

ARTICLE 4

BEHAVIORAL HEALTH

135.6

135.7

135.8 Section 1. Minnesota Statutes 2022, section 4.046, subdivision 6, is amended to read:

135.9 Subd. 6. ~~Addiction and recovery~~ **Office of Addiction and Recovery; director.** An
 135.10 Office of Addiction and Recovery is created in the Department of Management and Budget.
 135.11 The governor must appoint an addiction and recovery director, who shall serve as chair of
 135.12 the subcabinet and administer the Office of Addiction and Recovery. The director shall
 135.13 serve in the unclassified service and shall report to the governor. The director must:

135.14 (1) make efforts to break down silos and work across agencies to better target the state's
 135.15 role in addressing addiction, treatment, and recovery;

135.16 (2) assist in leading the subcabinet and the advisory council toward progress on
 135.17 measurable goals that track the state's efforts in combatting addiction; and

135.18 (3) establish and manage external partnerships and build relationships with communities,
 135.19 community leaders, and those who have direct experience with addiction to ensure that all
 135.20 voices of recovery are represented in the work of the subcabinet and advisory council.

135.21 Sec. 2. Minnesota Statutes 2022, section 4.046, subdivision 7, is amended to read:

135.22 Subd. 7. **Staff and administrative support.** The commissioner of ~~human services~~
 135.23 management and budget, in coordination with other state agencies and boards as applicable,
 135.24 must provide staffing and administrative support to the addiction and recovery director, the
 135.25 subcabinet, ~~and~~ the advisory council, and the Office of Addiction and Recovery established
 135.26 in this section.

135.27 Sec. 3. Minnesota Statutes 2022, section 4.046, is amended by adding a subdivision to
 135.28 read:

135.29 Subd. 8. **Division of Youth Substance Use and Addiction Recovery.** (a) A Division
 135.30 of Youth Substance Use and Addiction Recovery is created in the Office of Addiction and
 135.31 Recovery to focus on preventing adolescent substance use and addiction. The addiction and
 136.1 recovery director shall employ a director to lead the Division of Youth Substance Use and
 136.2 Addiction Recovery and staff necessary to fulfill its purpose.

136.3 (b) The director of the division shall:

136.4 (1) make efforts to bridge mental health and substance abuse treatment silos and work
 136.5 across agencies to focus the state's role and resources in preventing youth substance use
 136.6 and addiction;

136.7 (2) develop and share resources on evidence-based strategies and programs for addressing
 136.8 youth substance use and prevention;

87.15

ARTICLE 3

BEHAVIORAL HEALTH

87.16

87.17 Section 1. Minnesota Statutes 2022, section 4.046, subdivision 6, is amended to read:

87.18 Subd. 6. **Office of Addiction and ~~recovery~~ Recovery; director.** The Office of Addiction
 87.19 and Recovery is created in the Department of Management and Budget. The governor must
 87.20 appoint an addiction and recovery director, who shall serve as chair of the subcabinet and
 87.21 administer the Office of Addiction and Recovery. The director shall serve in the unclassified
 87.22 service and shall report to the governor. The director must:

87.23 (1) make efforts to break down silos and work across agencies to better target the state's
 87.24 role in addressing addiction, treatment, and recovery for youth and adults;

87.25 (2) assist in leading the subcabinet and the advisory council toward progress on
 87.26 measurable goals that track the state's efforts in combatting addiction for youth and adults,
 87.27 and preventing substance use and addiction among the state's youth population; and

87.28 (3) establish and manage external partnerships and build relationships with communities,
 87.29 community leaders, and those who have direct experience with addiction to ensure that all
 87.30 voices of recovery are represented in the work of the subcabinet and advisory council.

88.1 Sec. 2. Minnesota Statutes 2022, section 4.046, subdivision 7, is amended to read:

88.2 Subd. 7. **Staff and administrative support.** The commissioner of ~~human services~~
 88.3 management and budget, in coordination with other state agencies and boards as applicable,
 88.4 must provide staffing and administrative support to the Office of Addiction and Recovery,
 88.5 the addiction and recovery director, the subcabinet, and the advisory council established in
 88.6 this section.

136.9 (3) establish and manage external partnerships and build relationships with communities,
 136.10 community leaders, and persons and organizations with direct experience with youth
 136.11 substance use and addiction; and

136.12 (4) work to achieve progress on established measurable goals that track the state's efforts
 136.13 in preventing substance use and addiction among the state's youth population.

136.14 Sec. 4. Minnesota Statutes 2022, section 245G.01, is amended by adding a subdivision to
 136.15 read:

136.16 Subd. 4a. **American Society of Addiction Medicine criteria or ASAM**
 136.17 criteria. "American Society of Addiction Medicine criteria" or "ASAM criteria" has the
 136.18 meaning provided in section 254B.01, subdivision 2a.

136.19 **EFFECTIVE DATE.** This section is effective January 1, 2024.

