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State of Minnesota
HOUSE OF REPRESENTATIVES
First Division Engrossment

NINETY-SECOND SESSION

H. F. No. 722

02/04/2021 Authored by Thompson, Fischer, Becker-Finn, Hassan and Franke
The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

Division Action

02/12/2021 Referred by Chair to the Behavioral Health Policy Division
02/17/2021 Returned to the Committee on Human Services Finance and Policy as Amended

1.1 A bill for an act
1.2 relating to human services; increasing payment rates for certain substance use
1.3 disorder treatment providers; appropriating money; amending Minnesota Statutes
1.4 2020, sections 254B.01, subdivision 4a, by adding a subdivision; 254B.05,
1.5 subdivision 5; 254B.12, by adding a subdivision.

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

1.7 Section 1. Minnesota Statutes 2020, section 254B.01, subdivision 4a, is amended to read:

1.8 Subd. 4a. **Culturally specific or culturally responsive program.** (a) "Culturally specific
1.9 or culturally responsive program" means a substance use disorder treatment service program
1.10 or subprogram that is ~~recovery-focused and~~ culturally responsive or culturally specific when
1.11 the program attests that it:

1.12 (1) improves service quality to and outcomes of a specific ~~population~~ community that
1.13 shares a common language, racial, ethnic, or social background by advancing health equity
1.14 to help eliminate health disparities; ~~and~~

1.15 (2) ensures effective, equitable, comprehensive, and respectful quality care services that
1.16 are responsive to an individual within a specific ~~population's~~ community's values, beliefs
1.17 and practices, health literacy, preferred language, and other communication needs; and

1.18 (3) is compliant with the national standards for culturally and linguistically appropriate
1.19 services or other equivalent standards, as determined by the commissioner.

1.20 (b) A tribally licensed substance use disorder program that is designated as serving a
1.21 culturally specific population by the applicable tribal government is deemed to satisfy this
1.22 subdivision.

- 2.1 (c) A program satisfies the requirements of this subdivision if it attests that the program:
2.2 (1) is designed to address the unique needs of individuals who share a common language,
2.3 racial, ethnic, or social background;
2.4 (2) is governed with significant input from individuals of that specific background; and
2.5 (3) employs individuals to provide treatment services, at least 50 percent of whom are
2.6 members of the specific community being served.

2.7 Sec. 2. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision to
2.8 read:

2.9 Subd. 4b. **Disability responsive program.** "Disability responsive program" means a
2.10 program that:

- 2.11 (1) is designed to serve individuals with disabilities, including individuals with traumatic
2.12 brain injuries, developmental disabilities, cognitive disabilities, and physical disabilities;
2.13 and
2.14 (2) employs individuals to provide treatment services who have the necessary professional
2.15 training, as approved by the commissioner, to serve individuals with the specific disabilities
2.16 that the program is designed to serve.

2.17 Sec. 3. Minnesota Statutes 2020, section 254B.05, subdivision 5, is amended to read:

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

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

- 2.21 (1) outpatient treatment services that are licensed according to sections 245G.01 to
2.22 245G.17, or applicable tribal license;
2.23 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
2.24 and 245G.05;
2.25 (3) care coordination services provided according to section 245G.07, subdivision 1,
2.26 paragraph (a), clause (5);
2.27 (4) peer recovery support services provided according to section 245G.07, subdivision
2.28 2, clause (8);
2.29 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
2.30 services provided according to chapter 245F;

3.1 (6) medication-assisted therapy services that are licensed according to sections 245G.01
3.2 to 245G.17 and 245G.22, or applicable tribal license;

3.3 (7) medication-assisted therapy plus enhanced treatment services that meet the
3.4 requirements of clause (6) and provide nine hours of clinical services each week;

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

3.8 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
3.9 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
3.10 144.56;

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

3.15 (11) high-intensity residential treatment services that are licensed according to sections
3.16 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
3.17 clinical services each week provided by a state-operated vendor or to clients who have been
3.18 civilly committed to the commissioner, present the most complex and difficult care needs,
3.19 and are a potential threat to the community; and

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

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

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

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

3.25 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
3.26 9503; or

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

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

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

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

4.2 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
4.3 subdivision 4a, ~~or programs or subprograms serving special populations, if the program or~~
4.4 ~~subprogram meets the following requirements:~~

