

SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 3062

(SENATE AUTHORS: WIKLUND, Hoffman, Bigham, Utke and Nelson)		
DATE	D-PG	OFFICIAL STATUS
02/10/2022	4970	Introduction and first reading Referred to Human Services Reform Finance and Policy
02/24/2022	5131	Authors added Bigham; Utke; Nelson See HF4065

1.1

A bill for an act

1.2

relating to human services; expanding client services and supports; modifying

1.3

substance use disorder workforce provisions; preserving services and access;

1.4

requiring reports; amending Minnesota Statutes 2020, sections 144.226, by adding

1.5

a subdivision; 148F.11, by adding a subdivision; 171.06, by adding a subdivision;

1.6

245A.19; 245F.04, subdivision 1; 245G.01, by adding a subdivision; 245G.06,

1.7

subdivision 3, by adding subdivisions; 245G.07, by adding subdivisions; 245G.12;

1.8

254B.05, by adding a subdivision; 254B.12, by adding a subdivision; Minnesota

1.9

Statutes 2021 Supplement, sections 254B.05, subdivision 5; 254B.051; 256B.69,

1.10

subdivision 9f; Laws 2021, First Special Session chapter 7, article 11, section 38;

1.11

proposing coding for new law in Minnesota Statutes, chapters 116J; 144; repealing

1.12

Minnesota Statutes 2020, section 245G.05, subdivision 2.

1.13

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

1.14

ARTICLE 1

1.15

CLIENT SERVICES AND SUPPORTS

1.16

Section 1. [116J.418] HOUSING FIDELITY BOND PROGRAM.

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By January 1, 2023, the commissioner must request permission from the United States

1.18

Department of Labor to implement a five-year pilot program that provides housing fidelity

1.19

bonds for individuals who are on medical assistance under chapter 256B and are receiving,

1.20

or have received, substance use disorder treatment services within the last 12 months. This

1.21

pilot should be modeled after the existing employment fidelity bond program currently

1.22

funded through the United States Department of Labor and implemented by the Department

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of Employment and Economic Development. The commissioner must confer with the

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commissioner of human services to optimize the use of available housing stabilization

1.25

services when and where available to implement the pilot. During the implementation

1.26

process the commissioner must confer with key stakeholders including but not limited to:

individuals who have been through substance use disorder treatment, family members of a person in recovery, health care treatment professionals, rental housing providers, housing stabilization service providers, and any other stakeholders the commissioner deems necessary.

Sec. 2. [144.2256] CERTIFIED BIRTH RECORD FOR PERSONS ELIGIBLE FOR MEDICAL ASSISTANCE.

Subdivision 1. Application. A subject of a birth record who is eligible for medical assistance according to chapter 256B and who has been treated for a substance use disorder within the last 12 months of application may apply to the state registrar or a local issuance office for a certified birth record according to this section. The state registrar or local issuance office shall issue a certified birth record or statement of no vital record found to a subject of a birth record and waive all fees if the applicant meets the following conditions:

(1) a completed application signed by the subject of the birth record;

(2) a statement that the subject of the birth record is eligible for medical assistance according to chapter 256B and has been treated for substance use disorder in the last 12 months, signed by the subject of the birth record; and

(3) one of the following:

(i) an identity document listed in Minnesota Rules, part 4601.2600, subpart 8, or, at the discretion of the state registrar or local issuance office, listed in Minnesota Rules, part 4601.2600, subpart 9;

(ii) a statement that complies with Minnesota Rules, part 4601.2600, subparts 6 and 7; or

(iii) a statement verifying that the subject of the birth record is eligible for medical assistance according to chapter 256B and has been treated for substance use disorder in the last 12 months that complies with the requirements in subdivision 2 and is from an employee of a human services agency that receives public funding to provide services to people with substance use disorders.