136.20 Sec. 5. Minnesota Statutes 2022, section 245G.01, is amended by adding a subdivision to
 136.21 read:

136.22 Subd. 20c. **Protective factors.** "Protective factors" means the actions or efforts a person
 136.23 can take to reduce the negative impact of certain issues, such as substance use disorders,
 136.24 mental health disorders, and risk of suicide. Protective factors include connecting to positive
 136.25 supports in the community, a good diet, exercise, attending counseling or 12-step groups,
 136.26 and taking medications.

136.27 **EFFECTIVE DATE.** This section is effective January 1, 2024.

136.28 Sec. 6. Minnesota Statutes 2022, section 245G.02, subdivision 2, is amended to read:

136.29 Subd. 2. **Exemption from license requirement.** This chapter does not apply to a county
 136.30 or recovery community organization that is providing a service for which the county or
 137.1 recovery community organization is an eligible vendor under section 254B.05. This chapter
 137.2 does not apply to an organization whose primary functions are information, referral,
 137.3 diagnosis, case management, and assessment for the purposes of client placement, education,
 137.4 support group services, or self-help programs. This chapter does not apply to the activities

88.7 Sec. 3. Minnesota Statutes 2022, section 245.91, subdivision 4, is amended to read:

88.8 Subd. 4. **Facility or program.** "Facility" or "program" means a nonresidential or
 88.9 residential program as defined in section 245A.02, subdivisions 10 and 14, and any agency,
 88.10 facility, or program that provides services or treatment for mental illness, developmental
 88.11 disability, substance use disorder, or emotional disturbance that is required to be licensed,
 88.12 certified, or registered by the commissioner of human services, health, or education; a sober
 88.13 home under section 254B.18; and an acute care inpatient facility that provides services or
 88.14 treatment for mental illness, developmental disability, substance use disorder, or emotional
 88.15 disturbance.

88.16 Sec. 4. Minnesota Statutes 2022, section 245G.01, is amended by adding a subdivision to
 88.17 read:

88.18 Subd. 4a. **American Society of Addiction Medicine criteria or ASAM**
 88.19 criteria. "American Society of Addiction Medicine criteria" or "ASAM criteria" has the
 88.20 meaning provided in section 254B.01, subdivision 2a.

88.21 Sec. 5. Minnesota Statutes 2022, section 245G.01, is amended by adding a subdivision to
 88.22 read:

88.23 Subd. 20c. **Protective factors.** "Protective factors" means the actions or efforts a person
 88.24 can take to reduce the negative impact of certain issues, such as substance use disorders,
 88.25 mental health disorders, and risk of suicide. Protective factors include connecting to positive
 88.26 supports in the community, a nutritious diet, exercise, attending counseling or 12-step
 88.27 groups, and taking appropriate medications.

88.28 Sec. 6. Minnesota Statutes 2022, section 245G.02, subdivision 2, is amended to read:

88.29 Subd. 2. **Exemption from license requirement.** This chapter does not apply to a county
 88.30 or recovery community organization that is providing a service for which the county or
 88.31 recovery community organization is an eligible vendor under section 254B.05. This chapter
 89.1 does not apply to an organization whose primary functions are information, referral,
 89.2 diagnosis, case management, and assessment for the purposes of client placement, education,
 89.3 support group services, or self-help programs. This chapter does not apply to the activities

137.5 of a licensed professional in private practice. A license holder providing the initial set of
 137.6 substance use disorder services allowable under section 254A.03, subdivision 3, paragraph
 137.7 (c), to an individual referred to a licensed nonresidential substance use disorder treatment
 137.8 program after a positive screen for alcohol or substance misuse is exempt from sections
 137.9 245G.05; 245G.06, subdivisions 1, 1a, 2, and 4; 245G.07, subdivisions 1, paragraph (a),
 137.10 clauses (2) to (4), and 2, clauses (1) to (7); and 245G.17.

137.11 **EFFECTIVE DATE.** This section is effective January 1, 2024.

137.12 Sec. 7. Minnesota Statutes 2022, section 245G.05, subdivision 1, is amended to read:

137.13 Subdivision 1. **Comprehensive assessment.** ~~(A)~~ A comprehensive assessment of the
 137.14 client's substance use disorder must be administered face-to-face by an alcohol and drug
 137.15 counselor within ~~three~~ five calendar days from the day of service initiation for a residential
 137.16 program or ~~within three calendar days on which a treatment session has been provided of~~
 137.17 ~~the day of service initiation for a client by the end of the fifth day on which a treatment~~
 137.18 ~~service is provided in a nonresidential program. The number of days to complete the~~
 137.19 ~~comprehensive assessment excludes the day of service initiation. If the comprehensive~~
 137.20 ~~assessment is not completed within the required time frame, the person-centered reason for~~
 137.21 ~~the delay and the planned completion date must be documented in the client's file. The~~
 137.22 ~~comprehensive assessment is complete upon a qualified staff member's dated signature. If~~
 137.23 ~~the client received a comprehensive assessment that authorized the treatment service, an~~
 137.24 ~~alcohol and drug counselor may use the comprehensive assessment for requirements of this~~
 137.25 ~~subdivision but must document a review of the comprehensive assessment and update the~~
 137.26 ~~comprehensive assessment as clinically necessary to ensure compliance with this subdivision~~
 137.27 ~~within applicable timelines. The comprehensive assessment must include sufficient~~
 137.28 ~~information to complete the assessment summary according to subdivision 2 and the~~
 137.29 ~~individual treatment plan according to section 245G.06. The comprehensive assessment~~
 137.30 ~~must include information about the client's needs that relate to substance use and personal~~
 137.31 ~~strengths that support recovery, including:~~

