

SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 1692

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DATE	D-PG	OFFICIAL STATUS
02/16/2023	849	Introduction and first reading Referred to Health and Human Services
03/06/2023	1331	Comm report: To pass and re-referred to Human Services
03/08/2023	1408a	Comm report: To pass as amended
	1429	Second reading
	11498	Rule 47, returned to Human Services See HF1403

1.1 A bill for an act

1.2 relating to human services; modifying policies governing access to substance use

1.3 disorder treatment services; modifying eligibility for home and community-based

1.4 services workforce development grants; excluding workforce development grant

1.5 money from income for certain purposes; amending Minnesota Statutes 2022,

1.6 sections 62N.25, subdivision 5; 62Q.1055; 62Q.47; 169A.70, subdivisions 3, 4;

1.7 245A.043, subdivision 3; 245G.05, subdivision 2; 245G.22, subdivision 2; 254A.03,

1.8 subdivision 3; 254A.19, subdivisions 1, 3, 4, by adding subdivisions; 254B.01,

1.9 subdivision 5, by adding subdivisions; 254B.03, subdivisions 1, 2, 5; 254B.04,

1.10 subdivisions 1, 2a, by adding subdivisions; 256D.09, subdivision 2a; 256L.03,

1.11 subdivision 2; 256L.12, subdivision 8; 260B.157, subdivisions 1, 3; 260C.157,

1.12 subdivision 3; 260E.20, subdivision 1; 299A.299, subdivision 1; Laws 2021, First

1.13 Special Session chapter 7, article 17, section 20; repealing Minnesota Statutes

1.14 2022, sections 169A.70, subdivision 6; 245G.22, subdivision 19; 254A.02,

1.15 subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a, 2, 5; 254B.04,

1.16 subdivisions 2b, 2c; 254B.041, subdivision 2.

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

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

1.19 Subd. 5. **Benefits.** Community integrated service networks must offer the health

1.20 maintenance organization benefit set, as defined in chapter 62D, and other laws applicable

1.21 to entities regulated under chapter 62D. Community networks and chemical dependency

1.22 facilities under contract with a community network shall use the assessment criteria in

1.23 ~~Minnesota Rules, parts 9530.6600 to 9530.6655,~~ section 245G.05 when assessing enrollees

1.24 for chemical dependency treatment.

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

2.2 **62Q.1055 CHEMICAL DEPENDENCY.**

2.3 All health plan companies shall use the assessment criteria in ~~Minnesota Rules, parts~~
 2.4 ~~9530.6600 to 9530.6655~~, section 245G.05 when assessing and ~~placing~~ treating enrollees
 2.5 for chemical dependency treatment.

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

2.7 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**
 2.8 **SERVICES.**

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

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

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

2.24 (d) A health plan company must not impose an NQTL with respect to mental health and
 2.25 substance use disorders in any classification of benefits unless, under the terms of the health
 2.26 plan as written and in operation, any processes, strategies, evidentiary standards, or other
 2.27 factors used in applying the NQTL to mental health and substance use disorders in the
 2.28 classification are comparable to, and are applied no more stringently than, the processes,
 2.29 strategies, evidentiary standards, or other factors used in applying the NQTL with respect
 2.30 to medical and surgical benefits in the same classification.

2.31 (e) All health plans must meet the requirements of the federal Mental Health Parity Act
 2.32 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and

3.1 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal
3.2 guidance or regulations issued under, those acts.

3.3 (f) The commissioner may require information from health plan companies to confirm
3.4 that mental health parity is being implemented by the health plan company. Information
3.5 required may include comparisons between mental health and substance use disorder
3.6 treatment and other medical conditions, including a comparison of prior authorization
3.7 requirements, drug formulary design, claim denials, rehabilitation services, and other
3.8 information the commissioner deems appropriate.

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

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

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

3.21 (2) identify any enforcement actions taken by either commissioner during the preceding
3.22 12-month period regarding compliance with parity for mental health and substance use
3.23 disorders benefits under state and federal law, summarizing the results of any market conduct
3.24 examinations. The summary must include: (i) the number of formal enforcement actions
3.25 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the
3.26 subject matter of each enforcement action, including quantitative and nonquantitative
3.27 treatment limitations;

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

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

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

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

4.6 Subd. 3. **Assessment report.** (a) The assessment report must be on a form prescribed
 4.7 by the commissioner and shall contain an evaluation of the convicted defendant concerning
 4.8 the defendant's prior traffic and criminal record, characteristics and history of alcohol and
 4.9 chemical use problems, and amenability to rehabilitation through the alcohol safety program.
 4.10 The report is classified as private data on individuals as defined in section 13.02, subdivision
 4.11 12.

4.12 (b) The assessment report must include:

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

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

4.15 (3) a recommended level of care for the offender in accordance with the criteria contained
 4.16 in ~~rules adopted by the commissioner of human services under section 254A.03, subdivision~~
 4.17 ~~3 (substance use disorder treatment rules)~~ section 245G.05;

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

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

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

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

4.25 Subd. 4. **Assessor standards; rules; assessment time limits.** A chemical use assessment
 4.26 required by this section must be conducted by an assessor appointed by the court. The
 4.27 assessor must meet the training and qualification requirements of ~~rules adopted by the~~
 4.28 ~~commissioner of human services under section 254A.03, subdivision 3 (substance use~~
 4.29 ~~disorder treatment rules)~~ section 245G.11, subdivisions 1 and 5. Notwithstanding section
 4.30 13.82 (law enforcement data), the assessor shall have access to any police reports, laboratory
 4.31 test results, and other law enforcement data relating to the current offense or previous

