

SENATE

STATE OF MINNESOTA

EIGHTY-NINTH SESSION

S.F. No. 2498

(SENATE AUTHORS: HAYDEN and Rosen)

DATE	D-PG	OFFICIAL STATUS
03/10/2016	4950	Introduction and first reading Referred to Health, Human Services and Housing
04/06/2016	5635	Comm report: To pass
	5702	Second reading
04/25/2016	5952	Special Order
	5952	Third reading Passed
05/10/2016	6886	Returned from House Presentment date 05/10/16
05/17/2016	7050	Governor's action Approval 05/12/16
	7050	Secretary of State Chapter 106 05/12/16 Effective date 08/01/16

A bill for an act
relating to human services; modifying screening requirements for co-occurring
mental health and chemical dependency disorders; amending Minnesota Statutes
2014, section 245.4863.

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

Section 1. Minnesota Statutes 2014, section 245.4863, is amended to read:

**245.4863 INTEGRATED ~~DUAL-DIAGNOSIS~~ CO-OCCURRING DISORDER
TREATMENT.**

(a) The commissioner shall require individuals who perform chemical dependency
assessments ~~or mental health diagnostic assessments to use screening tools approved
by the commissioner in order to identify whether an individual who is the subject of
the assessment screens positive for co-occurring mental health or chemical dependency
disorders. Screening for co-occurring disorders must begin no later than December 31,
2011~~ to screen clients for co-occurring mental health disorders, and staff who perform
mental health diagnostic assessments to screen for co-occurring substance use disorders.
Screening tools must be approved by the commissioner. If a client screens positive for
a co-occurring mental health or substance use disorder, the individual performing the
screening must document what actions will be taken in response to the results and whether
further assessments must be performed.

(b) Notwithstanding paragraph (a), screening is not required when:

(1) the presence of co-occurring disorders was documented for the client in the
past 12 months;

(2) the client is currently receiving co-occurring disorders treatment;

(3) the client is being referred for co-occurring disorders treatment; or

2.1 (4) a mental health professional, as defined in Minnesota Rules, part 9505.0370,
2.2 subpart 18, who is competent to perform diagnostic assessments of co-occurring disorders
2.3 is performing a diagnostic assessment that meets the requirements in Minnesota Rules, part
2.4 9533.0090, subpart 5, to identify whether the client may have co-occurring mental health
2.5 and chemical dependency disorders. If an individual is identified to have co-occurring
2.6 mental health and substance use disorders, the assessing mental health professional must
2.7 document what actions will be taken to address the client's co-occurring disorders.

2.8 (c) The commissioner shall adopt rules as necessary to implement this section. The
2.9 commissioner shall ensure that the rules are effective on July 1, 2013, thereby establishing
2.10 a certification process for integrated dual disorder treatment providers and a system
2.11 through which individuals receive integrated dual diagnosis treatment if assessed as having
2.12 both a substance use disorder and either a serious mental illness or emotional disturbance.

2.13 ~~(e)~~ (d) The commissioner shall apply for any federal waivers necessary to secure, to
2.14 the extent allowed by law, federal financial participation for the provision of integrated
2.15 dual diagnosis treatment to persons with co-occurring disorders.