137.32 ~~(1) age, sex, cultural background, sexual orientation, living situation, economic status,~~
 137.33 ~~and level of education;~~

137.34 ~~(2) a description of the circumstances on the day of service initiation;~~

138.1 ~~(3) a list of previous attempts at treatment for substance misuse or substance use disorder,~~
 138.2 ~~compulsive gambling, or mental illness;~~

138.3 ~~(4) a list of substance use history including amounts and types of substances used,~~
 138.4 ~~frequency and duration of use, periods of abstinence, and circumstances of relapse, if any.~~
 138.5 ~~For each substance used within the previous 30 days, the information must include the date~~
 138.6 ~~of the most recent use and address the absence or presence of previous withdrawal symptoms;~~

138.7 ~~(5) specific problem behaviors exhibited by the client when under the influence of~~
 138.8 ~~substances;~~

89.4 of a licensed professional in private practice. A license holder providing the initial set of
 89.5 substance use disorder services allowable under section 254A.03, subdivision 3, paragraph
 89.6 (c), to an individual referred to a licensed nonresidential substance use disorder treatment
 89.7 program after a positive screen for alcohol or substance misuse is exempt from sections
 89.8 245G.05; 245G.06, subdivisions 1, 1a, 2, and 4; 245G.07, subdivisions 1, paragraph (a),
 89.9 clauses (2) to (4), and 2, clauses (1) to (7); and 245G.17.

89.10 **EFFECTIVE DATE.** This section is effective January 1, 2024.

89.11 Sec. 7. Minnesota Statutes 2022, section 245G.05, subdivision 1, is amended to read:

89.12 Subdivision 1. **Comprehensive assessment.** ~~(A)~~ A comprehensive assessment of the
 89.13 client's substance use disorder must be administered face-to-face by an alcohol and drug
 89.14 counselor within ~~three~~ five calendar days from the day of service initiation for a residential
 89.15 program or ~~within three calendar days on which a treatment session has been provided of~~
 89.16 ~~the day of service initiation for a client by the end of the fifth day on which a treatment~~
 89.17 ~~service is provided in a nonresidential program. The number of days to complete the~~
 89.18 ~~comprehensive assessment excludes the day of service initiation. If the comprehensive~~
 89.19 ~~assessment is not completed within the required time frame, the person-centered reason for~~
 89.20 ~~the delay and the planned completion date must be documented in the client's file. The~~
 89.21 ~~comprehensive assessment is complete upon a qualified staff member's dated signature. If~~
 89.22 ~~the client received a comprehensive assessment that authorized the treatment service, an~~
 89.23 ~~alcohol and drug counselor may use the comprehensive assessment for requirements of this~~
 89.24 ~~subdivision but must document a review of the comprehensive assessment and update the~~
 89.25 ~~comprehensive assessment as clinically necessary to ensure compliance with this subdivision~~
 89.26 ~~within applicable timelines. The comprehensive assessment must include sufficient~~
 89.27 ~~information to complete the assessment summary according to subdivision 2 and the~~
 89.28 ~~individual treatment plan according to section 245G.06. The comprehensive assessment~~
 89.29 ~~must include information about the client's needs that relate to substance use and personal~~
 89.30 ~~strengths that support recovery, including:~~

89.31 ~~(1) age, sex, cultural background, sexual orientation, living situation, economic status,~~
 89.32 ~~and level of education;~~

89.33 ~~(2) a description of the circumstances on the day of service initiation;~~

90.1 ~~(3) a list of previous attempts at treatment for substance misuse or substance use disorder,~~
 90.2 ~~compulsive gambling, or mental illness;~~

90.3 ~~(4) a list of substance use history including amounts and types of substances used,~~
 90.4 ~~frequency and duration of use, periods of abstinence, and circumstances of relapse, if any.~~
 90.5 ~~For each substance used within the previous 30 days, the information must include the date~~
 90.6 ~~of the most recent use and address the absence or presence of previous withdrawal symptoms;~~

90.7 ~~(5) specific problem behaviors exhibited by the client when under the influence of~~
 90.8 ~~substances;~~

138.9 (6) the client's desire for family involvement in the treatment program, family history
 138.10 of substance use and misuse, history or presence of physical or sexual abuse, and level of
 138.11 family support;

138.12 (7) physical and medical concerns or diagnoses, current medical treatment needed or
 138.13 being received related to the diagnoses, and whether the concerns need to be referred to an
 138.14 appropriate health care professional;

138.15 (8) mental health history, including symptoms and the effect on the client's ability to
 138.16 function; current mental health treatment; and psychotropic medication needed to maintain
 138.17 stability. The assessment must utilize screening tools approved by the commissioner pursuant
 138.18 to section 245.4863 to identify whether the client screens positive for co-occurring disorders;

