall respond specifically to
87.19 the findings and recommendation of the screening team in explaining why the
87.20 recommendation was rejected. The attorney representing the child and the prosecuting
87.21 attorney shall be afforded an opportunity to be heard on the matter.

87.22 Sec. 59. Minnesota Statutes 2022, section 260C.157, subdivision 3, is amended to read:

87.23 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
87.24 shall establish a juvenile treatment screening team to conduct screenings under this chapter
87.25 and chapter 260D, for a child to receive treatment for an emotional disturbance, a
87.26 developmental disability, or related condition in a residential treatment facility licensed by
87.27 the commissioner of human services under chapter 245A, or licensed or approved by a tribe.
87.28 A screening team is not required for a child to be in: (1) a residential facility specializing
87.29 in prenatal, postpartum, or parenting support; (2) a facility specializing in high-quality
87.30 residential care and supportive services to children and youth who have been or are at risk
87.31 of becoming victims of sex trafficking or commercial sexual exploitation; (3) supervised
87.32 settings for youth who are 18 years of age or older and living independently; or (4) a licensed
87.33 residential family-based treatment facility for substance abuse consistent with section

88.1 260C.190. Screenings are also not required when a child must be placed in a facility due to
88.2 an emotional crisis or other mental health emergency.

88.3 (b) The responsible social services agency shall conduct screenings within 15 days of a
88.4 request for a screening, unless the screening is for the purpose of residential treatment and
88.5 the child is enrolled in a prepaid health program under section 256B.69, in which case the
88.6 agency shall conduct the screening within ten working days of a request. The responsible
88.7 social services agency shall convene the juvenile treatment screening team, which may be
88.8 constituted under section 245.4885, 254B.05, or 256B.092 ~~or Minnesota Rules, parts~~
88.9 ~~9530.6600 to 9530.6655~~. The team shall consist of social workers; persons with expertise
88.10 in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have
88.11 a developmental disability; and the child's parent, guardian, or permanent legal custodian.
88.12 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
88.13 and 27, the child's foster care provider, and professionals who are a resource to the child's
88.14 family such as teachers, medical or mental health providers, and clergy, as appropriate,
88.15 consistent with the family and permanency team as defined in section 260C.007, subdivision
88.16 16a. Prior to forming the team, the responsible social services agency must consult with the
88.17 child's parents, the child if the child is age 14 or older, and, if applicable, the child's tribe
88.18 to obtain recommendations regarding which individuals to include on the team and to ensure
88.19 that the team is family-centered and will act in the child's best interests. If the child, child's
88.20 parents, or legal guardians raise concerns about specific relatives or professionals, the team
88.21 should not include those individuals. This provision does not apply to paragraph (c).

88.22 (c) If the agency provides notice to tribes under section 260.761, and the child screened
88.23 is an Indian child, the responsible social services agency must make a rigorous and concerted
88.24 effort to include a designated representative of the Indian child's tribe on the juvenile
88.25 treatment screening team, unless the child's tribal authority declines to appoint a
88.26 representative. The Indian child's tribe may delegate its authority to represent the child to
88.27 any other federally recognized Indian tribe, as defined in section 260.755, subdivision 12.
88.28 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
88.29 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
88.30 260.835, apply to this section.

88.31 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes
88.32 to place a child with an emotional disturbance or developmental disability or related condition
88.33 in residential treatment, the responsible social services agency must conduct a screening.
88.34 If the team recommends treating the child in a qualified residential treatment program, the
88.35 agency must follow the requirements of sections 260C.70 to 260C.714.

89.1 The court shall ascertain whether the child is an Indian child and shall notify the
89.2 responsible social services agency and, if the child is an Indian child, shall notify the Indian
89.3 child's tribe as paragraph (c) requires.

89.4 (e) When the responsible social services agency is responsible for placing and caring
89.5 for the child and the screening team recommends placing a child in a qualified residential
89.6 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
89.7 begin the assessment and processes required in section 260C.704 without delay; and (2)
89.8 conduct a relative search according to section 260C.221 to assemble the child's family and
89.9 permanency team under section 260C.706. Prior to notifying relatives regarding the family
89.10 and permanency team, the responsible social services agency must consult with the child's
89.11 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's
89.12 tribe to ensure that the agency is providing notice to individuals who will act in the child's
89.13 best interests. The child and the child's parents may identify a culturally competent qualified
89.14 individual to complete the child's assessment. The agency shall make efforts to refer the
89.15 assessment to the identified qualified individual. The assessment may not be delayed for
89.16 the purpose of having the assessment completed by a specific qualified individual.

89.17 (f) When a screening team determines that a child does not need treatment in a qualified
89.18 residential treatment program, the screening team must:

89.19 (1) document the services and supports that will prevent the child's foster care placement
89.20 and will support the child remaining at home;

89.21 (2) document the services and supports that the agency will arrange to place the child
89.22 in a family foster home; or

89.23 (3) document the services and supports that the agency has provided in any other setting.

89.24 (g) When the Indian child's tribe or tribal health care services provider or Indian Health
89.25 Services provider proposes to place a child for the primary purpose of treatment for an
89.26 emotional disturbance, a developmental disability, or co-occurring emotional disturbance
89.27 and chemical dependency, the Indian child's tribe or the tribe delegated by the child's tribe
89.28 shall submit necessary documentation to the county juvenile treatment screening team,
89.29 which must invite the Indian child's tribe to designate a representative to the screening team.

89.30 (h) The responsible social services agency must conduct and document the screening in
89.31 a format approved by the commissioner of human services.

90.1 Sec. 60. Minnesota Statutes 2022, section 260E.20, subdivision 1, is amended to read:

90.2 Subdivision 1. **General duties.** (a) The local welfare agency shall offer services to
90.3 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,
90.4 and supporting and preserving family life whenever possible.

90.5 (b) If the report alleges a violation of a criminal statute involving maltreatment or child
90.6 endangerment under section 609.378, the local law enforcement agency and local welfare
90.7 agency shall coordinate the planning and execution of their respective investigation and
90.8 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.
90.9 Each agency shall prepare a separate report of the results of the agency's investigation or
90.10 assessment.

90.11 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely
90.12 on the fact-finding efforts of a law enforcement investigation to make a determination of
90.13 whether or not maltreatment occurred.

90.14 (d) When necessary, the local welfare agency shall seek authority to remove the child
90.15 from the custody of a parent, guardian, or adult with whom the child is living.

90.16 (e) In performing any of these duties, the local welfare agency shall maintain an
90.17 appropriate record.

90.18 (f) In conducting a family assessment or investigation, the local welfare agency shall
90.19 gather information on the existence of substance abuse and domestic violence.

90.20 (g) If the family assessment or investigation indicates there is a potential for abuse of
90.21 alcohol or other drugs by the parent, guardian, or person responsible for the child's care,
90.22 the local welfare agency ~~shall conduct~~ must coordinate a chemical-use comprehensive
90.23 assessment pursuant to Minnesota Rules, part 9530.6615 section 245G.05.

90.24 (h) The agency may use either a family assessment or investigation to determine whether
90.25 the child is safe when responding to a report resulting from birth match data under section
90.26 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined
90.27 to be safe, the agency shall consult with the county attorney to determine the appropriateness
90.28 of filing a petition alleging the child is in need of protection or services under section
90.29 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is
90.30 determined not to be safe, the agency and the county attorney shall take appropriate action
90.31 as required under section 260C.503, subdivision 2.