5.1 offenses that are necessary to complete the evaluation. ~~An assessor providing an assessment~~
 5.2 ~~under this section may not have any direct or shared financial interest or referral relationship~~
 5.3 ~~resulting in shared financial gain with a treatment provider, except as authorized under~~
 5.4 ~~section 254A.19, subdivision 3. If an independent assessor is not available, the court may~~
 5.5 ~~use the services of an assessor authorized to perform assessments for the county social~~
 5.6 ~~services agency under a variance granted under rules adopted by the commissioner of human~~
 5.7 ~~services under section 254A.03, subdivision 3. An appointment for the defendant to undergo~~
 5.8 the assessment must be made by the court, a court services probation officer, or the court
 5.9 administrator as soon as possible but in no case more than one week after the defendant's
 5.10 court appearance. The assessment must be completed no later than three weeks after the
 5.11 defendant's court appearance. If the assessment is not performed within this time limit, the
 5.12 county where the defendant is to be sentenced shall perform the assessment. The county of
 5.13 financial responsibility must be determined under chapter 256G.

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

5.15 Subd. 3. **Change of ownership process.** (a) When a change in ownership is proposed
 5.16 and the party intends to assume operation without an interruption in service longer than 60
 5.17 days after acquiring the program or service, the license holder must provide the commissioner
 5.18 with written notice of the proposed change on a form provided by the commissioner at least
 5.19 60 days before the anticipated date of the change in ownership. For purposes of this
 5.20 subdivision and subdivision 4, "party" means the party that intends to operate the service
 5.21 or program.

5.22 (b) The party must submit a license application under this chapter on the form and in
 5.23 the manner prescribed by the commissioner at least 30 days before the change in ownership
 5.24 is complete, and must include documentation to support the upcoming change. The party
 5.25 must comply with background study requirements under chapter 245C and shall pay the
 5.26 application fee required under section 245A.10. A party that intends to assume operation
 5.27 without an interruption in service longer than 60 days after acquiring the program or service
 5.28 is exempt from the requirements of sections 245G.03, subdivision 2, paragraph (b), and
 5.29 254B.03, subdivision 2, paragraphs (c) and (d) ~~and (e)~~.

5.30 (c) The commissioner may streamline application procedures when the party is an existing
 5.31 license holder under this chapter and is acquiring a program licensed under this chapter or
 5.32 service in the same service class as one or more licensed programs or services the party
 5.33 operates and those licenses are in substantial compliance. For purposes of this subdivision,
 5.34 "substantial compliance" means within the previous 12 months the commissioner did not

6.1 (1) issue a sanction under section 245A.07 against a license held by the party, or (2) make
6.2 a license held by the party conditional according to section 245A.06.

6.3 (d) Except when a temporary change in ownership license is issued pursuant to
6.4 subdivision 4, the existing license holder is solely responsible for operating the program
6.5 according to applicable laws and rules until a license under this chapter is issued to the
6.6 party.

6.7 (e) If a licensing inspection of the program or service was conducted within the previous
6.8 12 months and the existing license holder's license record demonstrates substantial
6.9 compliance with the applicable licensing requirements, the commissioner may waive the
6.10 party's inspection required by section 245A.04, subdivision 4. The party must submit to the
6.11 commissioner (1) proof that the premises was inspected by a fire marshal or that the fire
6.12 marshal deemed that an inspection was not warranted, and (2) proof that the premises was
6.13 inspected for compliance with the building code or that no inspection was deemed warranted.

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

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

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

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

6.30 Sec. 7. Minnesota Statutes 2022, section 245G.05, subdivision 2, is amended to read:

6.31 Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an
6.32 assessment summary within three calendar days from the day of service initiation for a
6.33 residential program and within three calendar days on which a treatment session has been

7.1 provided from the day of service initiation for a client in a nonresidential program. The
7.2 comprehensive assessment summary is complete upon a qualified staff member's dated
7.3 signature. If the comprehensive assessment is used to authorize the treatment service, the
7.4 alcohol and drug counselor must prepare an assessment summary on the same date the
7.5 comprehensive assessment is completed. If the comprehensive assessment and assessment
7.6 summary are to authorize treatment services, the assessor must determine appropriate level
7.7 of care and services for the client using the ~~dimensions in Minnesota Rules, part 9530.6622,~~
7.8 criteria established in section 254B.04, subdivision 4, and document the recommendations.

7.9 (b) An assessment summary must include:

7.10 (1) a risk description according to section 245G.05 for each dimension listed in paragraph

7.11 (c);

7.12 (2) a narrative summary supporting the risk descriptions; and

7.13 (3) a determination of whether the client has a substance use disorder.

7.14 (c) An assessment summary must contain information relevant to treatment service
7.15 planning and recorded in the dimensions in clauses (1) to (6). The license holder must
7.16 consider:

7.17 (1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with
7.18 withdrawal symptoms and current state of intoxication;

7.19 (2) Dimension 2, biomedical conditions and complications; the degree to which any
7.20 physical disorder of the client would interfere with treatment for substance use, and the
7.21 client's ability to tolerate any related discomfort. The license holder must determine the
7.22 impact of continued substance use on the unborn child, if the client is pregnant;

7.23 (3) Dimension 3, emotional, behavioral, and cognitive conditions and complications;
7.24 the degree to which any condition or complication is likely to interfere with treatment for
7.25 substance use or with functioning in significant life areas and the likelihood of harm to self
7.26 or others;

7.27 (4) Dimension 4, readiness for change; the support necessary to keep the client involved
7.28 in treatment service;

7.29 (5) Dimension 5, relapse, continued use, and continued problem potential; the degree
7.30 to which the client recognizes relapse issues and has the skills to prevent relapse of either
7.31 substance use or mental health problems; and

8.1 (6) Dimension 6, recovery environment; whether the areas of the client's life are
8.2 supportive of or antagonistic to treatment participation and recovery.