Subd. 2. Individual statement. A statement verifying that a subject of a birth record is eligible for medical assistance according to chapter 256B and who has been treated for a substance use disorder within 12 months must include:

(1) the following information regarding the individual providing the statement: first name, middle name, if any, and last name; home or business address; telephone number, if any; and e-mail address, if any;

3.1 (2) the first name, middle name, if any, and last name of the subject of the birth record;
3.2 and

3.3 (3) a statement specifying the relationship of the individual providing the statement to
3.4 the subject of the birth record and verifying that the subject of the birth record is eligible
3.5 for medical assistance according to chapter 256B and has been treated for a substance use
3.6 disorder within the last 12 months.

3.7 Sec. 3. Minnesota Statutes 2020, section 144.226, is amended by adding a subdivision to
3.8 read:

3.9 Subd. 9. **Birth record fees waived for people treated for substance use disorder.** A
3.10 subject of a birth record who has been treated for a substance use disorder within the last
3.11 12 months and is eligible for medical assistance according to chapter 256B shall not be
3.12 charged any of the fees specified in this section for a certified birth record or statement of
3.13 no vital record found.

3.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

3.15 Sec. 4. Minnesota Statutes 2020, section 171.06, is amended by adding a subdivision to
3.16 read:

3.17 Subd. 8. **Application; identification card or copy of driver's license.** (a) A subject of
3.18 an identification card or driver's license who is eligible for medical assistance according to
3.19 chapter 256B and who has been treated for a substance use disorder within the last 12 months
3.20 of application may apply to the commissioner or driver's license agent for an identification
3.21 card or driver's license according to this section. The commissioner or driver's license agent
3.22 shall issue an identification card or driver's license and waive all fees to a person who
3.23 submits:

3.24 (1) a completed application signed by the subject of the identification card or driver's
3.25 license;

3.26 (2) a statement that the subject of the identification card or driver's license is eligible
3.27 for medical assistance according to chapter 256B and has been treated for substance use
3.28 disorder in the last 12 months, signed by the subject of the identification card or driver's
3.29 license; and

3.30 (3) a statement verifying that the subject of the identification card or driver's license is
3.31 eligible for medical assistance according to chapter 256B and has been treated for substance
3.32 use disorder in the last 12 months that complies with the requirements in paragraph (b) and

4.1 is from an employee of a human services agency that receives public funding to provide
4.2 services to people with substance use disorders.

4.3 (b) A statement verifying that a subject of an identification card or driver's license is
4.4 eligible for medical assistance according to chapter 256B and has been treated for a substance
4.5 use disorder within 12 months must include:

4.6 (1) the following information regarding the individual providing the statement: first
4.7 name, middle name, if any, and last name; home or business address; telephone number, if
4.8 any; and e-mail address, if any;

4.9 (2) the first name, middle name, if any, and last name of the subject of the birth record;
4.10 and

4.11 (3) a statement specifying the relationship of the individual providing the statement to
4.12 the subject of the identification card or driver's license and verifying that the subject of the
4.13 identification card or driver's license is eligible for medical assistance according to chapter
4.14 256B and has been treated for a substance use disorder within the last 12 months.

4.15 (c) For identification cards and driver's licenses issued under this section:

4.16 (1) the commissioner must not impose a fee, surcharge, or filing fee under section 171.06,
4.17 subdivision 2; and

4.18 (2) a driver's license agent must not impose a filing fee under section 171.061, subdivision
4.19 4.

4.20 Sec. 5. Minnesota Statutes 2020, section 245G.01, is amended by adding a subdivision to
4.21 read:

4.22 Subd. 13b. **Guest speaker.** "Guest speaker" means an individual who works under the
4.23 direction of the license holder to present to clients on topics in which they have expertise
4.24 and that the license holder has determined to be beneficial to client's recovery. Tribally
4.25 licensed programs have autonomy to identify the qualifications of their guest speakers.

4.26 Sec. 6. Minnesota Statutes 2020, section 245G.07, is amended by adding a subdivision to
4.27 read:

4.28 Subd. 1a. **Transition follow-up services.** (a) A client that was discharged from a
4.29 treatment center may, pursuant to the client's request, receive individual transition follow-up
4.30 counseling services from the treatment center from which the client was discharged for up
4.31 to one year following the client's discharge. The transition follow-up services must be

designed to address the client's needs related to substance use, develop strategies to avoid harmful substance use after discharge, and help the client obtain the services necessary to establish or maintain a lifestyle free from the harmful effects of substance use disorder.

