

SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 1915

(SENATE AUTHORS: KLEIN)

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OFFICIAL STATUS
Introduction and first reading
Referred to Human Services Reform Finance and Policy

1.1 A bill for an act
1.2 relating to behavioral health; increasing chemical dependency provider rates;
1.3 instructing the commissioner of human services to develop a continuum of
1.4 care-based rate methodology; establishing grants for recovery community
1.5 organizations; providing funding for treatment courts; establishing addiction
1.6 medicine fellowship grants; establishing grants for chemical dependency counseling
1.7 for students; requiring a report; appropriating money; amending Minnesota Statutes
1.8 2020, section 254B.12, subdivision 3.

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

1.10 Section 1. Minnesota Statutes 2020, section 254B.12, subdivision 3, is amended to read:

1.11 Subd. 3. **Chemical dependency provider rate increase.** For the chemical dependency
1.12 services listed in section 254B.05, subdivision 5, and provided on or after July 1, ~~2017~~ 2021,
1.13 payment rates shall be increased by ~~one~~ five percent over the rates in effect on January 1,
1.14 ~~2017~~ 2021, for vendors who meet the requirements of section 254B.05.

1.15 Sec. 2. **DIRECTION TO COMMISSIONER; CONTINUUM OF CARE-BASED**
1.16 **RATE METHODOLOGY.**

1.17 Subdivision 1. Rate methodology. (a) The commissioner of human services shall develop
1.18 a comprehensive rate methodology for the consolidated chemical dependency treatment
1.19 fund that reimburses substance use disorder treatment providers for the full continuum of
1.20 care. The continuum of care-based rate methodology must replace the current rates with a
1.21 uniform statewide methodology that accurately reflects provider expenses for providing
1.22 required elements of substance use disorder outpatient and residential services.

1.23 (b) The continuum of care-based rate methodology must include:

2.1 (1) payment methodologies for substance use disorder treatment services provided under
2.2 the consolidated chemical dependency treatment fund: (i) by a state-operated vendor and,
2.3 if the criteria for patient placement is equivalent, by private vendors; or (ii) for persons who
2.4 have been civilly committed to the commissioner, present the most complex and difficult
2.5 care needs, and are a potential threat to the community;

2.6 (2) compensation to providers who provide culturally competent consultation resources;
2.7 and

2.8 (3) cost-based reimbursement for substance use disorder providers that use sustainable
2.9 business models that individualize care and retain individuals in ongoing care at the lowest
2.10 medically appropriate level.

2.11 (c) The commissioner of human services may contract with a health care policy consultant
2.12 or other entity to:

2.13 (1) provide stakeholder facilitation and provider outreach services to develop the
2.14 continuum of care-based rate methodology; and

2.15 (2) provide technical services to develop the continuum of care-based rate methodology.

2.16 (d) The commissioner of human services must develop comprehensive substance use
2.17 disorder billing guidance for the continuum of care-based rate methodology.

2.18 (e) In developing the continuum of care-based rate methodology, the commissioner of
2.19 human services must consult with the following stakeholders:

2.20 (1) representatives of at least one provider operating residential treatment services, one
2.21 provider operating outpatient treatment services, one provider operating an opioid treatment
2.22 program, and one provider operating both residential and outpatient treatment services;

2.23 (2) representatives of providers who operate in the seven-county metropolitan area and
2.24 providers who operate in greater Minnesota; and

2.25 (3) representatives of both for-profit and nonprofit providers.

2.26 Subd. 2. **Report.** By November 1, 2021, the commissioner of human services shall report
2.27 to the legislature on any modifications to licensure standards necessary to align provider
2.28 qualifications with the continuum of care-based rate methodology. The commissioner shall
2.29 also propose legislation necessary to fully implement the continuum of care-based rate
2.30 methodology.

