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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 3415

02/14/2022 Authored by Frederick The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to human services; modifying various provisions relating to substance use
1.3 disorder treatment; amending Minnesota Statutes 2020, sections 148F.11, by adding
1.4 a subdivision; 245A.19; 245F.04, subdivision 1; 245G.01, by adding a subdivision;
1.5 245G.06, subdivision 3, by adding subdivisions; 245G.07, by adding subdivisions;
1.6 245G.12.

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

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

1.10 Subd. 2a. Former students. (a) A former student may practice alcohol and drug
1.11 counseling for 90 days from the former student's degree conferral date from an accredited
1.12 school or educational program or from the last date the former student received credit for
1.13 an alcohol and drug counseling course from an accredited school or educational program.
1.14 The former student's practice must be supervised by a supervisor.

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

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

1.18 245A.19 HIV TRAINING IN CHEMICAL DEPENDENCY TREATMENT
1.19 PROGRAM.

1.20 (a) Applicants and license holders for chemical dependency residential and nonresidential
1.21 programs must demonstrate compliance with HIV minimum standards prior to before their
1.22 application being is complete. The HIV minimum standards contained in the HIV-1

2.1 Guidelines for chemical dependency treatment and care programs in Minnesota are not
2.2 subject to rulemaking.

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

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

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

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

2.18 Sec. 3. Minnesota Statutes 2020, section 245F.04, subdivision 1, is amended to read:

2.19 Subdivision 1. **General application and license requirements.** An applicant for licensure
2.20 as a clinically managed withdrawal management program or medically monitored withdrawal
2.21 management program must meet the following requirements, except where otherwise noted.
2.22 All programs must comply with federal requirements and the general requirements in sections
2.23 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management
2.24 program must be located in a hospital licensed under sections 144.50 to 144.581, or must
2.25 be a supervised living facility with a class A or B license from the Department of Health
2.26 under Minnesota Rules, parts 4665.0100 to 4665.9900.

2.27 Sec. 4. Minnesota Statutes 2020, section 245G.01, is amended by adding a subdivision to
2.28 read:

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

3.1 Sec. 5. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision to
3.2 read:

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

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

3.7 Sec. 6. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision to
3.8 read:

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

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

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

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

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

3.20 Sec. 7. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

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

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

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

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

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

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

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

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

4.11 ~~(2)~~ (1) address each goal in the treatment plan and whether the methods to address the
 4.12 goals are effective;

4.13 ~~(3)~~ (2) include monitoring of any physical and mental health problems;

4.14 ~~(4)~~ (3) document the participation of others;

4.15 ~~(5)~~ (4) document staff recommendations for changes in the methods identified in the
 4.16 treatment plan and whether the client agrees with the change; and

4.17 ~~(6)~~ (5) include a review and evaluation of the individual abuse prevention plan according
 4.18 to section 245A.65.

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

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

4.23 Sec. 8. Minnesota Statutes 2020, section 245G.07, is amended by adding a subdivision to
 4.24 read:

4.25 **Subd. 1a. Transition follow-up services.** (a) A client that was discharged from a
 4.26 treatment center may, pursuant to the client's request, receive individual transition follow-up
 4.27 counseling services from the treatment center from which the client was discharged for up
 4.28 to one year following the client's discharge. The transition follow-up services must be
 4.29 designed to address the client's needs related to substance use, develop strategies to avoid
 4.30 harmful substance use after discharge, and help the client obtain the services necessary to
 4.31 establish or maintain a lifestyle free from the harmful effects of substance use disorder.

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

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

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

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

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

5.12 Sec. 9. Minnesota Statutes 2020, section 245G.07, is amended by adding a subdivision to
5.13 read:

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

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

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

5.20 (b) The transition support services must include:

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

5.22 (2) \$500 per month for food support unless the person is eligible for more, whichever
5.23 is greater;

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

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

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

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

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

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

6.6 Sec. 10. Minnesota Statutes 2020, section 245G.12, is amended to read:

6.7 **245G.12 PROVIDER POLICIES AND PROCEDURES.**

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

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

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

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

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

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

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

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

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

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

6.27 (10) a description of treatment services that: (i) includes the amount and type of services
6.28 provided; (ii) identifies which services meet the definition of group counseling under section
6.29 245G.01, subdivision 13a; ~~and~~ (iii) identifies which groups and topics a guest speaker could
6.30 provide services under the direction of a licensed alcohol and drug counselor; and (iv)
6.31 defines the program's treatment week;

- 7.1 (11) the methods used to achieve desired client outcomes;
- 7.2 (12) the hours of operation; and
- 7.3 (13) the target population served.