(b) A provider that provides transition follow-up counseling services under paragraph (a) may bill for the services described in subdivision 1, paragraph (a), at the same rate as for individual counseling sessions.

(c) In any given month, a client must not exceed four sessions of treatment services under subdivision 1, paragraph (a).

(d) A provider must document in the client's file the services provided under this section. The treatment provider need not open or reopen a treatment plan or document ongoing progress notes in a treatment plan review as required by section 245G.06, subdivision 3.

(e) Prepaid medical assistance plans under section 256B.69 must allow members to access this benefit at their discretion.

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 7. Minnesota Statutes 2020, section 245G.07, is amended by adding a subdivision to read:

Subd. 2a. **Transition support services.** (a) The commissioner must offer transition support services for six months to a person who:

(1) has completed a treatment program according to section 245G.14, subdivision 3, that required 15 or more hours of treatment services per week; and

(2) receives medical assistance under chapter 256B or services from the behavioral health fund under chapter 254.

(b) The transition support services must include:

(1) a \$500 monthly voucher for recovery safe housing;

(2) \$500 per month for food support unless the person is eligible for more, whichever is greater;

(3) child care up to 20 hours per week unless the person is eligible for more, whichever is greater; and

(4) transportation services to ensure attendance at group meetings and ability to look for work and meet needs of daily living. Transportation services must include:

(i) for persons well-served by public transit, a monthly public transit pass; or

(ii) for persons who are not well-served by public transit or who have access to personal transportation, a \$120 gas card each month.

(c) The commissioner must maximize existing federal and state funding sources the person is eligible for to implement this subdivision and may not count these benefits as income for the purposes of qualifying for public assistance programs.

(d) These transition services are provided to eligible recipients for the full duration of six months regardless of public assistance eligibility during the six month period of time.

Sec. 8. Minnesota Statutes 2020, section 245G.12, is amended to read:

245G.12 PROVIDER POLICIES AND PROCEDURES.

A license holder must develop a written policies and procedures manual, indexed according to section 245A.04, subdivision 14, paragraph (c), that provides staff members immediate access to all policies and procedures and provides a client and other authorized parties access to all policies and procedures. The manual must contain the following materials:

(1) assessment and treatment planning policies, including screening for mental health concerns and treatment objectives related to the client's identified mental health concerns in the client's treatment plan;

(2) policies and procedures regarding HIV according to section 245A.19;

(3) the license holder's methods and resources to provide information on tuberculosis and tuberculosis screening to each client and to report a known tuberculosis infection according to section 144.4804;

(4) personnel policies according to section 245G.13;

(5) policies and procedures that protect a client's rights according to section 245G.15;

(6) a medical services plan according to section 245G.08;

(7) emergency procedures according to section 245G.16;

(8) policies and procedures for maintaining client records according to section 245G.09;

(9) procedures for reporting the maltreatment of minors according to chapter 260E, and vulnerable adults according to sections 245A.65, 626.557, and 626.5572;

(10) a description of treatment services that: (i) includes the amount and type of services provided; (ii) identifies which services meet the definition of group counseling under section 245G.01, subdivision 13a; ~~and~~ (iii) identifies which groups and topics a guest speaker could

7.1 provide services under the direction of a licensed alcohol and drug counselor; and (iv)
7.2 defines the program's treatment week;
7.3 (11) the methods used to achieve desired client outcomes;
7.4 (12) the hours of operation; and
7.5 (13) the target population served.