8.3 Sec. 8. Minnesota Statutes 2022, section 245G.22, subdivision 2, is amended to read:

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

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

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

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

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

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

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

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

8.23 ~~(h)~~ (h) "Practitioner" means a staff member holding a current, unrestricted license to
8.24 practice medicine issued by the Board of Medical Practice or nursing issued by the Board
8.25 of Nursing and is currently registered with the Drug Enforcement Administration to order
8.26 or dispense controlled substances in Schedules II to V under the Controlled Substances Act,
8.27 United States Code, title 21, part B, section 821. Practitioner includes an advanced practice
8.28 registered nurse and physician assistant if the staff member receives a variance by the state
8.29 opioid treatment authority under section 254A.03 and the federal Substance Abuse and
8.30 Mental Health Services Administration.

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

9.1 Sec. 9. Minnesota Statutes 2022, section 254A.03, subdivision 3, is amended to read:

9.2 Subd. 3. **Rules for substance use disorder care.** (a) ~~The commissioner of human~~
9.3 ~~services shall establish by rule criteria to be used in determining the appropriate level of~~
9.4 ~~substance use disorder care for each recipient of public assistance seeking treatment for~~
9.5 ~~substance misuse or substance use disorder. Upon federal approval of a comprehensive~~
9.6 ~~assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding~~
9.7 ~~the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, An eligible vendor of~~
9.8 comprehensive assessments under section 254B.05 may determine and approve the
9.9 appropriate level of substance use disorder treatment for a recipient of public assistance.
9.10 The process for determining an individual's financial eligibility for the behavioral health
9.11 fund or determining an individual's enrollment in or eligibility for a publicly subsidized
9.12 health plan is not affected by the individual's choice to access a comprehensive assessment
9.13 for placement.

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

9.17 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for
9.18 alcohol or substance use disorder that is provided to a recipient of public assistance within
9.19 a primary care clinic, hospital, or other medical setting or school setting establishes medical
9.20 necessity and approval for an initial set of substance use disorder services identified in
9.21 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose
9.22 screen result is positive may include any combination of up to four hours of individual or
9.23 group substance use disorder treatment, two hours of substance use disorder treatment
9.24 coordination, or two hours of substance use disorder peer support services provided by a
9.25 qualified individual according to chapter 245G. A recipient must obtain an assessment
9.26 pursuant to paragraph (a) to be approved for additional treatment services. ~~Minnesota Rules,~~
9.27 ~~parts 9530.6600 to 9530.6655, and A comprehensive assessment pursuant to section 245G.05~~
9.28 ~~are not applicable~~ is not required to receive the initial set of services allowed under this
9.29 subdivision. A positive screen result establishes eligibility for the initial set of services
9.30 allowed under this subdivision.

9.31 (d) ~~Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, An individual~~
9.32 ~~may choose to obtain a comprehensive assessment as provided in section 245G.05.~~
9.33 ~~Individuals obtaining a comprehensive assessment may access any enrolled provider that~~
9.34 ~~is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision~~
9.35 ~~3, paragraph (d). If the individual is enrolled in a prepaid health plan, the individual must~~

10.1 ~~comply with any provider network requirements or limitations. This paragraph expires July~~
 10.2 ~~1, 2022.~~

10.3 (d) An individual may choose to obtain a comprehensive assessment as provided in
 10.4 section 245G.05. Individuals obtaining a comprehensive assessment may access any enrolled
 10.5 provider that is licensed to provide the level of service authorized pursuant to section
 10.6 254A.19, subdivision 3. If the individual is enrolled in a prepaid health plan, the individual
 10.7 must comply with any provider network requirements or limitations.

10.8 Sec. 10. Minnesota Statutes 2022, section 254A.19, subdivision 1, is amended to read:

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

10.18 Sec. 11. Minnesota Statutes 2022, section 254A.19, subdivision 3, is amended to read:

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

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

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

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

10.31 ~~(3) the county social service agency has an existing relationship with an assessor or~~
 10.32 ~~service provider and elects to enter into a contract with that assessor to provide both~~

11.1 ~~assessment and treatment under circumstances specified in the county's contract, provided~~
 11.2 ~~the county retains responsibility for making placement decisions.~~

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

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

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

11.16 Sec. 12. Minnesota Statutes 2022, section 254A.19, subdivision 4, is amended to read:

11.17 ~~Subd. 4. **Civil commitments.** A Rule 25 assessment, under Minnesota Rules, part~~
 11.18 ~~9530.6615, For the purposes of determining level of care, a comprehensive assessment does~~
 11.19 ~~not need to be completed for an individual being committed as a chemically dependent~~
 11.20 ~~person, as defined in section 253B.02, and for the duration of a civil commitment under~~
 11.21 ~~section 253B.065, 253B.09, or 253B.095 in order for a county to access the behavioral~~
 11.22 ~~health fund under section 254B.04. The county must determine if the individual meets the~~
 11.23 ~~financial eligibility requirements for the behavioral health fund under section 254B.04.~~
 11.24 ~~Nothing in this subdivision prohibits placement in a treatment facility or treatment program~~
 11.25 ~~governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.~~

11.26 Sec. 13. Minnesota Statutes 2022, section 254A.19, is amended by adding a subdivision
 11.27 to read:

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

12.1 Sec. 14. Minnesota Statutes 2022, section 254A.19, is amended by adding a subdivision
12.2 to read:

12.3 Subd. 7. **Assessments for children's residential facilities.** For children's residential
12.4 facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to
12.5 2960.0220 and 2960.0430 to 2960.0490, a "chemical use assessment" is a comprehensive
12.6 assessment and assessment summary completed according to the requirements of section
12.7 245G.05 and must be completed by an individual who meets the qualifications of section
12.8 245G.11, subdivisions 1 and 5.

