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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 2115

03/11/2021

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The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to human services; clarifying qualification criteria for provider staff to

1.3 provide treatment coordination services; authorizing pretreatment coordination

1.4 services for individuals seeking substance use disorder treatment; requiring

1.5 establishment of a reimbursement rate for pretreatment coordination services;

1.6 authorizing pretreatment coordination services as a covered service; directing the

1.7 commissioner of human services to develop a tool to screen individuals for

1.8 pretreatment coordination services, to develop a method to evaluate the impact of

1.9 recent substance use disorder legislation, and to create and distribute educational

1.10 materials regarding recent substance use disorder legislation and implementation;

1.11 amending Minnesota Statutes 2020, sections 245G.02, subdivision 2; 245G.04,

1.12 by adding a subdivision; 245G.06, subdivision 3; 245G.11, subdivision 7; 254B.05,

1.13 subdivisions 1, 5; 256B.0625, by adding a subdivision.

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

1.15 Section 1. Minnesota Statutes 2020, section 245G.02, subdivision 2, is amended to read:

1.16 Subd. 2. **Exemption from license requirement.** This chapter does not apply to a county

1.17 or recovery community organization that is providing a service for which the county or

1.18 recovery community organization is an eligible vendor under section 254B.05. This chapter

1.19 does not apply to an organization whose primary functions are information, referral,

1.20 diagnosis, case management, and assessment for the purposes of client placement, education,

1.21 support group services, or self-help programs. This chapter does not apply to the activities

1.22 of a licensed professional in private practice. A license holder providing the initial set of

1.23 substance use disorder services allowable under section 254A.03, subdivision 3, paragraph

1.24 (c), to an individual referred to a licensed nonresidential substance use disorder treatment

1.25 program after a positive screen for alcohol or substance misuse is exempt from sections

1.26 245G.05; 245G.06, subdivisions 1, 2, and 4; 245G.07, subdivisions 1, paragraph (a), clauses

1.27 (2) to (4), and 2, clauses (1) to (7); and 245G.17. This chapter does not apply when a license

2.1 holder is providing pretreatment coordination services under section 245G.04, subdivision
2.2 3.

2.3 **EFFECTIVE DATE.** This section is effective July 1, 2021.

2.4 Sec. 2. Minnesota Statutes 2020, section 245G.04, is amended by adding a subdivision to
2.5 read:

2.6 Subd. 3. **Pretreatment coordination services.** (a) An enrolled provider may provide
2.7 pretreatment coordination services to an individual prior to the individual's comprehensive
2.8 assessment under section 245G.05, to facilitate an individual's access to a comprehensive
2.9 assessment. If a comprehensive assessment does not authorize treatment for an individual,
2.10 the license holder may continue to provide pretreatment coordination services as necessary
2.11 to facilitate the individual's admission, continuation, and completion of treatment. The total
2.12 pretreatment coordination services must not exceed 36 units every 30 days.

2.13 (b) An individual providing pretreatment coordination services must meet the staff
2.14 qualifications in section 245G.11, subdivision 7. Section 245G.05 and Minnesota Rules,
2.15 parts 9530.6600 to 9530.6655, do not apply to pretreatment coordination services.

2.16 (c) To be eligible for pretreatment coordination services, an individual must screen
2.17 positive for alcohol or substance misuse using a screening tool approved by the commissioner.
2.18 The individual's records must document the individual's alcohol or substance screening
2.19 using a template approved by the commissioner. The provider may bill the screening as a
2.20 pretreatment coordination service.

2.21 (d) Pretreatment coordination services include:

2.22 (1) assisting with connecting an individual with a qualified comprehensive assessment
2.23 provider;

2.24 (2) identifying barriers that might inhibit an individual's ability to participate in a
2.25 comprehensive assessment;

2.26 (3) assisting with connecting an individual with resources to mitigate an individual's
2.27 immediate safety risks; and

2.28 (4) documenting pretreatment coordination services in the client's file.