7.6 Sec. 9. Minnesota Statutes 2021 Supplement, section 254B.051, is amended to read:

7.7 **254B.051 SUBSTANCE USE DISORDER TREATMENT EFFECTIVENESS.**

7.8 Subdivision 1. Commissioner to collect additional data. In addition to the substance
7.9 use disorder treatment program performance outcome measures that the commissioner of
7.10 human services collects annually from treatment providers, the commissioner shall request
7.11 additional data from programs that receive appropriations from the behavioral health fund.
7.12 This data shall include number of client readmissions six months after release from inpatient
7.13 treatment, and the cost of treatment per person for each program receiving behavioral health
7.14 funds. The commissioner ~~may~~ must post this data on the department website.

7.15 Subd. 2. Data to be provided. All data collected by the commissioner from substance
7.16 use disorder treatment providers, including but not limited to: claims, the drug and alcohol
7.17 abuse normative evaluation system, the utilization management system, the demonstration
7.18 project, and cost reporting must be made available to substance use disorder treatment
7.19 providers. The commissioner must provide the data in a format that complies with chapter
7.20 13 in an electronic format that permits providers to access all information provided by them
7.21 to the commissioner at least annually. The commissioner must provide for a feature in
7.22 reporting data to substance use disorder providers that allows them to compare their
7.23 performance against other providers. The commissioner must work with substance use
7.24 disorder providers to design the reporting system and format of data availability for the
7.25 purposes of improving the efficiency and effectiveness of substance use disorder program
7.26 services.

7.27 **ARTICLE 2**
7.28 **WORKFORCE**

7.29 Section 1. Minnesota Statutes 2020, section 148F.11, is amended by adding a subdivision
7.30 to read:

7.31 Subd. 2a. Former students. (a) A former student may practice alcohol and drug
7.32 counseling for 90 days from the former student's degree conferral date from an accredited

school or educational program or from the last date the former student received credit for an alcohol and drug counseling course from an accredited school or educational program.
The former student's practice must be supervised by a supervisor.

(b) The former student's right to practice automatically expires after 90 days from the former student's degree conferral date or date of last course credit, whichever occurs last.

Sec. 2. Minnesota Statutes 2020, section 245A.19, is amended to read:

245A.19 HIV TRAINING IN CHEMICAL DEPENDENCY TREATMENT PROGRAM.

(a) Applicants and license holders for chemical dependency residential and nonresidential programs must demonstrate compliance with HIV minimum standards ~~prior to~~ before their application ~~being~~ is complete. The HIV minimum standards contained in the HIV-1 Guidelines for chemical dependency treatment and care programs in Minnesota are not subject to rulemaking.

~~(b) Ninety days after April 29, 1992,~~ The applicant or license holder shall orient all chemical dependency treatment staff and clients to the HIV minimum standards. Thereafter, orientation shall be provided to all staff and clients, within 72 hours of employment or admission to the program. In-service training shall be provided to all staff on at least an annual basis and the license holder shall maintain records of training and attendance.

(c) The license holder shall maintain a list of referral sources for the purpose of making necessary referrals of clients to HIV-related services. The list of referral services shall be updated at least annually.

(d) Written policies and procedures, consistent with HIV minimum standards, shall be developed and followed by the license holder. All policies and procedures concerning HIV minimum standards shall be approved by the commissioner. The commissioner ~~shall provide training on HIV minimum standards to applicants~~ must outline the content required in the annual staff training under paragraph (b).

(e) The commissioner may permit variances from the requirements in this section. License holders seeking variances must follow the procedures in section 245A.04, subdivision 9.

Sec. 3. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended to read:

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

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

9.2 (1) outpatient treatment services that are licensed according to sections 245G.01 to
9.3 245G.17, or applicable tribal license;

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

9.6 (3) ~~care~~ treatment coordination services provided according to section 245G.07,
9.7 subdivision 1, paragraph (a), clause (5);

9.8 (4) peer recovery support services provided according to section 245G.07, subdivision
9.9 2, clause (8);

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

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

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

9.16 (8) high, medium, and low intensity residential treatment services that are licensed
9.17 according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license ~~which~~
9.18 that provide, respectively, 30, 15, and five hours of clinical services each treatment week.
9.19 A license holder that is unable to provide all residential treatment services because a client
9.20 missed services remains eligible to bill for the client's intensity level of services under this
9.21 clause if the license holder can document the reason the client missed services and the
9.22 interventions done to address the client's absence. Hours in a treatment week may be reduced
9.23 in observance of federally recognized holidays;

