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State of Minnesota
HOUSE OF REPRESENTATIVES
NINETIETH SESSION

H. F. No. 4221

03/26/2018 Authored by Baker
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to human services; modifying substance use disorder treatment provider
1.3 requirements; amending Minnesota Statutes 2016, section 254B.12, subdivision
1.4 1; Minnesota Statutes 2017 Supplement, section 245G.05, subdivision 1.

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

1.6 Section 1. Minnesota Statutes 2017 Supplement, section 245G.05, subdivision 1, is
1.7 amended to read:

1.8 Subdivision 1. **Comprehensive assessment.** (a) A comprehensive assessment of the
1.9 client's substance use disorder must be administered face-to-face by an alcohol and drug
1.10 counselor within three calendar days after service initiation for a residential program or
1.11 during the initial session for all other programs. A program may permit a staff person who
1.12 is not qualified as an alcohol and drug counselor to interview the client in areas of the
1.13 comprehensive assessment that are otherwise within the competencies and scope of practice
1.14 of that staff person, and an alcohol and drug counselor does not need to be face-to-face with
1.15 the client during this interview. The alcohol and drug counselor must review all of the
1.16 information contained in a comprehensive assessment and, by signature, confirm the
1.17 information is competent and meets the requirements for the comprehensive assessment. If
1.18 the comprehensive assessment is not completed during the initial session, the client-centered
1.19 reason for the delay must be documented in the client's file and the planned completion
1.20 date. If the client received a comprehensive assessment that authorized the treatment service,
1.21 an alcohol and drug counselor must review the assessment to determine compliance with
1.22 this subdivision, including applicable timelines. If available, the alcohol and drug counselor
1.23 may use current information provided by a referring agency or other source as a supplement.
1.24 Information gathered more than 45 days before the date of admission is not considered

2.1 current. The comprehensive assessment must include sufficient information to complete
2.2 the assessment summary according to subdivision 2 and the individual treatment plan
2.3 according to section 245G.06. The comprehensive assessment must include information
2.4 about the client's needs that relate to substance use and personal strengths that support
2.5 recovery, including:

2.6 (1) age, sex, cultural background, sexual orientation, living situation, economic status,
2.7 and level of education;

2.8 (2) circumstances of service initiation;

2.9 (3) previous attempts at treatment for substance misuse or substance use disorder,
2.10 compulsive gambling, or mental illness;

2.11 (4) substance use history including amounts and types of substances used, frequency
2.12 and duration of use, periods of abstinence, and circumstances of relapse, if any. For each
2.13 substance used within the previous 30 days, the information must include the date of the
2.14 most recent use and previous withdrawal symptoms;

2.15 (5) specific problem behaviors exhibited by the client when under the influence of
2.16 substances;

2.17 (6) family status, family history, including history or presence of physical or sexual
2.18 abuse, level of family support, and substance misuse or substance use disorder of a family
2.19 member or significant other;

2.20 (7) physical concerns or diagnoses, the severity of the concerns, and whether the concerns
2.21 are being addressed by a health care professional;

2.22 (8) mental health history and psychiatric status, including symptoms, disability, current
2.23 treatment supports, and psychotropic medication needed to maintain stability; the assessment
2.24 must utilize screening tools approved by the commissioner pursuant to section 245.4863 to
2.25 identify whether the client screens positive for co-occurring disorders;

2.26 (9) arrests and legal interventions related to substance use;

2.27 (10) ability to function appropriately in work and educational settings;

2.28 (11) ability to understand written treatment materials, including rules and the client's
2.29 rights;

2.30 (12) risk-taking behavior, including behavior that puts the client at risk of exposure to
2.31 blood-borne or sexually transmitted diseases;

3.1 (13) social network in relation to expected support for recovery and leisure time activities
3.2 that are associated with substance use;

3.3 (14) whether the client is pregnant and, if so, the health of the unborn child and the
3.4 client's current involvement in prenatal care;

3.5 (15) whether the client recognizes problems related to substance use and is willing to
3.6 follow treatment recommendations; and

3.7 (16) collateral information. If the assessor gathered sufficient information from the
3.8 referral source or the client to apply the criteria in Minnesota Rules, parts 9530.6620 and
3.9 9530.6622, a collateral contact is not required.

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

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

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

3.14 (3) the risk of and recognizing opioid overdose; and

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

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

3.19 (d) If the comprehensive assessment is completed to authorize treatment service for the
3.20 client, at the earliest opportunity during the assessment interview the assessor shall determine
3.21 if:

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

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

3.24 (3) the client has severe emotional or behavioral symptoms that place the client or others
3.25 at risk of harm.

3.26 If one or more of the conditions in clauses (1) to (3) are present, the assessor must end the
3.27 assessment interview and follow the procedures in the program's medical services plan
3.28 under section 245G.08, subdivision 2, to help the client obtain the appropriate services. The
3.29 assessment interview may resume when the condition is resolved.

4.1 Sec. 2. Minnesota Statutes 2016, section 254B.12, subdivision 1, is amended to read:

4.2 Subdivision 1. **CCDTF rate methodology established.** The commissioner shall establish
4.3 a new rate methodology for the consolidated chemical dependency treatment fund. The new
4.4 methodology must replace county-negotiated rates with a uniform statewide methodology
4.5 that must include a graduated reimbursement scale based on the patients' level of acuity and
4.6 complexity. ~~At least biennially, the commissioner shall review the financial information~~
4.7 ~~provided by vendors to determine the need for rate adjustments.~~