91.1 Sec. 61. Minnesota Statutes 2022, section 299A.299, subdivision 1, is amended to read:

91.2 Subdivision 1. **Establishment of team.** A county, a multicounty organization of counties
91.3 formed by an agreement under section 471.59, or a city with a population of no more than
91.4 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical
91.5 abuse prevention team may include, but not be limited to, representatives of health, mental
91.6 health, public health, law enforcement, educational, social service, court service, community
91.7 education, religious, and other appropriate agencies, and parent and youth groups. For
91.8 purposes of this section, "chemical abuse" has the meaning given in ~~Minnesota Rules, part~~
91.9 ~~9530.6605, subpart 6~~ section 254A.02, subdivision 6a. When possible the team must
91.10 coordinate its activities with existing local groups, organizations, and teams dealing with
91.11 the same issues the team is addressing.

91.12 Sec. 62. **REVISOR INSTRUCTION.**

91.13 The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, section
91.14 254B.01, in alphabetical order and correct any cross-reference changes that result.

91.15 Sec. 63. **REPEALER.**

91.16 (a) Minnesota Statutes 2022, sections 169A.70, subdivision 6; 245G.22, subdivision 19;
91.17 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a, 2, and 5;
91.18 254B.04, subdivisions 2b and 2c; and 254B.041, subdivision 2, are repealed.

91.19 (b) Minnesota Statutes 2022, sections 245G.05, subdivision 2; and 245G.06, subdivision
91.20 2, are repealed.

91.21 (c) Minnesota Rules, parts 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a,
91.22 19, 20, and 21; 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, and 6;
91.23 9530.7020, subparts 1, 1a, and 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; and
91.24 9530.7030, subpart 1, are repealed.

91.25 **EFFECTIVE DATE.** Paragraphs (a) and (c) are effective August 1, 2023. Paragraph
91.26 (b) is effective January 1, 2024.

92.1 **ARTICLE 3**

92.2 **PEER RECOVERY AND RECOVERY COMMUNITY ORGANIZATION**
92.3 **REQUIREMENTS**

92.4 Section 1. Minnesota Statutes 2022, section 245G.07, subdivision 2, is amended to read:

92.5 Subd. 2. **Additional treatment service.** A license holder may provide or arrange the
92.6 following additional treatment service as a part of the client's individual treatment plan:

92.7 (1) relationship counseling provided by a qualified professional to help the client identify
92.8 the impact of the client's substance use disorder on others and to help the client and persons
92.9 in the client's support structure identify and change behaviors that contribute to the client's
92.10 substance use disorder;

92.11 (2) therapeutic recreation to allow the client to participate in recreational activities
92.12 without the use of mood-altering chemicals and to plan and select leisure activities that do
92.13 not involve the inappropriate use of chemicals;

92.14 (3) stress management and physical well-being to help the client reach and maintain an
92.15 appropriate level of health, physical fitness, and well-being;

92.16 (4) living skills development to help the client learn basic skills necessary for independent
92.17 living;

92.18 (5) employment or educational services to help the client become financially independent;

92.19 (6) socialization skills development to help the client live and interact with others in a
92.20 positive and productive manner;

92.21 (7) room, board, and supervision at the treatment site to provide the client with a safe
92.22 and appropriate environment to gain and practice new skills; and

92.23 (8) peer recovery support services provided ~~one-to-one~~ by an individual in recovery
92.24 qualified according to section ~~245G.11, subdivision 8~~ 245I.04, subdivision 18. Peer support
92.25 services include education; advocacy; mentoring through self-disclosure of personal recovery
92.26 experiences; attending recovery and other support groups with a client; accompanying the
92.27 client to appointments that support recovery; assistance accessing resources to obtain housing,
92.28 employment, education, and advocacy services; and nonclinical recovery support to assist
92.29 the transition from treatment into the recovery community.

92.30 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
92.31 of human services shall notify the revisor of statutes when federal approval is obtained.

93.1 Sec. 2. Minnesota Statutes 2022, section 245G.11, subdivision 8, is amended to read:

93.2 Subd. 8. **Recovery peer qualifications.** A recovery peer must:

93.3 (1) ~~have a high school diploma or its equivalent~~ meet the qualifications in section 245I.04,
93.4 subdivision 18; and

93.5 (2) ~~have a minimum of one year in recovery from substance use disorder; provide services~~
93.6 according to the scope of practice established in section 245I.04, subdivision 19, under the
93.7 supervision of an alcohol and drug counselor.

93.8 (3) ~~hold a current credential from the Minnesota Certification Board, the Upper Midwest~~
93.9 ~~Indian Council on Addictive Disorders, or the National Association for Alcoholism and~~
93.10 ~~Drug Abuse Counselors. An individual may also receive a credential from a tribal nation~~
93.11 ~~when providing peer recovery support services in a tribally licensed program. The credential~~
93.12 ~~must demonstrate skills and training in the domains of ethics and boundaries, advocacy,~~
93.13 ~~mentoring and education, and recovery and wellness support; and~~

93.14 (4) ~~receive ongoing supervision in areas specific to the domains of the recovery peer's~~
93.15 ~~role by an alcohol and drug counselor.~~

93.16 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
93.17 of human services shall notify the revisor of statutes when federal approval is obtained.

93.18 Sec. 3. Minnesota Statutes 2022, section 245I.04, is amended by adding a subdivision to
93.19 read:

93.20 Subd. 18. **Recovery peer qualifications.** (a) A recovery peer must:

93.21 (1) have a minimum of one year in recovery from substance use disorder; and

93.22 (2) hold a current credential from the Minnesota Certification Board, the Upper Midwest
93.23 Indian Council on Addictive Disorders, or the National Association for Alcoholism and
93.24 Drug Abuse Counselors that demonstrates skills and training in the domains of ethics and
93.25 boundaries, advocacy, mentoring and education, and recovery and wellness support.

93.26 (b) A recovery peer who receives a credential from a Tribal Nation when providing peer
93.27 recovery support services in a tribally licensed program satisfies the requirement in paragraph
93.28 (a), clause (2).

94.1 Sec. 4. Minnesota Statutes 2022, section 245I.04, is amended by adding a subdivision to
94.2 read:

94.3 Subd. 19. Peer recovery scope of practice. A recovery peer, under the supervision of
94.4 an alcohol and drug counselor, must:

94.5 (1) provide individualized peer support to each client;

94.6 (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development
94.7 of natural supports; and

94.8 (3) support a client's maintenance of skills that the client has learned from other services.

94.9 Sec. 5. Minnesota Statutes 2022, section 254B.01, subdivision 8, is amended to read:

94.10 Subd. 8. **Recovery community organization.** "Recovery community organization"
94.11 means an independent, nonprofit organization led and governed by representatives of local
94.12 communities of recovery. A recovery community organization mobilizes resources within
94.13 and outside of the recovery community to increase the prevalence and quality of long-term
94.14 recovery from ~~alcohol and other drug addiction~~ substance use disorder. Recovery community
94.15 organizations provide peer-based recovery support activities such as training of recovery
94.16 peers. Recovery community organizations provide mentorship and ongoing support to
94.17 individuals dealing with a substance use disorder and connect them with the resources that
94.18 can support each person's recovery. A recovery community organization also promotes a
94.19 recovery-focused orientation in community education and outreach programming, and
94.20 organize recovery-focused policy advocacy activities to foster healthy communities and
94.21 reduce the stigma of substance use disorder.

94.22 Sec. 6. Minnesota Statutes 2022, section 254B.05, subdivision 1, is amended to read:

94.23 Subdivision 1. **Licensure required.** (a) Programs licensed by the commissioner are
94.24 eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors,
94.25 notwithstanding the provisions of section 245A.03. American Indian programs that provide
94.26 substance use disorder treatment, extended care, transitional residence, or outpatient treatment
94.27 services, and are licensed by tribal government are eligible vendors.