138.19 (9) arrests and legal interventions related to substance use;

138.20 (10) a description of how the client's use affected the client's ability to function
 138.21 appropriately in work and educational settings;

138.22 (11) ability to understand written treatment materials, including rules and the client's
 138.23 rights;

138.24 (12) a description of any risk-taking behavior, including behavior that puts the client at
 138.25 risk of exposure to blood-borne or sexually transmitted diseases;

138.26 (13) social network in relation to expected support for recovery;

138.27 (14) leisure time activities that are associated with substance use;

138.28 (15) whether the client is pregnant and, if so, the health of the unborn child and the
 138.29 client's current involvement in prenatal care;

138.30 (16) whether the client recognizes needs related to substance use and is willing to follow
 138.31 treatment recommendations; and

139.1 ~~(17) information from a collateral contact may be included, but is not required.~~

139.2 (b) If the client is identified as having opioid use disorder or seeking treatment for opioid
 139.3 use disorder, the program must provide educational information to the client concerning:

139.4 (1) risks for opioid use disorder and dependence;

139.5 (2) treatment options, including the use of a medication for opioid use disorder;

139.6 (3) the risk of and recognizing opioid overdose; and

139.7 (4) the use, availability, and administration of naloxone to respond to opioid overdose.

139.8 (c) The commissioner shall develop educational materials that are supported by research
 139.9 and updated periodically. The license holder must use the educational materials that are
 139.10 approved by the commissioner to comply with this requirement.

90.9 (6) the client's desire for family involvement in the treatment program, family history
 90.10 of substance use and misuse, history or presence of physical or sexual abuse, and level of
 90.11 family support;

90.12 (7) physical and medical concerns or diagnoses, current medical treatment needed or
 90.13 being received related to the diagnoses, and whether the concerns need to be referred to an
 90.14 appropriate health care professional;

90.15 (8) mental health history, including symptoms and the effect on the client's ability to
 90.16 function; current mental health treatment; and psychotropic medication needed to maintain
 90.17 stability. The assessment must utilize screening tools approved by the commissioner pursuant
 90.18 to section 245.4863 to identify whether the client screens positive for co-occurring disorders;

90.19 (9) arrests and legal interventions related to substance use;

90.20 (10) a description of how the client's use affected the client's ability to function
 90.21 appropriately in work and educational settings;

90.22 (11) ability to understand written treatment materials, including rules and the client's
 90.23 rights;

90.24 (12) a description of any risk-taking behavior, including behavior that puts the client at
 90.25 risk of exposure to blood-borne or sexually transmitted diseases;

90.26 (13) social network in relation to expected support for recovery;

90.27 (14) leisure time activities that are associated with substance use;

90.28 (15) whether the client is pregnant and, if so, the health of the unborn child and the
 90.29 client's current involvement in prenatal care;

90.30 (16) whether the client recognizes needs related to substance use and is willing to follow
 90.31 treatment recommendations; and

91.1 ~~(17) information from a collateral contact may be included, but is not required.~~

91.2 (b) If the client is identified as having opioid use disorder or seeking treatment for opioid
 91.3 use disorder, the program must provide educational information to the client concerning:

91.4 (1) risks for opioid use disorder and dependence;

91.5 (2) treatment options, including the use of a medication for opioid use disorder;

91.6 (3) the risk of and recognizing opioid overdose; and

91.7 (4) the use, availability, and administration of naloxone to respond to opioid overdose.

91.8 (c) The commissioner shall develop educational materials that are supported by research
 91.9 and updated periodically. The license holder must use the educational materials that are
 91.10 approved by the commissioner to comply with this requirement.

139.11 ~~(d) If the comprehensive assessment is completed to authorize treatment service for the~~
 139.12 ~~client, at the earliest opportunity during the assessment interview the assessor shall determine~~
 139.13 ~~if:~~

139.14 ~~(1) the client is in severe withdrawal and likely to be a danger to self or others;~~
 139.15 ~~(2) the client has severe medical problems that require immediate attention; or~~
 139.16 ~~(3) the client has severe emotional or behavioral symptoms that place the client or others~~
 139.17 ~~at risk of harm.~~

139.18 ~~If one or more of the conditions in clauses (1) to (3) are present, the assessor must end the~~
 139.19 ~~assessment interview and follow the procedures in the program's medical services plan~~
 139.20 ~~under section 245G.08, subdivision 2, to help the client obtain the appropriate services. The~~
 139.21 ~~assessment interview may resume when the condition is resolved. An alcohol and drug~~
 139.22 ~~counselor must sign and date the comprehensive assessment review and update.~~

139.23 EFFECTIVE DATE. This section is effective January 1, 2024.

139.24 Sec. 8. Minnesota Statutes 2022, section 245G.05, is amended by adding a subdivision to
 139.25 read:

139.26 Subd. 3. **Comprehensive assessment requirements.** (a) A comprehensive assessment
 139.27 must meet the requirements under section 245I.10, subdivision 6, paragraphs (b) and (c).
 139.28 A comprehensive assessment must also include:

139.29 (1) a diagnosis of a substance use disorder or a finding that the client does not meet the
 139.30 criteria for a substance use disorder;

140.1 (2) a determination of whether the individual screens positive for co-occurring mental
 140.2 health disorders using a screening tool approved by the commissioner pursuant to section
 140.3 245.4863, except when the comprehensive assessment is being completed as part of a
 140.4 diagnostic assessment; and

140.5 (3) a recommendation for the ASAM level of care identified in section 254B.19,
 140.6 subdivision 1.