2.29 (e) A license holder is authorized to provide up to 36 units of pretreatment coordination
2.30 services, excluding travel time, and must document the following information in the
2.31 individual's file:

3.1 (1) the dates, number of units, and description of pretreatment coordination services
3.2 provided;

3.3 (2) identifying an individual's safety concerns and developing a plan to address those
3.4 concerns;

3.5 (3) assisting an individual with scheduling an appointment for a comprehensive
3.6 assessment and confirming that the individual and provider keep the appointment; and

3.7 (4) assisting an individual with accessing resources for obtaining a comprehensive
3.8 assessment authorizing substance use disorder treatment services.

3.9 **EFFECTIVE DATE.** This section is effective July 1, 2021.

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

3.11 Subd. 3. **Documentation of treatment services and pretreatment services; treatment**
3.12 **plan review.** (a) A review of all treatment services must be documented weekly and include
3.13 a review of:

3.14 (1) ~~care~~ treatment coordination activities, including any pretreatment coordination
3.15 services;

3.16 (2) medical and other appointments the client attended;

3.17 (3) issues related to medications that are not documented in the medication administration
3.18 record; and

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

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

3.24 (c) A treatment plan review must be entered in a client's file weekly or after each treatment
3.25 service, whichever is less frequent, by the staff member providing the service. The review
3.26 must indicate the span of time covered by the review and each of the six dimensions listed
3.27 in section 245G.05, subdivision 2, paragraph (c). The review must:

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

3.30 (2) address each goal in the treatment plan and whether the methods to address the goals
3.31 are effective;

- 4.1 (3) include monitoring of any physical and mental health problems;
- 4.2 (4) document the participation of others;
- 4.3 (5) document staff recommendations for changes in the methods identified in the treatment
- 4.4 plan and whether the client agrees with the change; and
- 4.5 (6) include a review and evaluation of the individual abuse prevention plan according
- 4.6 to section 245A.65.
- 4.7 (d) Each entry in a client's record must be accurate, legible, signed, and dated. A late
- 4.8 entry must be clearly labeled "late entry." A correction to an entry must be made in a way
- 4.9 in which the original entry can still be read.

4.10 **EFFECTIVE DATE.** This section is effective July 1, 2021.

4.11 Sec. 4. Minnesota Statutes 2020, section 245G.11, subdivision 7, is amended to read:

4.12 Subd. 7. **Treatment coordination provider qualifications.** (a) Treatment coordination

4.13 must be provided by qualified staff. An individual is qualified to provide treatment

4.14 coordination if the individual meets the qualifications of an alcohol and drug counselor

4.15 under subdivision 5 or if the individual:

4.16 (1) is skilled in the process of identifying and assessing a wide range of client needs;

4.17 (2) is knowledgeable about local community resources and how to use those resources

4.18 for the benefit of the client;

4.19 (3) has successfully completed 30 hours of classroom instruction on treatment

4.20 coordination for an individual with substance use disorder;

4.21 (4) has either:

4.22 (i) a bachelor's degree in one of the behavioral sciences or related fields; or

4.23 (ii) current certification as an alcohol and drug counselor, level I, by the Upper Midwest

4.24 Indian Council on Addictive Disorders; and

4.25 (5) has at least 2,000 hours of supervised experience working with individuals with

4.26 substance use disorder.

4.27 (b) A treatment coordinator must receive at least one hour of supervision regarding

4.28 individual service delivery from an alcohol and drug counselor, or a mental health

4.29 professional who has substance use treatment and assessments within the scope of their

4.30 practice, on a monthly basis.

5.1 (c) Staff who conduct chemical use assessments under Minnesota Rules, part 9530.6615,
5.2 and are employed as of July 1, 2020, are qualified to provide treatment coordination under
5.3 section 245G.07, subdivision 1, paragraph (a), clause (5). Staff who conduct chemical use
5.4 assessments under Minnesota Rules, part 9530.6615, and are employed after July 1, 2021,
5.5 are qualified to provide treatment coordination under section 245G.07, subdivision 1,
5.6 paragraph (a), clause (5), if the staff person completes the classroom instruction in paragraph
5.7 (a), clause (3).