94.28 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
94.29 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
94.30 vendor of a comprehensive assessment and assessment summary provided according to
94.31 section 245G.05, and treatment services provided according to sections 245G.06 and

95.1 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
95.2 (1) to (6).

95.3 (c) A county is an eligible vendor for a comprehensive assessment and assessment
95.4 summary when provided by an individual who meets the staffing credentials of section
95.5 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
95.6 245G.05. A county is an eligible vendor of care coordination services when provided by an
95.7 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
95.8 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
95.9 clause (5).

95.10 (d) A recovery community organization that meets ~~certification~~ the requirements identified
95.11 by the commissioner of clauses (1) to (10) and meets membership or accreditation
95.12 requirements of the Association of Recovery Community Organizations, the Council on
95.13 Accreditation of Peer Recovery Support Services, or a Minnesota statewide recovery
95.14 community organization identified by the commissioner is an eligible vendor of peer support
95.15 services. Eligible vendors under this paragraph must:

95.16 (1) be nonprofit organizations;

95.17 (2) be led and governed by individuals in the recovery community, with more than 50
95.18 percent of the board of directors or advisory board members self-identifying as people in
95.19 personal recovery from substance use disorders;

95.20 (3) primarily focus on recovery from substance use disorders, with missions and visions
95.21 that support this primary focus;

95.22 (4) be grassroots and reflective of and engaged with the community served;

95.23 (5) be accountable to the recovery community through processes that promote the
95.24 involvement and engagement of, and consultation with, people in recovery and their families,
95.25 friends, and recovery allies;

95.26 (6) provide nonclinical peer recovery support services, including but not limited to
95.27 recovery support groups, recovery coaching, telephone recovery support, skill-building
95.28 groups, and harm-reduction activities;

95.29 (7) allow for and support opportunities for all paths toward recovery and refrain from
95.30 excluding anyone based on their chosen recovery path, which may include but is not limited
95.31 to harm reduction paths, faith-based paths, and nonfaith-based paths;

96.1 (8) be purposeful in meeting the diverse needs of Black, Indigenous, and people of color
96.2 communities, including board and staff development activities, organizational practices,
96.3 service offerings, advocacy efforts, and culturally informed outreach and service plans;

96.4 (9) be stewards of recovery-friendly language that is supportive of and promotes recovery
96.5 across diverse geographical and cultural contexts and reduces stigma; and

96.6 (10) maintain an employee and volunteer code of ethics and easily accessible grievance
96.7 procedures posted in physical spaces, on websites, or on program policies or forms.

96.8 (e) Recovery community organizations approved by the commissioner before June 30,
96.9 2023, shall retain their designation as recovery community organizations.

96.10 (f) A recovery community organization that is aggrieved by an accreditation or
96.11 membership determination and believes it meets the requirements under paragraph (d) may
96.12 appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (15),
96.13 for reconsideration as an eligible vendor.

96.14 ~~(e)~~ (g) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
96.15 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
96.16 nonresidential substance use disorder treatment or withdrawal management program by the
96.17 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
96.18 and 1b are not eligible vendors.

96.19 Sec. 7. Minnesota Statutes 2022, section 256.045, subdivision 3, is amended to read:

96.20 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

96.21 (1) any person applying for, receiving or having received public assistance, medical
96.22 care, or a program of social services granted by the state agency or a county agency or the
96.23 federal Food and Nutrition Act whose application for assistance is denied, not acted upon
96.24 with reasonable promptness, or whose assistance is suspended, reduced, terminated, or
96.25 claimed to have been incorrectly paid;

96.26 (2) any patient or relative aggrieved by an order of the commissioner under section
96.27 252.27;

96.28 (3) a party aggrieved by a ruling of a prepaid health plan;

96.29 (4) except as provided under chapter 245C, any individual or facility determined by a
96.30 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after
96.31 they have exercised their right to administrative reconsideration under section 626.557;

97.1 (5) any person whose claim for foster care payment according to a placement of the
97.2 child resulting from a child protection assessment under chapter 260E is denied or not acted
97.3 upon with reasonable promptness, regardless of funding source;

97.4 (6) any person to whom a right of appeal according to this section is given by other
97.5 provision of law;

97.6 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver
97.7 under section 256B.15;

97.8 (8) an applicant aggrieved by an adverse decision to an application or redetermination
97.9 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

97.10 (9) except as provided under chapter 245A, an individual or facility determined to have
97.11 maltreated a minor under chapter 260E, after the individual or facility has exercised the
97.12 right to administrative reconsideration under chapter 260E;

97.13 (10) except as provided under chapter 245C, an individual disqualified under sections
97.14 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,
97.15 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the
97.16 individual has committed an act or acts that meet the definition of any of the crimes listed
97.17 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section
97.18 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding a maltreatment
97.19 determination under clause (4) or (9) and a disqualification under this clause in which the
97.20 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into
97.21 a single fair hearing. In such cases, the scope of review by the human services judge shall
97.22 include both the maltreatment determination and the disqualification. The failure to exercise
97.23 the right to an administrative reconsideration shall not be a bar to a hearing under this section
97.24 if federal law provides an individual the right to a hearing to dispute a finding of
97.25 maltreatment;

97.26 (11) any person with an outstanding debt resulting from receipt of public assistance,
97.27 medical care, or the federal Food and Nutrition Act who is contesting a setoff claim by the
97.28 Department of Human Services or a county agency. The scope of the appeal is the validity
97.29 of the claimant agency's intention to request a setoff of a refund under chapter 270A against
97.30 the debt;

97.31 (12) a person issued a notice of service termination under section 245D.10, subdivision
97.32 3a, by a licensed provider of any residential supports or services listed in section 245D.03,
97.33 subdivision 1, paragraphs (b) and (c), that is not otherwise subject to appeal under subdivision
97.34 4a;

98.1 (13) an individual disability waiver recipient based on a denial of a request for a rate
98.2 exception under section 256B.4914; ~~or~~

98.3 (14) a person issued a notice of service termination under section 245A.11, subdivision
98.4 11, that is not otherwise subject to appeal under subdivision 4a; or

98.5 (15) a recovery community organization seeking medical assistance vendor eligibility
98.6 under section 254B.01, subdivision 8, that is aggrieved by a membership or accreditation
98.7 determination and that believes the organization meets the requirements under section
98.8 254B.05, subdivision 1, paragraph (d), clauses (1) to (10). The scope of the review by the
98.9 human services judge shall be limited to whether the organization meets each of the
98.10 requirements under section 254B.05, subdivision 1, paragraph (d), clauses (1) to (10).

98.11 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),
98.12 is the only administrative appeal to the final agency determination specifically, including
98.13 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested
98.14 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or
98.15 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged
98.16 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case
98.17 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),
98.18 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A
98.19 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only
98.20 available when there is no district court action pending. If such action is filed in district
98.21 court while an administrative review is pending that arises out of some or all of the events
98.22 or circumstances on which the appeal is based, the administrative review must be suspended
98.23 until the judicial actions are completed. If the district court proceedings are completed,
98.24 dismissed, or overturned, the matter may be considered in an administrative hearing.

98.25 (c) For purposes of this section, bargaining unit grievance procedures are not an
98.26 administrative appeal.

98.27 (d) The scope of hearings involving claims to foster care payments under paragraph (a),
98.28 clause (5), shall be limited to the issue of whether the county is legally responsible for a
98.29 child's placement under court order or voluntary placement agreement and, if so, the correct
98.30 amount of foster care payment to be made on the child's behalf and shall not include review
98.31 of the propriety of the county's child protection determination or child placement decision.