4.5 ~~(i) is designed to address the unique needs of individuals who share a common language,~~
4.6 ~~racial, ethnic, or social background;~~

4.7 ~~(ii) is governed with significant input from individuals of that specific background; and~~

4.8 ~~(iii) employs individuals to provide individual or group therapy, at least 50 percent of~~
4.9 ~~whom are of that specific background, except when the common social background of the~~
4.10 ~~individuals served is a traumatic brain injury or cognitive disability and the program employs~~
4.11 ~~treatment staff who have the necessary professional training, as approved by the~~
4.12 ~~commissioner, to serve clients with the specific disabilities that the program is designed to~~
4.13 ~~serve;~~

4.14 (3) programs that offer medical services delivered by appropriately credentialed health
4.15 care staff in an amount equal to two hours per client per week if the medical needs of the
4.16 client and the nature and provision of any medical services provided are documented in the
4.17 client file; ~~and~~

4.18 (4) programs that offer services to individuals with co-occurring mental health and
4.19 chemical dependency problems if:

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

4.21 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined
4.22 in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates
4.23 under the supervision of a licensed alcohol and drug counselor supervisor and licensed
4.24 mental health professional, except that no more than 50 percent of the mental health staff
4.25 may be students or licensing candidates with time documented to be directly related to
4.26 provisions of co-occurring services;

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

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

5.1 (v) family education is offered that addresses mental health and substance abuse disorders
5.2 and the interaction between the two; and

5.3 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
5.4 training annually; and

5.5 (5) disability responsive programs as defined in section 254B.01, subdivision 4b.

5.6 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
5.7 that provides arrangements for off-site child care must maintain current documentation at
5.8 the chemical dependency facility of the child care provider's current licensure to provide
5.9 child care services. Programs that provide child care according to paragraph (c), clause (1),
5.10 must be deemed in compliance with the licensing requirements in section 245G.19.

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

5.14 (f) Subject to federal approval, chemical dependency services that are otherwise covered
5.15 as direct face-to-face services may be provided via two-way interactive video. The use of
5.16 two-way interactive video must be medically appropriate to the condition and needs of the
5.17 person being served. Reimbursement shall be at the same rates and under the same conditions
5.18 that would otherwise apply to direct face-to-face services. The interactive video equipment
5.19 and connection must comply with Medicare standards in effect at the time the service is
5.20 provided.

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

5.27 Sec. 4. Minnesota Statutes 2020, section 254B.12, is amended by adding a subdivision to
5.28 read:

5.29 Subd. 4. **Culturally specific or culturally responsive program and disability**
5.30 **responsive program provider rate increase.** For the chemical dependency services listed
5.31 in section 254B.05, subdivision 5, provided by programs that meet the requirements of
5.32 section 254B.05, subdivision 5, paragraph (c), clauses (2) and (5), on or after July 1, 2021,
5.33 payment rates shall be increased by five percent over the rates in effect on January 1, 2021.

6.1 The commissioner shall increase prepaid medical assistance capitation rates as appropriate
6.2 to reflect this increase.

6.3 **Sec. 5. DIRECTION TO COMMISSIONER; CULTURALLY AND**
6.4 **LINGUISTICALLY APPROPRIATE SERVICES.**

6.5 The commissioner of human services, in consultation with substance use disorder
6.6 treatment providers, lead agencies, and individuals who receive substance use disorder
6.7 treatment services, shall develop a statewide implementation and transition plan for culturally
6.8 and linguistically appropriate services (CLAS) national standards, including technical
6.9 assistance for providers to transition to the CLAS standards and to improve disparate
6.10 treatment outcomes. The commissioner must consult with individuals who are Black,
6.11 indigenous, people of color, and linguistically diverse in the development of the
6.12 implementation and transition plans under this section.

6.13 **Sec. 6. APPROPRIATION; CULTURALLY AND LINGUISTICALLY**
6.14 **APPROPRIATE SERVICES IMPLEMENTATION GRANTS.**

6.15 \$..... in fiscal year 2022 and \$..... in fiscal year 2023 are appropriated from the general
6.16 fund to the commissioner of human services for grants to substance use disorder treatment
6.17 providers to implement culturally and linguistically appropriate services standards, according
6.18 to the implementation and transition plan developed by the commissioner.