9.24 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
9.25 245G.17 or applicable Tribal license and licensed as a hospital under sections 144.50 to
9.26 144.56;

9.27 (10) adolescent treatment programs that are licensed as outpatient treatment programs
9.28 according to sections 245G.01 to 245G.18 or as residential treatment programs according
9.29 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
9.30 applicable Tribal license;

9.31 (11) high-intensity residential treatment services that are licensed according to sections
9.32 245G.01 to 245G.17 and 245G.21 or applicable Tribal license, ~~which~~ that provide 30 hours

10.1 of clinical services each week provided by a state-operated vendor or to clients who have
10.2 been civilly committed to the commissioner, present the most complex and difficult care
10.3 needs, and are a potential threat to the community; and

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

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

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

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

10.9 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
10.10 9503; or

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

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

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

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

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

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

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

10.24 (5) programs that offer services to individuals with co-occurring mental health and
10.25 chemical dependency problems if:

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

10.27 (ii) ~~25 percent of the~~ employee sufficient counseling staff who are licensed mental health
10.28 professionals, as defined in section 245.462, subdivision 18, clauses (1) to (6), or are students
10.29 or licensing candidates under the supervision of a licensed alcohol and drug counselor
10.30 supervisor and licensed mental health professional, ~~except that no more than 50 percent of~~

11.1 ~~the mental health staff may be students or licensing candidates with time documented to be~~
11.2 ~~directly related to provisions of co-occurring~~ to meet the need for client services;

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

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

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

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

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

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

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

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

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

12.1 (i) Programs using a qualified guest speaker shall maintain documentation of the person's
12.2 qualifications to present to clients on a topic the program has determined to be of value to
12.3 its clients. A qualified counselor shall be present during the delivery of content and will be
12.4 responsible for documentation of the group.

12.5 Sec. 4. Minnesota Statutes 2020, section 254B.05, is amended by adding a subdivision to
12.6 read:

12.7 Subd. 6. **Automatic inflation adjustment.** (a) Beginning on or before July 1, 2024, and
12.8 each year thereafter, the commissioner must adjust the base rate for services under this
12.9 section and section 256B.0759, subdivision 6, for inflation based on the CPI-U for the prior
12.10 calendar year until the new comprehensive rate framework under Laws 2021, First Special
12.11 Session chapter 7, article 17, section 18, for substance use disorder residential and outpatient
12.12 services is implemented. By February 1, 2024, the commissioner must report annually to
12.13 the chairs and ranking minority members of the legislative committees and divisions with
12.14 jurisdiction over health and human services policy and finance the status of the framework
12.15 implementation.

12.16 (b) This subdivision expires the day following the implementation of the new
12.17 comprehensive rate framework under Laws 2021, First Special Session chapter 7, article
12.18 17, section 18. The commissioner of human services must notify the revisor of statutes when
12.19 the new comprehensive rate framework is implemented.

12.20 Sec. 5. Minnesota Statutes 2020, section 254B.12, is amended by adding a subdivision to
12.21 read:

12.22 Subd. 5. **Chemical dependency provider rate increase for 2022.** For the chemical
12.23 dependency services listed in section 254B.05, subdivision 5, and provided on or after July
12.24 1, 2022, payment rates must be increased by ten percent over the rates in effect on January
12.25 1, 2022, for vendors who meet the requirements of section 254B.05.

12.26 ARTICLE 3

12.27 SERVICE PRESERVATION AND ACCESS

12.28 Section 1. Minnesota Statutes 2020, section 245F.04, subdivision 1, is amended to read:

12.29 Subdivision 1. **General application and license requirements.** An applicant for licensure
12.30 as a clinically managed withdrawal management program or medically monitored withdrawal
12.31 management program must meet the following requirements, except where otherwise noted.
12.32 All programs must comply with federal requirements and the general requirements in sections

13.1 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management
13.2 program must be located in a hospital licensed under sections 144.50 to 144.581, or must
13.3 be a supervised living facility with a class A or B license from the Department of Health
13.4 under Minnesota Rules, parts 4665.0100 to 4665.9900.