98.32 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to
98.33 whether the proposed termination of services is authorized under section 245D.10,
98.34 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements

99.1 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,
99.2 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of
99.3 termination of services, the scope of the hearing shall also include whether the case
99.4 management provider has finalized arrangements for a residential facility, a program, or
99.5 services that will meet the assessed needs of the recipient by the effective date of the service
99.6 termination.

99.7 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor
99.8 under contract with a county agency to provide social services is not a party and may not
99.9 request a hearing under this section, except if assisting a recipient as provided in subdivision
99.10 4.

99.11 (g) An applicant or recipient is not entitled to receive social services beyond the services
99.12 prescribed under chapter 256M or other social services the person is eligible for under state
99.13 law.

99.14 (h) The commissioner may summarily affirm the county or state agency's proposed
99.15 action without a hearing when the sole issue is an automatic change due to a change in state
99.16 or federal law.

99.17 (i) Unless federal or Minnesota law specifies a different time frame in which to file an
99.18 appeal, an individual or organization specified in this section may contest the specified
99.19 action, decision, or final disposition before the state agency by submitting a written request
99.20 for a hearing to the state agency within 30 days after receiving written notice of the action,
99.21 decision, or final disposition, or within 90 days of such written notice if the applicant,
99.22 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision
99.23 13, why the request was not submitted within the 30-day time limit. The individual filing
99.24 the appeal has the burden of proving good cause by a preponderance of the evidence.

99.25 Sec. 8. Minnesota Statutes 2022, section 256B.0615, subdivision 1, is amended to read:

99.26 Subdivision 1. **Scope.** Medical assistance covers mental health certified peer specialist
99.27 services, as established in subdivision 2, ~~subject to federal approval,~~ if provided to recipients
99.28 who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and
99.29 are provided by a mental health certified peer specialist who has completed the training
99.30 under subdivision 5 and is qualified according to section 245I.04, subdivision 10.

100.1 Sec. 9. Minnesota Statutes 2022, section 256B.0615, subdivision 5, is amended to read:

100.2 Subd. 5. **Certified peer specialist training and certification.** ~~The commissioner of~~
100.3 ~~human services shall develop a training and certification process for certified peer specialists.~~
100.4 ~~The candidates must have had a primary diagnosis of mental illness, be a current or former~~
100.5 ~~consumer of mental health services, and must demonstrate leadership and advocacy skills~~
100.6 ~~and a strong dedication to recovery. The training curriculum must teach participating~~
100.7 ~~consumers specific skills relevant to providing peer support to other consumers. In addition~~
100.8 ~~to initial training and certification, the commissioner shall develop ongoing continuing~~
100.9 ~~educational workshops on pertinent issues related to peer support counseling. A certified~~
100.10 peer specialist is qualified as a mental health certified peer specialist, as defined in section
100.11 245I.04.

100.12 **ARTICLE 4**

100.13 **MISCELLANEOUS**

100.14 Section 1. Minnesota Statutes 2022, section 3.757, subdivision 1, is amended to read:

100.15 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
100.16 the meanings given.

100.17 (b) "Municipality" has the meaning provided in section 466.01, subdivision 1.

100.18 (c) "Opioid litigation" means any civil litigation, demand, or settlement in lieu of litigation
100.19 alleging unlawful conduct related to the marketing, sale, or distribution of opioids in this
100.20 state or other alleged illegal actions that contributed to the excessive use of opioids.

100.21 (d) "Released claim" means any cause of action or other claim that has been released in
100.22 a statewide opioid settlement agreement, including matters identified as a released claim as
100.23 that term or a comparable term is defined in a statewide opioid settlement agreement.

100.24 (e) "Settling defendant" means Johnson & Johnson, AmerisourceBergen Corporation,
100.25 Cardinal Health, Inc., ~~and~~ McKesson Corporation, Teva Pharmaceuticals, Allergan plc,
100.26 CVS Health Corporation, Walgreens Boots Alliance, Inc., and Walmart, Inc., as well as
100.27 related subsidiaries, affiliates, officers, directors, and other related entities specifically named
100.28 as a released entity in a statewide opioid settlement agreement.

100.29 (f) "Statewide opioid settlement agreement" means an agreement, including consent
100.30 judgments, assurances of discontinuance, and related agreements or documents, between
100.31 the attorney general, on behalf of the state, and a settling defendant, to provide or allocate

101.1 remuneration for conduct related to the marketing, sale, or distribution of opioids in this
101.2 state or other alleged illegal actions that contributed to the excessive use of opioids.

101.3 Sec. 2. Minnesota Statutes 2022, section 245.50, subdivision 5, is amended to read:

101.4 Subd. 5. **Special contracts; bordering states.** (a) An individual who is detained,
101.5 committed, or placed on an involuntary basis under chapter 253B may be confined or treated
101.6 in a bordering state pursuant to a contract under this section. An individual who is detained,
101.7 committed, or placed on an involuntary basis under the civil law of a bordering state may
101.8 be confined or treated in Minnesota pursuant to a contract under this section. A peace or
101.9 health officer who is acting under the authority of the sending state may transport an
101.10 individual to a receiving agency that provides services pursuant to a contract under this
101.11 section and may transport the individual back to the sending state under the laws of the
101.12 sending state. Court orders valid under the law of the sending state are granted recognition
101.13 and reciprocity in the receiving state for individuals covered by a contract under this section
101.14 to the extent that the court orders relate to confinement for treatment or care of mental
101.15 illness, chemical dependency, or detoxification. Such treatment or care may address other
101.16 conditions that may be co-occurring with the mental illness or chemical dependency. These
101.17 court orders are not subject to legal challenge in the courts of the receiving state. Individuals
101.18 who are detained, committed, or placed under the law of a sending state and who are
101.19 transferred to a receiving state under this section continue to be in the legal custody of the
101.20 authority responsible for them under the law of the sending state. Except in emergencies,
101.21 those individuals may not be transferred, removed, or furloughed from a receiving agency
101.22 without the specific approval of the authority responsible for them under the law of the
101.23 sending state.

101.24 (b) While in the receiving state pursuant to a contract under this section, an individual
101.25 shall be subject to the sending state's laws and rules relating to length of confinement,
101.26 reexaminations, and extensions of confinement. No individual may be sent to another state
101.27 pursuant to a contract under this section until the receiving state has enacted a law recognizing
101.28 the validity and applicability of this section.

101.29 (c) If an individual receiving services pursuant to a contract under this section leaves
101.30 the receiving agency without permission and the individual is subject to involuntary
101.31 confinement under the law of the sending state, the receiving agency shall use all reasonable
101.32 means to return the individual to the receiving agency. The receiving agency shall
101.33 immediately report the absence to the sending agency. The receiving state has the primary
101.34 responsibility for, and the authority to direct, the return of these individuals within its borders

102.1 and is liable for the cost of the action to the extent that it would be liable for costs of its
102.2 own resident.

102.3 (d) Responsibility for payment for the cost of care remains with the sending agency.

102.4 (e) This subdivision also applies to county contracts under subdivision 2 which include
102.5 emergency care and treatment provided to a county resident in a bordering state.

102.6 (f) If a Minnesota resident is admitted to a facility in a bordering state under this chapter,
102.7 ~~a physician, a licensed psychologist who has a doctoral degree in psychology, or an advanced~~
102.8 ~~practice registered nurse certified in mental health,~~ an individual who is licensed in the
102.9 bordering state, may act as a court examiner under sections 253B.07, 253B.08, 253B.092,
102.10 253B.12, and 253B.17 subject to the same requirements and limitations in section 253B.02,
102.11 subdivision 7 4d. An examiner under section 253B.02, subdivision 7, may initiate an
102.12 emergency hold under section 253B.051 on a Minnesota resident who is in a hospital that
102.13 is under contract with a Minnesota governmental entity under this section provided the
102.14 resident, in the opinion of the examiner, meets the criteria in section 253B.051.