12.9 Sec. 15. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
12.10 to read:

12.11 Subd. 2a. **Behavioral health fund.** "Behavioral health fund" means money allocated
12.12 for payment of treatment services under chapter 254B.

12.13 Sec. 16. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
12.14 to read:

12.15 Subd. 2b. **Client.** "Client" means an individual who has requested substance use disorder
12.16 services or for whom substance use disorder services have been requested.

12.17 Sec. 17. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
12.18 to read:

12.19 Subd. 2c. **Co-payment.** "Co-payment" means:

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

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

12.24 Sec. 18. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
12.25 to read:

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

13.1 Sec. 19. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
13.2 to read:

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

13.7 Sec. 20. Minnesota Statutes 2022, section 254B.01, subdivision 5, is amended to read:

13.8 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of
13.9 county commissioners, a local social services agency, or a human services board to make
13.10 placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to
13.11 20 authorized under section 254B.03, subdivision 1, to determine financial eligibility for
13.12 the behavioral health fund.

13.13 Sec. 21. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
13.14 to read:

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

13.16 Sec. 22. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
13.17 to read:

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

13.21 Sec. 23. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
13.22 to read:

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

13.26 Sec. 24. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
13.27 to read:

13.28 Subd. 10. **Third-party payment source** "Third-party payment source" means a person,
13.29 entity, or public or private agency other than medical assistance or general assistance medical

14.1 care that has a probable obligation to pay all or part of the costs of a client's substance use
 14.2 disorder treatment.

14.3 Sec. 25. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
 14.4 to read:

14.5 Subd. 11. **Vendor.** "Vendor" means a provider of substance use disorder treatment
 14.6 services that meets the criteria established in section 254B.05, and that has applied to
 14.7 participate as a provider in the medical assistance program according to Minnesota Rules,
 14.8 part 9505.0195.

14.9 Sec. 26. Minnesota Statutes 2022, section 254B.03, subdivision 1, is amended to read:

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

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

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

14.27 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655,~~ (c) An individual
 14.28 may choose to obtain a comprehensive assessment as provided in section 245G.05.
 14.29 Individuals obtaining a comprehensive assessment may access any enrolled provider that
 14.30 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision
 14.31 3, ~~paragraph (d).~~ If the individual is enrolled in a prepaid health plan, the individual must
 14.32 comply with any provider network requirements or limitations.

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

15.3 Sec. 27. Minnesota Statutes 2022, section 254B.03, subdivision 2, is amended to read:

15.4 Subd. 2. **Behavioral health fund payment.** (a) Payment from the behavioral health
 15.5 fund is limited to payments for services identified in section 254B.05, other than
 15.6 detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and
 15.7 detoxification provided in another state that would be required to be licensed as a substance
 15.8 use disorder program if the program were in the state. Out of state vendors must also provide
 15.9 the commissioner with assurances that the program complies substantially with state licensing
 15.10 requirements and possesses all licenses and certifications required by the host state to provide
 15.11 substance use disorder treatment. Vendors receiving payments from the behavioral health
 15.12 fund must not require co-payment from a recipient of benefits for services provided under
 15.13 this subdivision. The vendor is prohibited from using the client's public benefits to offset
 15.14 the cost of services paid under this section. The vendor shall not require the client to use
 15.15 public benefits for room or board costs. This includes but is not limited to cash assistance
 15.16 benefits under chapters 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP
 15.17 benefits is a right of a client receiving services through the behavioral health fund or through
 15.18 state contracted managed care entities. Payment from the behavioral health fund shall be
 15.19 made for necessary room and board costs provided by vendors meeting the criteria under
 15.20 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner
 15.21 of health according to sections 144.50 to 144.56 to a client who is:

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

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

15.26 ~~(b) A county may, from its own resources, provide substance use disorder services for~~
 15.27 ~~which state payments are not made. A county may elect to use the same invoice procedures~~
 15.28 ~~and obtain the same state payment services as are used for substance use disorder services~~
 15.29 ~~for which state payments are made under this section if county payments are made to the~~
 15.30 ~~state in advance of state payments to vendors. When a county uses the state system for~~
 15.31 ~~payment, the commissioner shall make monthly billings to the county using the most recent~~
 15.32 ~~available information to determine the anticipated services for which payments will be made~~
 15.33 ~~in the coming month. Adjustment of any overestimate or underestimate based on actual~~

16.1 ~~expenditures shall be made by the state agency by adjusting the estimate for any succeeding~~
 16.2 ~~month.~~

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

16.10 ~~(d)~~ (c) At least 60 days prior to submitting an application for new licensure under chapter
 16.11 245G, the applicant must notify the county human services director in writing of the
 16.12 applicant's intent to open a new treatment program. The written notification must include,
 16.13 at a minimum:

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

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

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

16.22 Sec. 28. Minnesota Statutes 2022, section 254B.03, subdivision 5, is amended to read:

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

16.28 Sec. 29. Minnesota Statutes 2022, section 254B.04, subdivision 1, is amended to read:

16.29 Subdivision 1. **Eligibility. Scope and applicability.** ~~(a) Persons eligible for benefits~~
 16.30 ~~under Code of Federal Regulations, title 25, part 20, who meet the income standards of~~
 16.31 ~~section 256B.056, subdivision 4, and are not enrolled in medical assistance, are entitled to~~

17.1 ~~behavioral health fund services. State money appropriated for this paragraph must be placed~~
 17.2 ~~in a separate account established for this purpose.~~

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

17.10 ~~(e) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible~~
 17.11 ~~for room and board services under section 254B.05, subdivision 5, paragraph (b), clause~~
 17.12 ~~(12).~~

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

17.17 Sec. 30. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
 17.18 to read:

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

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

17.31 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
 17.32 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
 17.33 (12).