140.7 (b) If the individual is assessed for opioid use disorder, the program must provide
 140.8 educational material to the client within 24 hours of service initiation on:

140.9 (1) risks for opioid use disorder and dependence;
 140.10 (2) treatment options, including the use of a medication for opioid use disorder;
 140.11 (3) the risk of recognizing opioid overdose; and

91.11 ~~(d) If the comprehensive assessment is completed to authorize treatment service for the~~
 91.12 ~~client, at the earliest opportunity during the assessment interview the assessor shall determine~~
 91.13 ~~if:~~

91.14 ~~(1) the client is in severe withdrawal and likely to be a danger to self or others;~~
 91.15 ~~(2) the client has severe medical problems that require immediate attention; or~~
 91.16 ~~(3) the client has severe emotional or behavioral symptoms that place the client or others~~
 91.17 ~~at risk of harm.~~

91.18 ~~If one or more of the conditions in clauses (1) to (3) are present, the assessor must end the~~
 91.19 ~~assessment interview and follow the procedures in the program's medical services plan~~
 91.20 ~~under section 245G.08, subdivision 2, to help the client obtain the appropriate services. The~~
 91.21 ~~assessment interview may resume when the condition is resolved. An alcohol and drug~~
 91.22 ~~counselor must sign and date the comprehensive assessment review and update.~~

91.23 EFFECTIVE DATE. This section is effective January 1, 2024.

91.24 Sec. 8. Minnesota Statutes 2022, section 245G.05, is amended by adding a subdivision to
 91.25 read:

91.26 Subd. 3. **Comprehensive assessment requirements.** (a) A comprehensive assessment
 91.27 must meet the requirements under section 245I.10, subdivision 6, paragraphs (b) and (c).
 91.28 It must also include:

91.29 (1) a diagnosis of a substance use disorder or a finding that the client does not meet the
 91.30 criteria for a substance use disorder;

92.1 (2) a determination of whether the individual screens positive for co-occurring mental
 92.2 health disorders using a screening tool approved by the commissioner pursuant to section
 92.3 245.4863;

92.4 (3) a risk rating and summary to support the risk ratings within each of the dimensions
 92.5 listed in section 254B.04, subdivision 4; and

92.6 (4) a recommendation for the ASAM level of care identified in section 254B.19,
 92.7 subdivision 1.

92.8 (b) If the individual is assessed for opioid use disorder, the program must provide
 92.9 educational material to the client within 24 hours of service initiation on:

92.10 (1) risks for opioid use disorder and dependence;
 92.11 (2) treatment options, including the use of a medication for opioid use disorder;
 92.12 (3) the risk and recognition of opioid overdose; and

140.12 (4) the use, availability, and administration of naloxone to respond to opioid overdose.

140.13 If the client is identified as having opioid use disorder at a later point, the education must
 140.14 be provided at that point. The license holder must use the educational materials that are
 140.15 approved by the commissioner to comply with this requirement.

140.16 **EFFECTIVE DATE.** This section is effective January 1, 2024.

140.17 Sec. 9. Minnesota Statutes 2022, section 245G.06, subdivision 1, is amended to read:

140.18 Subdivision 1. **General.** Each client must have a person-centered individual treatment
 140.19 plan developed by an alcohol and drug counselor within ten days from the day of service
 140.20 initiation for a residential program ~~and within five calendar days by the end of the tenth day~~
 140.21 on which a treatment session has been provided from the day of service initiation for a client
 140.22 in a nonresidential program, not to exceed 30 days. Opioid treatment programs must complete
 140.23 the individual treatment plan within 21 days from the day of service initiation. The number
 140.24 of days to complete the individual treatment plan excludes the day of service initiation.
 140.25 The individual treatment plan must be signed by the client and the alcohol and drug counselor
 140.26 and document the client's involvement in the development of the plan. The individual
 140.27 treatment plan is developed upon the qualified staff member's dated signature. Treatment
 140.28 planning must include ongoing assessment of client needs. An individual treatment plan
 140.29 must be updated based on new information gathered about the client's condition, the client's
 140.30 level of participation, and on whether methods identified have the intended effect. A change
 140.31 to the plan must be signed by the client and the alcohol and drug counselor. If the client
 140.32 chooses to have family or others involved in treatment services, the client's individual
 141.1 treatment plan must include how the family or others will be involved in the client's treatment.
 141.2 If a client is receiving treatment services or an assessment via telehealth and the alcohol
 141.3 and drug counselor documents the reason the client's signature cannot be obtained, the
 141.4 alcohol and drug counselor may document the client's verbal approval or electronic written
 141.5 approval of the treatment plan or change to the treatment plan in lieu of the client's signature.