102.15 (g) This section shall apply to detoxification services that are unrelated to treatment
102.16 whether the services are provided on a voluntary or involuntary basis.

102.17 Sec. 3. Laws 2021, First Special Session chapter 7, article 2, section 17, the effective date,
102.18 is amended to read:

102.19 **EFFECTIVE DATE.** This section is effective July 1, 2021, except ~~subdivision 6,~~
102.20 ~~paragraph (b), is effective upon federal approval and~~ subdivision 15 is effective the day
102.21 following final enactment. ~~The commissioner of human services shall notify the revisor of~~
102.22 ~~statutes when federal approval is obtained.~~

102.23 Sec. 4. Laws 2021, First Special Session chapter 7, article 6, section 12, the effective date,
102.24 is amended to read:

102.25 **EFFECTIVE DATE.** This section is effective July 1, 2021, ~~or upon federal approval,~~
102.26 ~~whichever is later. The commissioner of human services shall notify the revisor of statutes~~
102.27 ~~when federal approval is obtained.~~

103.1 Sec. 5. Laws 2021, First Special Session chapter 7, article 11, section 18, the effective
103.2 date, is amended to read:

103.3 **EFFECTIVE DATE.** This section is effective July 1, 2021, ~~or upon federal approval,~~
103.4 ~~whichever is later,~~ except paragraph (f) is effective the day following final enactment. ~~The~~
103.5 ~~commissioner shall notify the revisor of statutes when federal approval is obtained.~~

103.6 Sec. 6. Laws 2021, First Special Session chapter 7, article 13, section 43, the effective
103.7 date, is amended to read:

103.8 **EFFECTIVE DATE.** This section is effective January 1, 2022, ~~or upon federal approval,~~
103.9 ~~whichever is later,~~ except the fifth sentence in paragraph (d) is effective January 1, 2022.
103.10 ~~The commissioner of human services shall notify the revisor of statutes when federal approval~~
103.11 ~~is obtained.~~

103.12 Sec. 7. Laws 2022, chapter 98, article 4, section 37, the effective date, is amended to read:

103.13 **EFFECTIVE DATE.** This section is effective July 1, 2022, ~~or upon federal approval,~~
103.14 ~~whichever is later.~~ ~~The commissioner of human services shall notify the revisor of statutes~~
103.15 ~~when federal approval is obtained.~~

169A.70 ALCOHOL SAFETY PROGRAMS; CHEMICAL USE ASSESSMENTS.

Subd. 6. **Method of assessment.** (a) As used in this subdivision, "collateral contact" means an oral or written communication initiated by an assessor for the purpose of gathering information from an individual or agency, other than the offender, to verify or supplement information provided by the offender during an assessment under this section. The term includes contacts with family members and criminal justice agencies.

(b) An assessment conducted under this section must include at least one personal interview with the offender designed to make a determination about the extent of the offender's past and present chemical and alcohol use or abuse. It must also include collateral contacts and a review of relevant records or reports regarding the offender including, but not limited to, police reports, arrest reports, driving records, chemical testing records, and test refusal records. If the offender has a probation officer, the officer must be the subject of a collateral contact under this subdivision. If an assessor is unable to make collateral contacts, the assessor shall specify why collateral contacts were not made.

245G.05 COMPREHENSIVE ASSESSMENT AND ASSESSMENT SUMMARY.

Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an assessment summary within three calendar days from the day of service initiation for a residential program and within three calendar days on which a treatment session has been provided from the day of service initiation for a client in a nonresidential program. The comprehensive assessment summary is complete upon a qualified staff member's dated signature. If the comprehensive assessment is used to authorize the treatment service, the alcohol and drug counselor must prepare an assessment summary on the same date the comprehensive assessment is completed. If the comprehensive assessment and assessment summary are to authorize treatment services, the assessor must determine appropriate services for the client using the dimensions in Minnesota Rules, part 9530.6622, and document the recommendations.

(b) An assessment summary must include:

- (1) a risk description according to section 245G.05 for each dimension listed in paragraph (c);
- (2) a narrative summary supporting the risk descriptions; and
- (3) a determination of whether the client has a substance use disorder.

(c) An assessment summary must contain information relevant to treatment service planning and recorded in the dimensions in clauses (1) to (6). The license holder must consider:

(1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with withdrawal symptoms and current state of intoxication;

(2) Dimension 2, biomedical conditions and complications; the degree to which any physical disorder of the client would interfere with treatment for substance use, and the client's ability to tolerate any related discomfort. The license holder must determine the impact of continued substance use on the unborn child, if the client is pregnant;

(3) Dimension 3, emotional, behavioral, and cognitive conditions and complications; the degree to which any condition or complication is likely to interfere with treatment for substance use or with functioning in significant life areas and the likelihood of harm to self or others;

(4) Dimension 4, readiness for change; the support necessary to keep the client involved in treatment service;

(5) Dimension 5, relapse, continued use, and continued problem potential; the degree to which the client recognizes relapse issues and has the skills to prevent relapse of either substance use or mental health problems; and

(6) Dimension 6, recovery environment; whether the areas of the client's life are supportive of or antagonistic to treatment participation and recovery.

245G.06 INDIVIDUAL TREATMENT PLAN.

Subd. 2. **Plan contents.** An individual treatment plan must be recorded in the six dimensions listed in section 245G.05, subdivision 2, paragraph (c), must address each issue identified in the assessment summary, prioritized according to the client's needs and focus, and must include:

(1) specific goals and methods to address each identified need in the comprehensive assessment summary, including amount, frequency, and anticipated duration of treatment service. The methods must be appropriate to the client's language, reading skills, cultural background, and strengths;

(2) resources to refer the client to when the client's needs are to be addressed concurrently by another provider; and

(3) goals the client must reach to complete treatment and terminate services.

245G.22 OPIOID TREATMENT PROGRAMS.

Subd. 19. **Placing authorities.** A program must provide certain notification and client-specific updates to placing authorities for a client who is enrolled in Minnesota health care programs. At the request of the placing authority, the program must provide client-specific updates, including but not limited to informing the placing authority of positive drug testings and changes in medications used for the treatment of opioid use disorder ordered for the client.

254A.02 DEFINITIONS.

Subd. 8a. **Placing authority.** "Placing authority" means a county, prepaid health plan, or tribal governing board governed by Minnesota Rules, parts 9530.6600 to 9530.6655.

254A.16 RESPONSIBILITIES OF THE COMMISSIONER.

Subd. 6. **Monitoring.** The commissioner shall gather and placing authorities shall provide information to measure compliance with Minnesota Rules, parts 9530.6600 to 9530.6655. The commissioner shall specify the format for data collection to facilitate tracking, aggregating, and using the information.

254A.19 CHEMICAL USE ASSESSMENTS.

Subd. 1a. **Emergency room patients.** A county may enter into a contract with a hospital to provide chemical use assessments under Minnesota Rules, parts 9530.6600 to 9530.6655, for patients admitted to an emergency room or inpatient hospital when:

(1) an assessor is not available; and

(2) detoxification services in the county are at full capacity.

Subd. 2. **Probation officer as contact.** When a chemical use assessment is required under Minnesota Rules, parts 9530.6600 to 9530.6655, for a person who is on probation or under other correctional supervision, the assessor, either orally or in writing, shall contact the person's probation officer to verify or supplement the information provided by the person.

Subd. 5. **Assessment via telehealth.** Notwithstanding Minnesota Rules, part 9530.6615, subpart 3, item A, a chemical use assessment may be conducted via telehealth as defined in section 256B.0625, subdivision 3b.