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

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

18.4 (2) is eligible for medical assistance as determined under Minnesota Rules, parts
18.5 9505.0010 to 9505.0150;

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

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

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

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

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

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

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

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

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

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

19.1 Sec. 31. Minnesota Statutes 2022, section 254B.04, subdivision 2a, is amended to read:

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

19.12 Sec. 32. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
19.13 to read:

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

19.16 **(b) Dimension 1: Acute intoxication/withdrawal potential.** A vendor must use the criteria
19.17 in Dimension 1 to determine a client's acute intoxication and withdrawal potential, the
19.18 client's ability to cope with withdrawal symptoms, and the client's current state of
19.19 intoxication.

19.20 **"0" The client displays full functioning with good ability to tolerate and cope with**
19.21 **withdrawal discomfort, and the client shows no signs or symptoms of intoxication or**
19.22 **withdrawal or diminishing signs or symptoms.**

19.23 **"1" The client can tolerate and cope with withdrawal discomfort. The client displays**
19.24 **mild to moderate intoxication or signs and symptoms interfering with daily functioning but**
19.25 **does not immediately endanger self or others. The client poses a minimal risk of severe**
19.26 **withdrawal.**

19.27 **"2" The client has some difficulty tolerating and coping with withdrawal discomfort.**
19.28 **The client's intoxication may be severe but responds to support and treatment such that the**
19.29 **client does not immediately endanger self or others. The client displays moderate signs and**
19.30 **symptoms of withdrawal with moderate risk of severe withdrawal.**

19.31 **"3" The client tolerates and copes with withdrawal discomfort poorly. The client has**
19.32 **severe intoxication, such that the client endangers self or others, or intoxication has not**
19.33 **abated with less intensive services. The client displays severe signs and symptoms of**

20.1 withdrawal, has a risk of severe but manageable withdrawal, or has worsening withdrawal
20.2 despite detoxification at less intensive level.

20.3 "4" The client is incapacitated with severe signs and symptoms. The client displays
20.4 severe withdrawal and is a danger to self or others.

20.5 (c) Dimension 2: biomedical conditions and complications. The vendor must use the
20.6 criteria in Dimension 2 to determine a client's biomedical conditions and complications, the
20.7 degree to which any physical disorder of the client would interfere with treatment for
20.8 substance use, and the client's ability to tolerate any related discomfort. If the client is
20.9 pregnant, the provider must determine the impact of continued substance use on the unborn
20.10 child.

20.11 "0" The client displays full functioning with good ability to cope with physical discomfort.

20.12 "1" The client tolerates and copes with physical discomfort and is able to get the services
20.13 that the client needs.

20.14 "2" The client has difficulty tolerating and coping with physical problems or has other
20.15 biomedical problems that interfere with recovery and treatment. The client neglects or does
20.16 not seek care for serious biomedical problems.

20.17 "3" The client tolerates and copes poorly with physical problems or has poor general
20.18 health. The client neglects the client's medical problems without active assistance.

20.19 "4" The client is unable to participate in substance use disorder treatment and has severe
20.20 medical problems, a condition that requires immediate intervention, or is incapacitated.

20.21 (d) Dimension 3: Emotional, behavioral, and cognitive conditions and complications.
20.22 The vendor must use the criteria in Dimension 3 to determine a client's: emotional, behavioral,
20.23 and cognitive conditions and complications; the degree to which any condition or
20.24 complication is likely to interfere with treatment for substance use or with functioning in
20.25 significant life areas; and the likelihood of harm to self or others.

20.26 "0" The client has good impulse control and coping skills and presents no risk of harm
20.27 to self or others. The client functions in all life areas and displays no emotional, behavioral,
20.28 or cognitive problems or the problems are stable.

20.29 "1" The client has impulse control and coping skills. The client presents a mild to
20.30 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or
20.31 cognitive problems. The client has a mental health diagnosis and is stable. The client
20.32 functions adequately in significant life areas.

21.1 "2" The client has difficulty with impulse control and lacks coping skills. The client has
 21.2 thoughts of suicide or harm to others without means; however, the thoughts may interfere
 21.3 with participation in some activities. The client has difficulty functioning in significant life
 21.4 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.
 21.5 The client is able to participate in most treatment activities.

21.6 "3" The client has a severe lack of impulse control and coping skills. The client also has
 21.7 frequent thoughts of suicide or harm to others including a plan and the means to carry out
 21.8 the plan. In addition, the client is severely impaired in significant life areas and has severe
 21.9 symptoms of emotional, behavioral, or cognitive problems that interfere with the client's
 21.10 participation in treatment activities.

21.11 "4" The client has severe emotional or behavioral symptoms that place the client or
 21.12 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.
 21.13 The client is unable to participate in treatment activities.

21.14 (e) Dimension 4: Readiness for change. The vendor must use the criteria in Dimension
 21.15 4 to determine a client's readiness for change and the support necessary to keep the client
 21.16 involved in treatment services.

21.17 "0" The client is cooperative, motivated, ready to change, admits problems, committed
 21.18 to change, and engaged in treatment as a responsible participant.

21.19 "1" The client is motivated with active reinforcement to explore treatment and strategies
 21.20 for change but ambivalent about illness or need for change.

21.21 "2" The client displays verbal compliance, but lacks consistent behaviors; has low
 21.22 motivation for change; and is passively involved in treatment.

21.23 "3" The client displays inconsistent compliance, minimal awareness of either the client's
 21.24 addiction or mental disorder, and is minimally cooperative.