3.1 Sec. 3. **RECOVERY COMMUNITY ORGANIZATIONS GRANTS;**
3.2 **APPROPRIATION.**

3.3 \$3,000,000 in fiscal year 2022 and \$3,000,000 in fiscal year 2023 are appropriated from
3.4 the general fund to the commissioner of human services for grants to recovery community
3.5 organizations, as defined in Minnesota Statutes, section 254B.01, subdivision 8, located in
3.6 Rochester, Moorhead, or the seven-county metropolitan area to train, hire, and supervise
3.7 recovery peers and peer specialists working with underserved populations as part of the
3.8 continuum of care for substance use disorders.

3.9 Sec. 4. **TREATMENT COURTS IN GREATER MINNESOTA; APPROPRIATION.**

3.10 \$2,000,000 in fiscal year 2022 and \$2,000,000 in fiscal year 2023 are appropriated from
3.11 the general fund to the district courts for purposes of operating and expanding existing
3.12 treatment courts outside of Hennepin and Ramsey counties, and establishing treatment
3.13 courts where they do not exist.

3.14 Sec. 5. **HENNEPIN COUNTY TREATMENT COURTS; APPROPRIATION.**

3.15 \$500,000 in fiscal year 2022 and \$500,000 in fiscal year 2023 are appropriated from the
3.16 general fund to the Fourth Judicial District for treatment court stability.

3.17 Sec. 6. **RAMSEY COUNTY TREATMENT COURTS; APPROPRIATION.**

3.18 \$500,000 in fiscal year 2022 and \$500,000 in fiscal year 2023 are appropriated from the
3.19 general fund to the Second Judicial District for treatment court stability.

3.20 Sec. 7. **ADDICTION MEDICINE FELLOWSHIP GRANT.**

3.21 (a) \$500,000 in fiscal year 2022 and \$500,000 in fiscal year 2023 are appropriated from
3.22 the general fund to the Board of Regents of the University of Minnesota for grants to support
3.23 physicians enrolled in the medical school's addiction medicine fellowship program.

3.24 (b) An addiction medicine fellowship grant recipient must sign a contract agreeing to
3.25 practice medicine in Minnesota for two years following completion of the addiction medicine
3.26 fellowship. The contract must provide that, if the grant recipient does not fulfill the recipient's
3.27 in-state practice obligation, the Board of Regents may collect from the recipient the total
3.28 grant amount paid under the contract. The contract must allow waivers of all or part of the
3.29 money owed if emergency circumstances prevented fulfillment of the obligation. The Board
3.30 of Regents must deposit money collected under the contract into the state's general fund.

4.1 Sec. 8. **CHEMICAL DEPENDENCY COUNSELING FOR STUDENTS;**
4.2 **APPROPRIATION.**

4.3 Subdivision 1. **Chemical dependency prevention grants.** A school district, charter
4.4 school, intermediate school district, or other cooperative unit under Minnesota Statutes,
4.5 section 123A.24, subdivision 2, providing direct services to students, may apply to the
4.6 commissioner of education, in the form and manner established by the commissioner, for
4.7 a chemical dependency prevention grant. The grant may be used to hire or contract for
4.8 additional school support services personnel, including licensed school counselors, school
4.9 psychologists, school social workers, and chemical dependency counselors. A grant may
4.10 last for up to two years.

4.11 Subd. 2. **Priorities.** In awarding grants, the commissioner must give priority to schools
4.12 in which student support services personnel positions do not currently exist. To the extent
4.13 practicable, the commissioner must award grants equally between applicant schools located
4.14 in the seven-county metropolitan area and schools located in greater Minnesota. The grants
4.15 may be for up to two years of services.

4.16 Subd. 3. **Appropriation.** \$20,000,000 in fiscal year 2022 and \$20,000,000 in fiscal year
4.17 2023 are appropriated from the general fund to the commissioner of education for grants
4.18 to school districts for chemical dependency counseling services. The base appropriation for
4.19 this program is \$20,000,000.