5.8 **EFFECTIVE DATE.** This section is effective July 1, 2021.

5.9 Sec. 5. Minnesota Statutes 2020, section 254B.05, subdivision 1, is amended to read:

5.10 Subdivision 1. **Licensure required.** (a) Programs licensed by the commissioner are
5.11 eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors,
5.12 notwithstanding the provisions of section 245A.03. American Indian programs that provide
5.13 substance use disorder treatment, extended care, transitional residence, or outpatient treatment
5.14 services, and are licensed by tribal government are eligible vendors.

5.15 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
5.16 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
5.17 vendor of a comprehensive assessment and assessment summary provided according to
5.18 section 245G.05, and treatment services provided according to sections 245G.06 and
5.19 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
5.20 (1) to (6).

5.21 (c) A county is an eligible vendor for a comprehensive assessment and assessment
5.22 summary when provided by an individual who meets the staffing credentials of section
5.23 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
5.24 245G.05. A county is an eligible vendor of ~~care~~ pretreatment and treatment coordination
5.25 services when provided by an individual who meets the staffing credentials of section
5.26 245G.11, subdivisions 1 and 7, and provided according to the requirements of section
5.27 245G.07, subdivision 1, paragraph (a), clause (5). A county is an eligible vendor of peer
5.28 recovery support services according to section 245G.07, subdivision 2, clause (8). Counties,
5.29 tribes, and nonresidential programs licensed under chapter 245G are eligible vendors of
5.30 pretreatment coordination services when the individual providing services meets the staffing
5.31 credentials of section 245G.11, subdivisions 1 and 7, and provides services that meet the
5.32 requirements of section 245G.04, subdivision 3.

5.33 (d) A recovery community organization that meets certification requirements identified
5.34 by the commissioner is an eligible vendor of peer support services.

6.1 (e) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
6.2 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
6.3 nonresidential substance use disorder treatment or withdrawal management program by the
6.4 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
6.5 and 1b are not eligible vendors.

6.6 **EFFECTIVE DATE.** This section is effective July 1, 2021.

6.7 Sec. 6. Minnesota Statutes 2020, section 254B.05, subdivision 5, is amended to read:

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

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

6.11 (1) outpatient treatment services that are licensed according to sections 245G.01 to
6.12 245G.17, or applicable tribal license;

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

6.15 (3) ~~care~~ pretreatment and treatment coordination services provided according to section
6.16 245G.07, subdivision 1, paragraph (a), clause (5);

6.17 (4) peer recovery support services provided according to section 245G.07, subdivision
6.18 2, clause (8);

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

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

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

6.25 (8) high, medium, and low intensity residential treatment services that are licensed
6.26 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
6.27 provide, respectively, 30, 15, and five hours of clinical services each week;

6.28 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
6.29 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
6.30 144.56;

7.1 (10) adolescent treatment programs that are licensed as outpatient treatment programs
7.2 according to sections 245G.01 to 245G.18 or as residential treatment programs according
7.3 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
7.4 applicable tribal license;

7.5 (11) high-intensity residential treatment services that are licensed according to sections
7.6 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
7.7 clinical services each week provided by a state-operated vendor or to clients who have been
7.8 civilly committed to the commissioner, present the most complex and difficult care needs,
7.9 and are a potential threat to the community; ~~and~~

7.10 (12) room and board facilities that meet the requirements of subdivision 1a; and

7.11 (13) pretreatment coordination services provided according to section 245G.04,
7.12 subdivision 3.