21.25 "4" The client is:

21.26 (i) noncompliant with treatment and has no awareness of addiction or mental disorder
 21.27 and does not want or is unwilling to explore change or is in total denial of the client's illness
 21.28 and its implications; or

21.29 (ii) the client is dangerously oppositional to the extent that the client is a threat of
 21.30 imminent harm to self and others.

21.31 (f) Dimension 5: Relapse, continued use, and continued problem potential. The vendor
 21.32 must use the criteria in Dimension 5 to determine a client's relapse, continued use, and

22.1 continued problem potential and the degree to which the client recognizes relapse issues
 22.2 and has the skills to prevent relapse of either substance use or mental health problems.

22.3 "0" The client recognizes risk well and is able to manage potential problems.

22.4 "1" The client recognizes relapse issues and prevention strategies but displays some
 22.5 vulnerability for further substance use or mental health problems.

22.6 "2" The client has:

22.7 (i) minimal recognition and understanding of relapse and recidivism issues and displays
 22.8 moderate vulnerability for further substance use or mental health problems; or

22.9 (ii) some coping skills inconsistently applied.

22.10 "3" The client has poor recognition and understanding of relapse and recidivism issues
 22.11 and displays moderately high vulnerability for further substance use or mental health
 22.12 problems. The client has few coping skills and rarely applies coping skills.

22.13 "4" The client has no coping skills to arrest mental health or addiction illnesses or prevent
 22.14 relapse. The client has no recognition or understanding of relapse and recidivism issues and
 22.15 displays high vulnerability for further substance use disorder or mental health problems.

22.16 (g) Dimension 6: Recovery environment. The vendor must use the criteria in Dimension
 22.17 6 to determine a client's recovery environment, whether the areas of the client's life are
 22.18 supportive of or antagonistic to treatment participation and recovery.

22.19 "0" The client is engaged in structured meaningful activity and has a supportive significant
 22.20 other, family, and living environment.

22.21 "1" The client has passive social network support, or family and significant other are
 22.22 not interested in the client's recovery. The client is engaged in structured meaningful activity.

22.23 "2" The client is engaged in structured, meaningful activity, but peers, family, significant
 22.24 other, and living environment are unsupportive, or there is criminal justice involvement by
 22.25 the client or among the client's peers, significant other, or in the client's living environment.

22.26 "3" The client is not engaged in structured meaningful activity and the client's peers,
 22.27 family, significant other, and living environment are unsupportive, or there is significant
 22.28 criminal justice system involvement.

22.29 "4" The client has:

23.1 (i) a chronically antagonistic significant other, living environment, family, peer group,
23.2 or long-term criminal justice involvement that is harmful to recovery or treatment progress;
23.3 or

23.4 (ii) the client has an actively antagonistic significant other, family, work, or living
23.5 environment that poses an immediate threat to the client's safety and well-being.

23.6 Sec. 33. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
23.7 to read:

23.8 Subd. 5. Local agency responsibility to provide services. The local agency may employ
23.9 individuals to conduct administrative activities and facilitate access to substance use disorder
23.10 treatment services.

23.11 Sec. 34. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
23.12 to read:

23.13 Subd. 6. Local agency to determine client financial eligibility. (a) The local agency
23.14 shall determine a client's financial eligibility for the behavioral health fund according to
23.15 section 254B.04, subdivision 1a, with the income calculated prospectively for one year from
23.16 the date of comprehensive assessment. The local agency shall pay for eligible clients
23.17 according to chapter 256G. The local agency shall enter the financial eligibility span within
23.18 ten calendar days of request. Client eligibility must be determined using forms prescribed
23.19 by the department. To determine a client's eligibility, the local agency must determine the
23.20 client's income, the size of the client's household, the availability of a third-party payment
23.21 source, and a responsible relative's ability to pay for the client's substance use disorder
23.22 treatment.

23.23 (b) A client who is a minor child must not be deemed to have income available to pay
23.24 for substance use disorder treatment, unless the minor child is responsible for payment under
23.25 section 144.347 for substance use disorder treatment services sought under section 144.343,
23.26 subdivision 1.

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

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

23.30 (i) the client;

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

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

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

24.4 (i) the client;

24.5 (ii) the client's spouse;

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

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

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

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

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

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

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

24.22 (h) A client, responsible relative, and policyholder must provide income or wage
24.23 verification, household size verification, and must make an assignment of third-party payment
24.24 rights under paragraph (f). If a client, responsible relative, or policyholder does not comply
24.25 with the provisions of this subdivision, the client is ineligible for behavioral health fund
24.26 payment for substance use disorder treatment, and the client and responsible relative must
24.27 be obligated to pay for the full cost of substance use disorder treatment services provided
24.28 to the client.

25.1 Sec. 35. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
25.2 to read:

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

25.6 Sec. 36. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
25.7 to read:

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

25.12 Sec. 37. Minnesota Statutes 2022, section 256D.09, subdivision 2a, is amended to read:

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

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

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

25.23 (i) the odor of alcohol;

25.24 (ii) slurred speech;

25.25 (iii) disconjugate gaze;

25.26 (iv) impaired balance;

25.27 (v) difficulty remaining awake;

25.28 (vi) consumption of alcohol;

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

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

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

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

26.5 The assessment and determination of drug dependency, if any, must be made by an
 26.6 assessor qualified under ~~Minnesota Rules, part 9530.6615, subpart 2~~ section 245G.11,
 26.7 subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only
 26.8 provide emergency general assistance or vendor payments to an otherwise eligible applicant
 26.9 or recipient who is determined to be drug dependent, except up to 15 percent of the grant
 26.10 amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision
 26.11 1, the commissioner of human services shall also require county agencies to provide
 26.12 assistance only in the form of vendor payments to all eligible recipients who assert substance
 26.13 use disorder as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a),
 26.14 clauses (1) and (5).