254B.04 ELIGIBILITY FOR BEHAVIORAL HEALTH FUND SERVICES.

Subd. 2b. **Eligibility for placement in opioid treatment programs.** Prior to placement of an individual who is determined by the assessor to require treatment for opioid addiction, the assessor must provide educational information concerning treatment options for opioid addiction, including the use of a medication for the use of opioid addiction. The commissioner shall develop educational materials supported by research and updated periodically that must be used by assessors to comply with this requirement.

Subd. 2c. **Eligibility to receive peer recovery support and treatment service coordination.** Notwithstanding Minnesota Rules, part 9530.6620, subpart 6, a placing authority may authorize peer recovery support and treatment service coordination for a person who scores a severity of one or more in dimension 4, 5, or 6, under Minnesota Rules, part 9530.6622. Authorization for peer recovery support and treatment service coordination under this subdivision does not need to be provided in conjunction with treatment services under Minnesota Rules, part 9530.6622, subpart 4, 5, or 6.

254B.041 SUBSTANCE USE DISORDER RULES.

Subd. 2. **Vendor collections; rule amendment.** The commissioner may amend Minnesota Rules, parts 9530.7000 to 9530.7025, to require a vendor of substance use disorder transitional and extended care rehabilitation services to collect the cost of care received under a program from an eligible person who has been determined to be partially responsible for treatment costs, and to remit

the collections to the commissioner. The commissioner shall pay to a vendor, for the collections, an amount equal to five percent of the collections remitted to the commissioner by the vendor.

254B.13 PILOT PROJECTS; CHEMICAL HEALTH CARE.

Subdivision 1. **Authorization for navigator pilot projects.** The commissioner may approve and implement navigator pilot projects developed under the planning process required under Laws 2009, chapter 79, article 7, section 26, to provide alternatives to and enhance coordination of the delivery of chemical health services required under section 254B.03.

Subd. 2. **Program design and implementation.** (a) The commissioner and counties participating in the navigator pilot projects shall continue to work in partnership to refine and implement the navigator pilot projects initiated under Laws 2009, chapter 79, article 7, section 26.

(b) The commissioner and counties participating in the navigator pilot projects shall complete the planning phase and, if approved by the commissioner for implementation, enter into agreements governing the operation of the navigator pilot projects.

Subd. 2a. **Eligibility for navigator pilot program.** (a) To be considered for participation in a navigator pilot program, an individual must:

- (1) be a resident of a county with an approved navigator program;
- (2) be eligible for behavioral health fund services;
- (3) be a voluntary participant in the navigator program;
- (4) satisfy one of the following items:

(i) have at least one severity rating of three or above in dimension four, five, or six in a comprehensive assessment under section 245G.05, subdivision 2, paragraph (c), clauses (4) to (6); or

(ii) have at least one severity rating of two or above in dimension four, five, or six in a comprehensive assessment under section 245G.05, subdivision 2, paragraph (c), clauses (4) to (6), and be currently participating in a Rule 31 treatment program under chapter 245G or be within 60 days following discharge after participation in a Rule 31 treatment program; and

(5) have had at least two treatment episodes in the past two years, not limited to episodes reimbursed by the behavioral health fund. An admission to an emergency room, a detoxification program, or a hospital may be substituted for one treatment episode if it resulted from the individual's substance use disorder.

(b) New eligibility criteria may be added as mutually agreed upon by the commissioner and participating navigator programs.

Subd. 4. **Notice of navigator pilot project discontinuation.** Each county's participation in the navigator pilot project may be discontinued for any reason by the county or the commissioner of human services after 30 days' written notice to the other party.

Subd. 5. **Duties of commissioner.** (a) Notwithstanding any other provisions in this chapter, the commissioner may authorize navigator pilot projects to use the behavioral health fund to pay for nontreatment navigator pilot services:

- (1) in addition to those authorized under section 254B.03, subdivision 2, paragraph (a); and
- (2) by vendors in addition to those authorized under section 254B.05 when not providing substance use disorder treatment services.

(b) For purposes of this section, "nontreatment navigator pilot services" include navigator services, peer support, family engagement and support, housing support, rent subsidies, supported employment, and independent living skills.

(c) State expenditures for substance use disorder services and nontreatment navigator pilot services provided by or through the navigator pilot projects must not be greater than the behavioral health fund expected share of forecasted expenditures in the absence of the navigator pilot projects. The commissioner may restructure the schedule of payments between the state and participating counties under the local agency share and division of cost provisions under section 254B.03, subdivisions 3 and 4, as necessary to facilitate the operation of the navigator pilot projects.

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(d) The commissioner may waive administrative rule requirements that are incompatible with the implementation of the navigator pilot project, except that any substance use disorder treatment funded under this section must continue to be provided by a licensed treatment provider.

(e) The commissioner shall not approve or enter into any agreement related to navigator pilot projects authorized under this section that puts current or future federal funding at risk.

(f) The commissioner shall provide participating navigator pilot projects with transactional data, reports, provider data, and other data generated by county activity to assess and measure outcomes. This information must be transmitted or made available in an acceptable form to participating navigator pilot projects at least once every six months or within a reasonable time following the commissioner's receipt of information from the counties needed to comply with this paragraph.

Subd. 6. Duties of county board. The county board, or other county entity that is approved to administer a navigator pilot project, shall:

(1) administer the navigator pilot project in a manner consistent with the objectives described in subdivision 2 and the planning process in subdivision 5;

(2) ensure that no one is denied substance use disorder treatment services for which they would otherwise be eligible under section 254A.03, subdivision 3; and

(3) provide the commissioner with timely and pertinent information as negotiated in agreements governing operation of the navigator pilot projects.

Subd. 7. Managed care. An individual who is eligible for the navigator pilot program under subdivision 2a is excluded from mandatory enrollment in managed care until these services are included in the health plan's benefit set.

Subd. 8. Authorization for continuation of navigator pilots. The navigator pilot projects implemented pursuant to subdivision 1 are authorized to continue operation after July 1, 2013, under existing agreements governing operation of the pilot projects.

254B.16 PILOT PROJECTS; TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDER.

Subdivision 1. Pilot projects established. (a) Within the limits of federal funds available specifically for this purpose, the commissioner of human services shall establish pilot projects to provide substance use disorder treatment and services to pregnant and postpartum women with a primary diagnosis of substance use disorder, including opioid use disorder. Pilot projects funded under this section must:

(1) promote flexible uses of funds to provide treatment and services to pregnant and postpartum women with substance use disorders;

(2) fund family-based treatment and services for pregnant and postpartum women with substance use disorders;

(3) identify gaps in services along the continuum of care that are provided to pregnant and postpartum women with substance use disorders; and

(4) encourage new approaches to service delivery and service delivery models.

(b) A pilot project funded under this section must provide at least a portion of its treatment and services to women who receive services on an outpatient basis.

Subd. 2. Federal funds. The commissioner shall apply for any available grant funds from the federal Center for Substance Abuse Treatment for these pilot projects.

256.041 CULTURAL AND ETHNIC COMMUNITIES LEADERSHIP COUNCIL.

Subd. 10. Expiration. The council expires on June 30, 2025.

256B.49 HOME AND COMMUNITY-BASED SERVICE WAIVERS FOR PERSONS WITH DISABILITIES.

Subd. 23. Community-living settings. (a) For the purposes of this chapter, "community-living settings" means a single-family home or multifamily dwelling unit where a service recipient or a service recipient's family owns or rents, and maintains control over the individual unit as demonstrated by a lease agreement. Community-living settings does not include a home or dwelling

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unit that the service provider owns, operates, or leases or in which the service provider has a direct or indirect financial interest.