141.6 **EFFECTIVE DATE.** This section is effective January 1, 2024.

141.7 Sec. 10. Minnesota Statutes 2022, section 245G.06, is amended by adding a subdivision
 141.8 to read:

141.9 **Subd. 1a. Individual treatment plan contents and process.** (a) After completing a
 141.10 client's comprehensive assessment, the license holder must complete an individual treatment
 141.11 plan. The license holder must:

141.12 (1) base the client's individual treatment plan on the client's comprehensive assessment;

141.13 (2) use a person-centered, culturally appropriate planning process that allows the client's
 141.14 family and other natural supports to observe and participate in the client's individual treatment
 141.15 services, assessments, and treatment planning;

92.13 (4) the use, availability, and administration of an opiate antagonist to respond to opioid
 92.14 overdose.

92.15 If the client is identified as having opioid use disorder at a later point, the required educational
 92.16 material must be provided at that point. The license holder must use the educational materials
 92.17 that are approved by the commissioner to comply with this requirement.

92.18 **EFFECTIVE DATE.** This section is effective January 1, 2024.

92.19 Sec. 9. Minnesota Statutes 2022, section 245G.06, subdivision 1, is amended to read:

92.20 Subdivision 1. **General.** Each client must have a person-centered individual treatment
 92.21 plan developed by an alcohol and drug counselor within ten days from the day of service
 92.22 initiation for a residential program ~~and within five calendar days, by the end of the tenth~~
 92.23 day on which a treatment session has been provided from the day of service initiation for
 92.24 a client in a nonresidential program, not to exceed 30 days. Opioid treatment programs must
 92.25 complete the individual treatment plan within 21 days from the day of service initiation.
 92.26 The number of days to complete the individual treatment plan excludes the day of service
 92.27 initiation. The individual treatment plan must be signed by the client and the alcohol and
 92.28 drug counselor and document the client's involvement in the development of the plan. The
 92.29 individual treatment plan is developed upon the qualified staff member's dated signature.
 92.30 Treatment planning must include ongoing assessment of client needs. An individual treatment
 92.31 plan must be updated based on new information gathered about the client's condition, the
 92.32 client's level of participation, and on whether methods identified have the intended effect.
 93.1 A change to the plan must be signed by the client and the alcohol and drug counselor. If the
 93.2 client chooses to have family or others involved in treatment services, the client's individual
 93.3 treatment plan must include how the family or others will be involved in the client's treatment.
 93.4 If a client is receiving treatment services or an assessment via telehealth and the alcohol
 93.5 and drug counselor documents the reason the client's signature cannot be obtained, the
 93.6 alcohol and drug counselor may document the client's verbal approval or electronic written
 93.7 approval of the treatment plan or change to the treatment plan in lieu of the client's signature.

93.8 **EFFECTIVE DATE.** This section is effective January 1, 2024.

93.9 Sec. 10. Minnesota Statutes 2022, section 245G.06, is amended by adding a subdivision
 93.10 to read:

93.11 **Subd. 1a. Individual treatment plan contents and process.** (a) After completing a
 93.12 client's comprehensive assessment, the license holder must complete an individual treatment
 93.13 plan. The license holder must:

93.14 (1) base the client's individual treatment plan on the client's comprehensive assessment;

93.15 (2) use a person-centered, culturally appropriate planning process that allows the client's
 93.16 family and other natural supports to observe and participate in the client's individual treatment
 93.17 services, assessments, and treatment planning;

- 141.16 (3) identify the client's treatment goals in relation to any or all of the applicable ASAM
 141.17 six dimensions identified in section 254B.04, subdivision 4, to ensure measurable treatment
 141.18 objectives, a treatment strategy, and a schedule for accomplishing the client's treatment
 141.19 goals and objectives;
- 141.20 (4) document in the treatment plan the ASAM level of care identified in section 254B.19,
 141.21 subdivision 1, that the client is receiving services under;
- 141.22 (5) identify the participants involved in the client's treatment planning. The client must
 141.23 be a participant in the client's treatment planning. If applicable, the license holder must
 141.24 document the reasons that the license holder did not involve the client's family or other
 141.25 natural supports in the client's treatment planning;
- 141.26 (6) identify resources to refer the client to when the client's needs are to be addressed
 141.27 concurrently by another provider; and
- 141.28 (7) identify maintenance strategy goals and methods designed to address relapse
 141.29 prevention and to strengthen the client's protective factors.
- 141.30 **EFFECTIVE DATE.** This section is effective January 1, 2024.
- 142.1 Sec. 11. Minnesota Statutes 2022, section 245G.06, subdivision 3, is amended to read:
- 142.2 Subd. 3. **Treatment plan review.** A treatment plan review must be ~~entered in a client's~~
 142.3 ~~file weekly or after each treatment service, whichever is less frequent, completed~~ by the
 142.4 alcohol and drug counselor responsible for the client's treatment plan. The review must
 142.5 indicate the span of time covered by the review ~~and each of the six dimensions listed in~~
 142.6 ~~section 245G.05, subdivision 2, paragraph (c).~~ The review must:
- 142.7 (1) ~~address each goal in the~~ document client goals addressed since the last treatment
 142.8 plan review and whether the identified methods to address the goals are continue to be
 142.9 effective;
- 142.10 (2) ~~include~~ document monitoring of any physical and mental health problems and include
 142.11 toxicology results for alcohol and substance use, when available;
- 142.12 (3) document the participation of others involved in the individual's treatment planning,
 142.13 including when services are offered to the client's family or natural supports;
- 142.14 (4) if changes to the treatment plan are determined to be necessary, document staff
 142.15 recommendations for changes in the methods identified in the treatment plan and whether
 142.16 the client agrees with the change; and
- 142.17 (5) include a review and evaluation of the individual abuse prevention plan according
 142.18 to section 245A.65; and
- 142.19 (6) document any referrals made since the previous treatment plan review.