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

26.18 Sec. 38. Minnesota Statutes 2022, section 256L.03, subdivision 2, is amended to read:

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

26.22 Persons who may need substance use disorder services under the provisions of this
 26.23 chapter ~~shall be assessed by a local agency as defined under section 254B.01~~ must be
 26.24 assessed by a qualified professional as defined in section 245G.11, subdivisions 1 and 5,
 26.25 and under the assessment provisions of section 254A.03, subdivision 3. A local agency or
 26.26 managed care plan under contract with the Department of Human Services must ~~place~~ offer
 26.27 services to a person in need of substance use disorder services ~~as provided in Minnesota~~
 26.28 ~~Rules, parts 9530.6600 to 9530.6655~~ based on the recommendations of section 245G.05.
 26.29 Persons who are recipients of medical benefits under the provisions of this chapter and who
 26.30 are financially eligible for behavioral health fund services provided under the provisions of
 26.31 chapter 254B shall receive substance use disorder treatment services under the provisions
 26.32 of chapter 254B only if:

27.1 (1) they have exhausted the substance use disorder benefits offered under this chapter;
 27.2 or
 27.3 (2) an assessment indicates that they need a level of care not provided under the provisions
 27.4 of this chapter.

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

27.11 Sec. 39. Minnesota Statutes 2022, section 256L.12, subdivision 8, is amended to read:

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

27.16 Sec. 40. Minnesota Statutes 2022, section 260B.157, subdivision 1, is amended to read:

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

27.23 The court shall order a chemical use assessment conducted when a child is (1) found to
 27.24 be delinquent for violating a provision of chapter 152, or for committing a felony-level
 27.25 violation of a provision of chapter 609 if the probation officer determines that alcohol or
 27.26 drug use was a contributing factor in the commission of the offense, or (2) alleged to be
 27.27 delinquent for violating a provision of chapter 152, if the child is being held in custody
 27.28 under a detention order. The assessor's qualifications must comply with section 245G.11,
 27.29 subdivisions 1 and 5, and the assessment criteria ~~shall~~ must comply with ~~Minnesota Rules,~~
 27.30 ~~parts 9530.6600 to 9530.6655~~ section 245G.05. If funds under chapter 254B are to be used
 27.31 to pay for the recommended treatment, the assessment ~~and placement~~ must comply with all
 27.32 provisions of ~~Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030~~

28.1 sections 245G.05 and 254B.04. The commissioner of human services shall reimburse the
28.2 court for the cost of the chemical use assessment, up to a maximum of \$100.

28.3 The court shall order a children's mental health screening conducted when a child is
28.4 found to be delinquent. The screening shall be conducted with a screening instrument
28.5 approved by the commissioner of human services and shall be conducted by a mental health
28.6 practitioner as defined in section 245.4871, subdivision 26, or a probation officer who is
28.7 trained in the use of the screening instrument. If the screening indicates a need for assessment,
28.8 the local social services agency, in consultation with the child's family, shall have a diagnostic
28.9 assessment conducted, including a functional assessment, as defined in section 245.4871.

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

28.20 Sec. 41. Minnesota Statutes 2022, section 260B.157, subdivision 3, is amended to read:

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

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

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

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

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

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

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

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

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

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

29.26 Sec. 42. Minnesota Statutes 2022, section 260C.157, subdivision 3, is amended to read:

29.27 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
29.28 shall establish a juvenile treatment screening team to conduct screenings under this chapter
29.29 and chapter 260D, for a child to receive treatment for an emotional disturbance, a
29.30 developmental disability, or related condition in a residential treatment facility licensed by
29.31 the commissioner of human services under chapter 245A, or licensed or approved by a tribe.
29.32 A screening team is not required for a child to be in: (1) a residential facility specializing
29.33 in prenatal, postpartum, or parenting support; (2) a facility specializing in high-quality

30.1 residential care and supportive services to children and youth who have been or are at risk
30.2 of becoming victims of sex trafficking or commercial sexual exploitation; (3) supervised
30.3 settings for youth who are 18 years of age or older and living independently; or (4) a licensed
30.4 residential family-based treatment facility for substance abuse consistent with section
30.5 260C.190. Screenings are also not required when a child must be placed in a facility due to
30.6 an emotional crisis or other mental health emergency.

30.7 (b) The responsible social services agency shall conduct screenings within 15 days of a
30.8 request for a screening, unless the screening is for the purpose of residential treatment and
30.9 the child is enrolled in a prepaid health program under section 256B.69, in which case the
30.10 agency shall conduct the screening within ten working days of a request. The responsible
30.11 social services agency shall convene the juvenile treatment screening team, which may be
30.12 constituted under section 245.4885, 254B.05, or 256B.092 ~~or Minnesota Rules, parts~~
30.13 ~~9530.6600 to 9530.6655~~. The team shall consist of social workers; persons with expertise
30.14 in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have
30.15 a developmental disability; and the child's parent, guardian, or permanent legal custodian.
30.16 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
30.17 and 27, the child's foster care provider, and professionals who are a resource to the child's
30.18 family such as teachers, medical or mental health providers, and clergy, as appropriate,
30.19 consistent with the family and permanency team as defined in section 260C.007, subdivision
30.20 16a. Prior to forming the team, the responsible social services agency must consult with the
30.21 child's parents, the child if the child is age 14 or older, and, if applicable, the child's tribe
30.22 to obtain recommendations regarding which individuals to include on the team and to ensure
30.23 that the team is family-centered and will act in the child's best interests. If the child, child's
30.24 parents, or legal guardians raise concerns about specific relatives or professionals, the team
30.25 should not include those individuals. This provision does not apply to paragraph (c).