(b) To ensure a service recipient or the service recipient's family maintains control over the home or dwelling unit, community-living settings are subject to the following requirements:

- (1) service recipients must not be required to receive services or share services;
- (2) service recipients must not be required to have a disability or specific diagnosis to live in the community-living setting;
- (3) service recipients may hire service providers of their choice;
- (4) service recipients may choose whether to share their household and with whom;
- (5) the home or multifamily dwelling unit must include living, sleeping, bathing, and cooking areas;
- (6) service recipients must have lockable access and egress;
- (7) service recipients must be free to receive visitors and leave the settings at times and for durations of their own choosing;
- (8) leases must comply with chapter 504B;
- (9) landlords must not charge different rents to tenants who are receiving home and community-based services; and
- (10) access to the greater community must be easily facilitated based on the service recipient's needs and preferences.

(c) Nothing in this section prohibits a service recipient from having another person or entity not affiliated with the service provider cosign a lease. Nothing in this section prohibits a service recipient, during any period in which a service provider has cosigned the service recipient's lease, from modifying services with an existing cosigning service provider and, subject to the approval of the landlord, maintaining a lease cosigned by the service provider. Nothing in this section prohibits a service recipient, during any period in which a service provider has cosigned the service recipient's lease, from terminating services with the cosigning service provider, receiving services from a new service provider, and, subject to the approval of the landlord, maintaining a lease cosigned by the new service provider.

(d) A lease cosigned by a service provider meets the requirements of paragraph (a) if the service recipient and service provider develop and implement a transition plan which must provide that, within two years of cosigning the initial lease, the service provider shall transfer the lease to the service recipient and other cosigners, if any.

(e) In the event the landlord has not approved the transfer of the lease within two years of the service provider cosigning the initial lease, the service provider must submit a time-limited extension request to the commissioner of human services to continue the cosigned lease arrangement. The extension request must include:

- (1) the reason the landlord denied the transfer;
- (2) the plan to overcome the denial to transfer the lease;
- (3) the length of time needed to successfully transfer the lease, not to exceed an additional two years;
- (4) a description of how the transition plan was followed, what occurred that led to the landlord denying the transfer, and what changes in circumstances or condition, if any, the service recipient experienced; and
- (5) a revised transition plan to transfer the cosigned lease between the service provider and the service recipient to the service recipient.

The commissioner must approve an extension within sufficient time to ensure the continued occupancy by the service recipient.

260.835 AMERICAN INDIAN CHILD WELFARE ADVISORY COUNCIL.

Subd. 2. **Expiration.** The American Indian Child Welfare Advisory Council expires June 30, 2023.

9530.7000 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 9530.7000 to 9530.7030, the following terms have the meanings given them.

Subp. 2. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, chapter 152.

Subp. 5. **Chemical dependency treatment services.** "Chemical dependency treatment services" means services provided by chemical dependency treatment programs licensed according to Minnesota Statutes, chapter 245G, or certified according to parts 2960.0450 to 2960.0490.

Subp. 6. **Client.** "Client" means an individual who has requested chemical abuse or dependency services, or for whom chemical abuse or dependency services have been requested, from a local agency.

Subp. 7. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Human Services or the commissioner's designated representative.

Subp. 8. **Behavioral health fund.** "Behavioral health fund" means money appropriated for payment of chemical dependency treatment services under Minnesota Statutes, chapter 254B.

Subp. 9. **Copayment.** "Copayment" means the amount an insured person is obligated to pay before the person's third-party payment source is obligated to make a payment, or the amount an insured person is obligated to pay in addition to the amount the person's third-party payment source is obligated to pay.

Subp. 10. **Drug and Alcohol Abuse Normative Evaluation System or DAANES.** "Drug and Alcohol Abuse Normative Evaluation System" or "DAANES" means the client information system operated by the department's Chemical Dependency Program Division.

Subp. 11. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 13. **Income.** "Income" means the total amount of cash received by an individual from the following sources:

- A. cash payments for wages or salaries;
- B. cash receipts from nonfarm or farm self-employment, minus deductions allowed by the federal Internal Revenue Service for business or farm expenses;
- C. regular cash payments from social security, railroad retirement, unemployment compensation, workers' union funds, veterans' benefits, the Minnesota family investment program, Supplemental Security Income, General Assistance, training stipends, alimony, child support, and military family allotments;
- D. cash payments from private pensions, government employee pensions, and regular insurance or annuity payments;
- E. cash payments for dividends, interest, rents, or royalties; and
- F. periodic cash receipts from estates or trusts.

Income does not include capital gains; any cash assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; tax refunds, gifts, lump sum inheritances, one time insurance payments, or compensation for injury; court-ordered child support or health insurance premium payments made by the client or responsible relative; and noncash benefits such as health insurance, food or rent received in lieu of wages, and noncash benefits from programs such as Medicare, Medical Assistance, the Supplemental Nutrition Assistance Program, school lunches, and housing assistance. Annual income is the amount reported and verified by an individual as current income calculated prospectively to cover one year.

Subp. 14. **Local agency.** "Local agency" means the county or multicounty agency authorized under Minnesota Statutes, sections 254B.01, subdivision 5, and 254B.03, subdivision 1, to make placements under the behavioral health fund.

Subp. 15. **Minor child.** "Minor child" means an individual under the age of 18 years.

Subp. 17a. **Policyholder.** "Policyholder" means a person who has a third-party payment policy under which a third-party payment source has an obligation to pay all or part of a client's treatment costs.

Subp. 19. **Responsible relative.** "Responsible relative" means a person who is a member of the client's household and is a client's spouse or the parent of a minor child who is a client.

Subp. 20. **Third-party payment source.** "Third-party payment source" means a person, entity, or public or private agency other than medical assistance or general assistance medical care that has a probable obligation to pay all or part of the costs of a client's chemical dependency treatment.

Subp. 21. **Vendor.** "Vendor" means a licensed provider of chemical dependency treatment services that meets the criteria established in Minnesota Statutes, section 254B.05, and that has applied according to part 9505.0195 to participate as a provider in the medical assistance program.

9530.7005 SCOPE AND APPLICABILITY.

Parts 9530.7000 to 9530.7030 govern the administration of the behavioral health fund, establish the criteria to be applied by local agencies to determine a client's eligibility under the behavioral health fund, and establish a client's obligation to pay for chemical dependency treatment services.

These parts must be read in conjunction with Minnesota Statutes, chapter 254B, and parts 9530.6600 to 9530.6655.

9530.7010 COUNTY RESPONSIBILITY TO PROVIDE SERVICES.

The local agency shall provide chemical dependency treatment services to eligible clients who have been assessed and placed by the county according to parts 9530.6600 to 9530.6655 and Minnesota Statutes, chapter 256G.

9530.7012 VENDOR AGREEMENTS.

When a local agency enters into an agreement with a vendor of chemical dependency treatment services, the agreement must distinguish client per unit room and board costs from per unit chemical dependency treatment services costs.

For purposes of this part, "chemical dependency treatment services costs" are costs, including related administrative costs, of services that meet the criteria in items A to C:

A. The services are provided within a program licensed according to Minnesota Statutes, chapter 245G, or certified according to parts 2960.0430 to 2960.0490.

B. The services meet the definition of chemical dependency services in Minnesota Statutes, section 254B.01, subdivision 3.

C. The services meet the applicable service standards for licensed chemical dependency treatment programs in item A, but are not under the jurisdiction of the commissioner.

This part also applies to vendors of room and board services that are provided concurrently with chemical dependency treatment services according to Minnesota Statutes, sections 254B.03, subdivision 2, and 254B.05, subdivision 1.