- 93.18 (3) identify the client's treatment goals in relation to any or all of the applicable ASAM
 93.19 six dimensions identified in section 254B.04, subdivision 4, to ensure measurable treatment
 93.20 objectives, a treatment strategy, and a schedule for accomplishing the client's treatment
 93.21 goals and objectives;
- 93.22 (4) document in the treatment plan the ASAM level of care identified in section 254B.19,
 93.23 subdivision 1, under which the client is receiving services;
- 93.24 (5) identify the participants involved in the client's treatment planning. The client must
 93.25 participate in the client's treatment planning. If applicable, the license holder must document
 93.26 the reasons that the license holder did not involve the client's family or other natural supports
 93.27 in the client's treatment planning;
- 93.28 (6) identify resources to refer the client to when the client's needs will be addressed
 93.29 concurrently by another provider; and
- 93.30 (7) identify maintenance strategy goals and methods designed to address relapse
 93.31 prevention and to strengthen the client's protective factors.
- 93.32 **EFFECTIVE DATE.** This section is effective January 1, 2024.
- 94.1 Sec. 11. Minnesota Statutes 2022, section 245G.06, subdivision 3, is amended to read:
- 94.2 Subd. 3. **Treatment plan review.** A treatment plan review must be ~~entered in a client's~~
 94.3 ~~file weekly or after each treatment service, whichever is less frequent, completed~~ by the
 94.4 alcohol and drug counselor responsible for the client's treatment plan. The review must
 94.5 indicate the span of time covered by the review ~~and each of the six dimensions listed in~~
 94.6 ~~section 245G.05, subdivision 2, paragraph (c).~~ The review and must:
- 94.7 (1) ~~address each goal in the~~ document client goals addressed since the last treatment
 94.8 plan review and whether the identified methods to address the goals are continue to be
 94.9 effective;
- 94.10 (2) ~~include~~ document monitoring of any physical and mental health problems and include
 94.11 toxicology results for alcohol and substance use, when available;
- 94.12 (3) document the participation of others involved in the individual's treatment planning,
 94.13 including when services are offered to the client's family or significant others;
- 94.14 (4) if changes to the treatment plan are determined to be necessary, document staff
 94.15 recommendations for changes in the methods identified in the treatment plan and whether
 94.16 the client agrees with the change; and
- 94.17 (5) include a review and evaluation of the individual abuse prevention plan according
 94.18 to section 245A.65; and
- 94.19 (6) document any referrals made since the previous treatment plan review.

142.20 **EFFECTIVE DATE.** This section is effective January 1, 2024.

142.21 Sec. 12. Minnesota Statutes 2022, section 245G.06, is amended by adding a subdivision

142.22 to read:

142.23 Subd. 3a. **Frequency of treatment plan reviews.** (a) A license holder must ensure that

142.24 the alcohol and drug counselor responsible for a client's treatment plan completes and

142.25 documents a treatment plan review that meets the requirements of subdivision 3 in each

142.26 client's file according to the frequencies required in this subdivision. All ASAM levels

142.27 referred to in this chapter are those described in section 254B.19, subdivision 1.

142.28 (b) For a client receiving residential ASAM level 3.3 or 3.5 high-intensity services or

142.29 residential hospital-based services, a treatment plan review must be completed once every

142.30 14 days.

143.1 (c) For a client receiving residential ASAM level 3.1 low-intensity services or any other

143.2 residential level not listed in paragraph (b), a treatment plan review must be completed once

143.3 every 30 days.

143.4 (d) For a client receiving nonresidential ASAM level 2.5 partial hospitalization services,

143.5 a treatment plan review must be completed once every 14 days.

143.6 (e) For a client receiving nonresidential ASAM level 1.0 outpatient or 2.1 intensive

143.7 outpatient services or any other nonresidential level not included in paragraph (d), a treatment

143.8 plan review must be completed once every 30 days.

143.9 (f) For a client receiving nonresidential opioid treatment program services according to

143.10 section 245G.22, a treatment plan review must be completed weekly for the ten weeks

143.11 following completion of the treatment plan and monthly thereafter. Treatment plan reviews

143.12 must be completed more frequently when clinical needs warrant.