30.26 (c) If the agency provides notice to tribes under section 260.761, and the child screened
30.27 is an Indian child, the responsible social services agency must make a rigorous and concerted
30.28 effort to include a designated representative of the Indian child's tribe on the juvenile
30.29 treatment screening team, unless the child's tribal authority declines to appoint a
30.30 representative. The Indian child's tribe may delegate its authority to represent the child to
30.31 any other federally recognized Indian tribe, as defined in section 260.755, subdivision 12.
30.32 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
30.33 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
30.34 260.835, apply to this section.

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

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

31.9 (e) When the responsible social services agency is responsible for placing and caring
31.10 for the child and the screening team recommends placing a child in a qualified residential
31.11 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
31.12 begin the assessment and processes required in section 260C.704 without delay; and (2)
31.13 conduct a relative search according to section 260C.221 to assemble the child's family and
31.14 permanency team under section 260C.706. Prior to notifying relatives regarding the family
31.15 and permanency team, the responsible social services agency must consult with the child's
31.16 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's
31.17 tribe to ensure that the agency is providing notice to individuals who will act in the child's
31.18 best interests. The child and the child's parents may identify a culturally competent qualified
31.19 individual to complete the child's assessment. The agency shall make efforts to refer the
31.20 assessment to the identified qualified individual. The assessment may not be delayed for
31.21 the purpose of having the assessment completed by a specific qualified individual.

31.22 (f) When a screening team determines that a child does not need treatment in a qualified
31.23 residential treatment program, the screening team must:

31.24 (1) document the services and supports that will prevent the child's foster care placement
31.25 and will support the child remaining at home;

31.26 (2) document the services and supports that the agency will arrange to place the child
31.27 in a family foster home; or

31.28 (3) document the services and supports that the agency has provided in any other setting.

31.29 (g) When the Indian child's tribe or tribal health care services provider or Indian Health
31.30 Services provider proposes to place a child for the primary purpose of treatment for an
31.31 emotional disturbance, a developmental disability, or co-occurring emotional disturbance
31.32 and chemical dependency, the Indian child's tribe or the tribe delegated by the child's tribe
31.33 shall submit necessary documentation to the county juvenile treatment screening team,
31.34 which must invite the Indian child's tribe to designate a representative to the screening team.

32.1 (h) The responsible social services agency must conduct and document the screening in
32.2 a format approved by the commissioner of human services.

32.3 Sec. 43. Minnesota Statutes 2022, section 260E.20, subdivision 1, is amended to read:

32.4 Subdivision 1. **General duties.** (a) The local welfare agency shall offer services to
32.5 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,
32.6 and supporting and preserving family life whenever possible.

32.7 (b) If the report alleges a violation of a criminal statute involving maltreatment or child
32.8 endangerment under section 609.378, the local law enforcement agency and local welfare
32.9 agency shall coordinate the planning and execution of their respective investigation and
32.10 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.
32.11 Each agency shall prepare a separate report of the results of the agency's investigation or
32.12 assessment.

32.13 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely
32.14 on the fact-finding efforts of a law enforcement investigation to make a determination of
32.15 whether or not maltreatment occurred.

32.16 (d) When necessary, the local welfare agency shall seek authority to remove the child
32.17 from the custody of a parent, guardian, or adult with whom the child is living.

32.18 (e) In performing any of these duties, the local welfare agency shall maintain an
32.19 appropriate record.

32.20 (f) In conducting a family assessment or investigation, the local welfare agency shall
32.21 gather information on the existence of substance abuse and domestic violence.

32.22 (g) If the family assessment or investigation indicates there is a potential for abuse of
32.23 alcohol or other drugs by the parent, guardian, or person responsible for the child's care,
32.24 the local welfare agency ~~shall conduct~~ must coordinate a chemical use comprehensive
32.25 assessment pursuant to Minnesota Rules, part 9530.6615 section 245G.05.

32.26 (h) The agency may use either a family assessment or investigation to determine whether
32.27 the child is safe when responding to a report resulting from birth match data under section
32.28 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined
32.29 to be safe, the agency shall consult with the county attorney to determine the appropriateness
32.30 of filing a petition alleging the child is in need of protection or services under section
32.31 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is
32.32 determined not to be safe, the agency and the county attorney shall take appropriate action
32.33 as required under section 260C.503, subdivision 2.

33.1 Sec. 44. Minnesota Statutes 2022, section 299A.299, subdivision 1, is amended to read:

33.2 Subdivision 1. **Establishment of team.** A county, a multicounty organization of counties
 33.3 formed by an agreement under section 471.59, or a city with a population of no more than
 33.4 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical
 33.5 abuse prevention team may include, but not be limited to, representatives of health, mental
 33.6 health, public health, law enforcement, educational, social service, court service, community
 33.7 education, religious, and other appropriate agencies, and parent and youth groups. For
 33.8 purposes of this section, "chemical abuse" has the meaning given in ~~Minnesota Rules, part~~
 33.9 ~~9530.6605, subpart 6~~ section 254A.02, subdivision 6a. When possible the team must
 33.10 coordinate its activities with existing local groups, organizations, and teams dealing with
 33.11 the same issues the team is addressing.

33.12 Sec. 45. Laws 2021, First Special Session chapter 7, article 17, section 20, is amended to
 33.13 read:

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

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

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

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

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

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

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

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

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

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

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

34.10 Sec. 46. **REVISOR INSTRUCTION.**

34.11 The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, section
34.12 254B.01, in alphabetical order and correct any cross-reference changes that result.

34.13 Sec. 47. **REPEALER.**

34.14 Minnesota Statutes 2022, sections 169A.70, subdivision 6; 245G.22, subdivision 19;
34.15 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a, 2, and 5;
34.16 254B.04, subdivisions 2b and 2c; and 254B.041, subdivision 2, are repealed.

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.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

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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.