This part does not apply when a county contracts for chemical dependency services in an acute care inpatient hospital licensed by the Department of Health under chapter 4640.

9530.7015 CLIENT ELIGIBILITY; BEHAVIORAL HEALTH FUND.

Subpart 1. **Client eligibility to have treatment totally paid under the behavioral health fund.** A client who meets the criteria established in item A, B, C, or D shall be eligible to have chemical dependency treatment paid for totally with funds from the behavioral health fund.

A. The client is eligible for MFIP as determined under Minnesota Statutes, chapter 256J.

B. The client is eligible for medical assistance as determined under parts 9505.0010 to 9505.0140.

C. The client is eligible for general assistance, general assistance medical care, or work readiness as determined under parts 9500.1200 to 9500.1272.

D. The client's income is within current household size and income guidelines for entitled persons, as defined in Minnesota Statutes, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

Subp. 2a. **Third-party payment source and client eligibility for the behavioral health fund.** Clients who meet the financial eligibility requirement in subpart 1 and who have a third-party payment source are eligible for the behavioral health fund if the third party payment source pays less than 100 percent of the treatment services determined according to parts 9530.6600 to 9530.6655.

Subp. 4. **Client ineligible to have treatment paid for from the behavioral health fund.** A client who meets the criteria in item A or B shall be ineligible to have chemical dependency treatment services paid for with behavioral health funds.

A. The client has an income that exceeds current household size and income guidelines for entitled persons as defined in Minnesota Statutes, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

B. The client has an available third-party payment source that will pay the total cost of the client's treatment.

Subp. 5. **Eligibility of clients disenrolled from prepaid health plans.** A client who is disenrolled from a state prepaid health plan during a treatment episode is eligible for continued treatment service that is paid for by the behavioral health fund, until the treatment episode is completed or the client is re-enrolled in a state prepaid health plan if the client meets the criteria in item A or B. The client must:

A. continue to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care; or

B. be eligible according to subparts 1 and 2a and be determined eligible by a local agency under part 9530.7020.

Subp. 6. **County responsibility.** When a county commits a client under Minnesota Statutes, chapter 253B, to a regional treatment center for chemical dependency treatment services and the client is ineligible for the behavioral health fund, the county is responsible for the payment to the regional treatment center according to Minnesota Statutes, section 254B.05, subdivision 4.

9530.7020 LOCAL AGENCY TO DETERMINE CLIENT ELIGIBILITY.

Subpart 1. **Local agency duty to determine client eligibility.** The local agency shall determine a client's eligibility for the behavioral health fund at the time the client is assessed under parts 9530.6600 to 9530.6655. Client eligibility must be determined using forms

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prescribed by the department. To determine a client's eligibility, the local agency must determine the client's income, the size of the client's household, the availability of a third-party payment source, and a responsible relative's ability to pay for the client's chemical dependency treatment, as specified in items A to C.

A. The local agency must determine the client's income. A client who is a minor child shall not be deemed to have income available to pay for chemical dependency treatment, unless the minor child is responsible for payment under Minnesota Statutes, section 144.347, for chemical dependency treatment services sought under Minnesota Statutes, section 144.343, subdivision 1.

B. The local agency must determine the client's household size according to subitems (1), (2), and (3).

(1) If the client is a minor child, the household size includes the following persons living in the same dwelling unit:

- (a) the client;
- (b) the client's birth or adoptive parents; and
- (c) the client's siblings who are minors.

(2) If the client is an adult, the household size includes the following persons living in the same dwelling unit:

- (a) the client;
- (b) the client's spouse;
- (c) the client's minor children; and
- (d) the client's spouse's minor children.

(3) For purposes of this item, household size includes a person listed in subitems (1) and (2) who is in out-of-home placement if a person listed in subitem (1) or (2) is contributing to the cost of care of the person in out-of-home placement.

C. The local agency must determine the client's current prepaid health plan enrollment, the availability of a third-party payment source, including the availability of total payment, partial payment, and amount of copayment.

D. The local agency must provide the required eligibility information to the department in the manner specified by the department.

E. The local agency shall require the client and policyholder to conditionally assign to the department the client and policyholder's rights and the rights of minor children to benefits or services provided to the client if the department is required to collect from a third-party pay source.

Subp. 1a. **Redetermination of client eligibility.** The local agency shall redetermine a client's eligibility for CCDTF every six months after the initial eligibility determination, if the client has continued to receive uninterrupted chemical dependency treatment services for that six months. For purposes of this subpart, placement of a client into more than one chemical dependency treatment program in less than ten working days, or placement of a client into a residential chemical dependency treatment program followed by nonresidential chemical dependency treatment services shall be treated as a single placement.

Subp. 2. **Client, responsible relative, and policyholder obligation to cooperate.** A client, responsible relative, and policyholder shall provide income or wage verification, household size verification, and shall make an assignment of third-party payment rights under subpart 1, item C. If a client, responsible relative, or policyholder does not comply with the provisions of this subpart, the client shall be deemed to be ineligible to have the behavioral health fund pay for his or her chemical dependency treatment, and the client and

responsible relative shall be obligated to pay for the full cost of chemical dependency treatment services provided to the client.

9530.7021 PAYMENT AGREEMENTS.

When the local agency, the client, and the vendor agree that the vendor will accept payment from a third-party payment source for an eligible client's treatment, the local agency, the client, and the vendor shall enter into a third-party payment agreement. The agreement must stipulate that the vendor will accept, as payment in full for services provided to the client, the amount the third-party payor is obligated to pay for services provided to the client. The agreement must be executed in a form prescribed by the commissioner and is not effective unless an authorized representative of each of the three parties has signed it. The local agency shall maintain a record of third-party payment agreements into which the local agency has entered.

The vendor shall notify the local agency as soon as possible and not less than one business day before discharging a client whose treatment is covered by a payment agreement under this part if the discharge is caused by disruption of the third-party payment.

9530.7022 CLIENT FEES.

Subpart 1. **Income and household size criteria.** A client whose household income is within current household size and income guidelines for entitled persons as defined in Minnesota Statutes, section 254B.04, subdivision 1, shall pay no fee.

9530.7025 DENIAL OF PAYMENT.

Subpart 1. **Denial of payment when required assessment not completed.** The department shall deny payments from the behavioral health fund to vendors for chemical dependency treatment services provided to clients who have not been assessed and placed by the county in accordance with parts 9530.6600 to 9530.6655.

Subp. 2. **Denial of state participation in behavioral health fund payments when client found not eligible.** The department shall pay vendors from the behavioral health fund for chemical dependency treatment services provided to clients and shall bill the county for 100 percent of the costs of chemical dependency treatment services as follows:

A. The department shall bill the county for 100 percent of the costs of a client's chemical dependency treatment services when the department determines that the client was not placed in accordance with parts 9530.6600 to 9530.6655.

B. When a county's allocation under Minnesota Statutes, section 254B.02, subdivisions 1 and 2, has been exhausted, and the county's maintenance of effort has been met as required under Minnesota Statutes, section 254B.02, subdivision 3, and the local agency has been notified by the department that the only clients who are eligible to have their treatment paid for from the behavioral health fund are clients who are eligible under part 9530.7015, subpart 1, the department shall bill the county for 100 percent of the costs of a client's chemical dependency treatment services when the department determines that the client was not eligible under part 9530.7015, subpart 1.

9530.7030 VENDOR MUST PARTICIPATE IN DAANES SYSTEM.

Subpart 1. **Participation a condition of eligibility.** To be eligible for payment under the behavioral health fund, a vendor must participate in the Drug and Alcohol Normative Evaluation System (DAANES) or submit to the commissioner the information required in DAANES in the format specified by the commissioner.