13.5 Sec. 2. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision to
13.6 read:

13.7 Subd. 2a. **Documentation of treatment services.** The staff member who provides the
13.8 treatment service must document in the client record the date, type, and amount of each
13.9 treatment service provided to a client within seven days of providing the treatment service.

13.10 **EFFECTIVE DATE.** This section is effective August 1, 2022.

13.11 Sec. 3. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision to
13.12 read:

13.13 Subd. 2b. **Client record documentation requirements.** (a) The license holder must
13.14 document in the client record any significant event that occurs at the program within 24
13.15 business hours of the event. A significant event is an event that impacts the client's
13.16 relationship with other clients, staff, the client's family, or the client's treatment plan.

13.17 (b) A residential treatment program must document in the client record the following
13.18 items within 24 business hours that each occurs:

13.19 (1) medical and other appointments the client attended if known by the provider;

13.20 (2) concerns related to medications that are not documented in the medication
13.21 administration record; and

13.22 (3) concerns related to attendance for treatment services, including the reason for any
13.23 client absence from a treatment service.

13.24 Sec. 4. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

13.25 ~~Subd. 3. **Documentation of treatment services; Treatment plan review.** (a) A review~~
13.26 ~~of all treatment services must be documented weekly and include a review of:~~

13.27 ~~(1) care coordination activities;~~

13.28 ~~(2) medical and other appointments the client attended;~~

13.29 ~~(3) issues related to medications that are not documented in the medication administration~~
13.30 ~~record; and~~

14.1 ~~(4) issues related to attendance for treatment services, including the reason for any client~~
14.2 ~~absence from a treatment service.~~

14.3 ~~(b) A note must be entered immediately following any significant event. A significant~~
14.4 ~~event is an event that impacts the client's relationship with other clients, staff, the client's~~
14.5 ~~family, or the client's treatment plan.~~

14.6 ~~(e) A treatment plan review must be entered in a client's file weekly~~ at least every 28
14.7 calendar days or after each treatment service, whichever is less frequent, by ~~the staff member~~
14.8 ~~providing the service~~ an alcohol and drug counselor. The review must indicate the span of
14.9 time covered by the review and each of the six dimensions listed in section 245G.05,
14.10 subdivision 2, paragraph (c). The review must:

14.11 ~~(1) indicate the date, type, and amount of each treatment service provided and the client's~~
14.12 ~~response to each service;~~

14.13 ~~(2)~~ (1) address each goal in the treatment plan and whether the methods to address the
14.14 goals are effective;

14.15 ~~(3)~~ (2) include monitoring of any physical and mental health problems;

14.16 ~~(4)~~ (3) document the participation of others;

14.17 ~~(5)~~ (4) document staff recommendations for changes in the methods identified in the
14.18 treatment plan and whether the client agrees with the change; and

14.19 ~~(6)~~ (5) include a review and evaluation of the individual abuse prevention plan according
14.20 to section 245A.65.

14.21 ~~(d) Each entry in a client's record must be accurate, legible, signed, and dated. A late~~
14.22 ~~entry must be clearly labeled "late entry." A correction to an entry must be made in a way~~
14.23 ~~in which the original entry can still be read.~~

14.24 **EFFECTIVE DATE.** This section is effective August 1, 2022.

14.25 Sec. 5. Minnesota Statutes 2021 Supplement, section 256B.69, subdivision 9f, is amended
14.26 to read:

14.27 Subd. 9f. **Annual report on provider reimbursement rates.** (a) The commissioner,
14.28 by December 15 of each year, ~~beginning December 15, 2021,~~ shall submit to the chairs and
14.29 ranking minority members of the legislative committees with jurisdiction over health care
14.30 policy and finance a report on managed care and county-based purchasing plan provider
14.31 reimbursement rates.