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

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

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

7.17 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
7.18 9503; or

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

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

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

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

7.25 (2) culturally specific programs as defined in section 254B.01, subdivision 4a, or
7.26 programs or subprograms serving special populations, if the program or subprogram meets
7.27 the following requirements:

7.28 (i) is designed to address the unique needs of individuals who share a common language,
7.29 racial, ethnic, or social background;

7.30 (ii) is governed with significant input from individuals of that specific background; and

8.1 (iii) employs individuals to provide individual or group therapy, at least 50 percent of
8.2 whom are of that specific background, except when the common social background of the
8.3 individuals served is a traumatic brain injury or cognitive disability and the program employs
8.4 treatment staff who have the necessary professional training, as approved by the
8.5 commissioner, to serve clients with the specific disabilities that the program is designed to
8.6 serve;

8.7 (3) programs that offer medical services delivered by appropriately credentialed health
8.8 care staff in an amount equal to two hours per client per week if the medical needs of the
8.9 client and the nature and provision of any medical services provided are documented in the
8.10 client file; and

8.11 (4) programs that offer services to individuals with co-occurring mental health and
8.12 chemical dependency problems if:

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

8.14 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined
8.15 in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates
8.16 under the supervision of a licensed alcohol and drug counselor supervisor and licensed
8.17 mental health professional, except that no more than 50 percent of the mental health staff
8.18 may be students or licensing candidates with time documented to be directly related to
8.19 provisions of co-occurring services;

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

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

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

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

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

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

9.4 (f) Subject to federal approval, chemical dependency services that are otherwise covered
9.5 as direct face-to-face services may be provided via two-way interactive video. The use of
9.6 two-way interactive video must be medically appropriate to the condition and needs of the
9.7 person being served. Reimbursement shall be at the same rates and under the same conditions
9.8 that would otherwise apply to direct face-to-face services. The interactive video equipment
9.9 and connection must comply with Medicare standards in effect at the time the service is
9.10 provided.

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

9.17 **EFFECTIVE DATE.** This section is effective July 1, 2021.

9.18 Sec. 7. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
9.19 to read:

9.20 **Subd. 67. Pretreatment coordination services.** (a) Effective July 1, 2021, or upon
9.21 federal approval, whichever is later, medical assistance covers pretreatment coordination
9.22 services provided according to section 245G.04, subdivision 3.

9.23 (b) Until federal approval is obtained, and if federal approval is denied, the state shall
9.24 cover the cost of pretreatment coordination services provided according to section 245G.04,
9.25 subdivision 3.

9.26 **EFFECTIVE DATE.** Paragraph (b) is effective July 1, 2021. The commissioner of
9.27 human services shall notify the revisor of statutes when federal approval is obtained or
9.28 denied.

10.1 Sec. 8. **DIRECTIONS TO COMMISSIONER; SCREENING TOOL; SUBSTANCE**
10.2 **USE DISORDER REFORM EVALUATION; SUBSTANCE USE DISORDER**
10.3 **REFORM EDUCATION.**

10.4 (a) By July 1, 2021, the commissioner of human services shall develop or authorize a
10.5 tool for screening individuals for pretreatment coordination services and a template to
10.6 document an individual's screening result in the individual's client records under Minnesota
10.7 Statutes, section 245G.05, subdivision 3, paragraph (c).

10.8 (b) By July 1, 2021, the commissioner of human services shall, in consultation with
10.9 counties and substance use disorder treatment providers, develop a tool to evaluate the
10.10 effects of substance use disorder treatment reform proposals enacted during the 2019 and
10.11 2021 legislative sessions, including access to services, appropriateness of services, and
10.12 accuracy of billing service units.

10.13 (c) By July 1, 2021, the commissioner of human services shall, in consultation with
10.14 counties and substance use disorder treatment providers, develop educational materials for
10.15 county staff, providers, and the general public regarding the content and timing of changes
10.16 for implementation pursuant to substance use disorder treatment reform proposals enacted
10.17 during the 2019 and 2021 legislative sessions.

10.18 **EFFECTIVE DATE.** This section is effective the day following final enactment.