(b) The report must include, for each managed care and county-based purchasing plan, the mean and median provider reimbursement rates by county for the calendar year preceding the reporting year, for the five most common billing codes statewide across all plans, in each of the following provider service categories if within the county there are more than three medical assistance enrolled providers providing the specific service within the specific category:

(1) physician prenatal services;

(2) physician preventive services;

(3) physician services other than prenatal or preventive;

(4) dental services;

(5) inpatient hospital services;

(6) outpatient hospital services; ~~and~~

(7) mental health services; and

(8) substance use disorder services.

(c) The commissioner shall also include in the report:

(1) the mean and median reimbursement rates across all plans by county for the calendar year preceding the reporting year for the billing codes and provider service categories described in paragraph (b); and

(2) the mean and median fee-for-service reimbursement rates by county for the calendar year preceding the reporting year for the billing codes and provider service categories described in paragraph (b).

Sec. 6. Laws 2021, First Special Session chapter 7, article 11, section 38, is amended to read:

Sec. 38. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER TREATMENT PAPERWORK REDUCTION.

(a) The commissioner of human services, in consultation with counties, tribes, managed care organizations, substance use disorder treatment professional associations, and other relevant stakeholders, shall develop, assess, and recommend systems improvements to minimize regulatory paperwork and improve systems for substance use disorder programs licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,

16.1 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
16.2 of human services shall make available any resources needed from other divisions within
16.3 the department to implement systems improvements.

16.4 (b) The commissioner of health shall make available needed information and resources
16.5 from the Division of Health Policy.

16.6 (c) The Office of MN.IT Services shall provide advance consultation and implementation
16.7 of the changes needed in data systems.

16.8 (d) The commissioner of human services shall contract with a vendor that has experience
16.9 with developing statewide system changes for multiple states at the payer and provider
16.10 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a
16.11 vendor with the requisite qualifications, the commissioner may select the best qualified
16.12 vendor available. When developing recommendations, the commissioner shall consider
16.13 input from all stakeholders. The commissioner's recommendations shall maximize benefits
16.14 for clients and utility for providers, regulatory agencies, and payers.

16.15 (e) The commissioner of human services and the contracted vendor shall follow the
16.16 recommendations from the report issued in response to Laws 2019, First Special Session
16.17 chapter 9, article 6, section 76.

16.18 (f) ~~By December 15, 2022,~~ Within two years of contracting with a qualified vendor
16.19 according to paragraph (d), the commissioner of human services shall take steps to implement
16.20 paperwork reductions and systems improvements within the commissioner's authority and
16.21 submit to the chairs and ranking minority members of the legislative committees with
16.22 jurisdiction over health and human services a report that includes recommendations for
16.23 changes in statutes that would further enhance systems improvements to reduce paperwork.
16.24 The report shall include a summary of the approaches developed and assessed by the
16.25 commissioner of human services and stakeholders and the results of any assessments
16.26 conducted.

16.27 **Sec. 7. REPEALER.**

16.28 Minnesota Statutes 2020, section 245G.05, subdivision 2, is repealed.

245G.05 COMPREHENSIVE ASSESSMENT AND ASSESSMENT SUMMARY.

Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an assessment summary within three calendar days from the day of service initiation for a residential program and within three calendar days on which a treatment session has been provided from the day of service initiation for a client in a nonresidential program. The comprehensive assessment summary is complete upon a qualified staff member's dated signature. If the comprehensive assessment is used to authorize the treatment service, the alcohol and drug counselor must prepare an assessment summary on the same date the comprehensive assessment is completed. If the comprehensive assessment and assessment summary are to authorize treatment services, the assessor must determine appropriate services for the client using the dimensions in Minnesota Rules, part 9530.6622, and document the recommendations.

(b) An assessment summary must include:

- (1) a risk description according to section 245G.05 for each dimension listed in paragraph (c);
- (2) a narrative summary supporting the risk descriptions; and
- (3) a determination of whether the client has a substance use disorder.

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

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

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

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

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

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

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