143.13 (g) Notwithstanding paragraphs (e) and (f), for a client in a nonresidential program with

143.14 a treatment plan that clearly indicates less than five hours of skilled treatment services will

143.15 be provided to the client each month, a treatment plan review must be completed once every

143.16 90 days.

143.17 **EFFECTIVE DATE.** This section is effective January 1, 2024.

143.18 Sec. 13. Minnesota Statutes 2022, section 245G.06, subdivision 4, is amended to read:

143.19 Subd. 4. **Service discharge summary.** (a) An alcohol and drug counselor must write a

143.20 service discharge summary for each client. The service discharge summary must be

143.21 completed within five days of the client's service termination. A copy of the client's service

143.22 discharge summary must be provided to the client upon the client's request.

143.23 (b) The service discharge summary must be recorded in the six dimensions listed in

143.24 section ~~245G.05, subdivision 2, paragraph (c)~~ 254B.04, subdivision 4, and include the

143.25 following information:

94.20 **EFFECTIVE DATE.** This section is effective January 1, 2024.

94.21 Sec. 12. Minnesota Statutes 2022, section 245G.06, is amended by adding a subdivision

94.22 to read:

94.23 Subd. 3a. **Frequency of treatment plan reviews.** (a) A license holder must ensure that

94.24 the alcohol and drug counselor responsible for a client's treatment plan completes and

94.25 documents a treatment plan review that meets the requirements of subdivision 3 in each

94.26 client's file, according to the frequencies required in this subdivision. All ASAM levels

94.27 referred to in this chapter are those described in section 254B.19, subdivision 1.

94.28 (b) For a client receiving residential ASAM level 3.3 or 3.5 high-intensity services or

94.29 residential hospital-based services, a treatment plan review must be completed once every

94.30 14 days.

95.1 (c) For a client receiving residential ASAM level 3.1 low-intensity services or any other

95.2 residential level not listed in paragraph (b), a treatment plan review must be completed once

95.3 every 30 days.

95.4 (d) For a client receiving nonresidential ASAM level 2.5 partial hospitalization services,

95.5 a treatment plan review must be completed once every 14 days.

95.6 (e) For a client receiving nonresidential ASAM level 1.0 outpatient or 2.1 intensive

95.7 outpatient services or any other nonresidential level not included in paragraph (d), a treatment

95.8 plan review must be completed once every 30 days.

95.9 (f) For a client receiving nonresidential opioid treatment program services according to

95.10 section 245G.22, a treatment plan review must be completed weekly for the ten weeks

95.11 following completion of the treatment plan and monthly thereafter. Treatment plan reviews

95.12 must be completed more frequently when clinical needs warrant.

95.13 (g) Notwithstanding paragraphs (e) and (f), for a client in a nonresidential program with

95.14 a treatment plan that clearly indicates less than five hours of skilled treatment services will

95.15 be provided to the client each month, a treatment plan review must be completed once every

95.16 90 days.

95.17 **EFFECTIVE DATE.** This section is effective January 1, 2024.

95.18 Sec. 13. Minnesota Statutes 2022, section 245G.06, subdivision 4, is amended to read:

95.19 Subd. 4. **Service discharge summary.** (a) An alcohol and drug counselor must write a

95.20 service discharge summary for each client. The service discharge summary must be

95.21 completed within five days of the client's service termination. A copy of the client's service

95.22 discharge summary must be provided to the client upon the client's request.

95.23 (b) The service discharge summary must be recorded in the six dimensions listed in

95.24 section ~~245G.05, subdivision 2, paragraph (c)~~ 254B.04, subdivision 4, and include the

95.25 following information:

143.26 (1) the client's issues, strengths, and needs while participating in treatment, including
 143.27 services provided;

143.28 (2) the client's progress toward achieving each goal identified in the individual treatment
 143.29 plan;

143.30 (3) a risk description according to section ~~245G.05~~ 254B.04, subdivision 4;

143.31 (4) the reasons for and circumstances of service termination. If a program discharges a
 143.32 client at staff request, the reason for discharge and the procedure followed for the decision
 144.1 to discharge must be documented and comply with the requirements in section 245G.14,
 144.2 subdivision 3, clause (3);

144.3 (5) the client's living arrangements at service termination;

144.4 (6) continuing care recommendations, including transitions between more or less intense
 144.5 services, or more frequent to less frequent services, and referrals made with specific attention
 144.6 to continuity of care for mental health, as needed; and

144.7 (7) service termination diagnosis.

144.8 Sec. 14. Minnesota Statutes 2022, section 245G.09, subdivision 3, is amended to read:

144.9 Subd. 3. **Contents.** Client records must contain the following:

144.10 (1) documentation that the client was given information on client rights and
 144.11 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided
 144.12 an orientation to the program abuse prevention plan required under section 245A.65,
 144.13 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record
 144.14 must contain documentation that the client was provided educational information according
 144.15 to section 245G.05, subdivision ~~4~~ 3, paragraph (b);

144.16 (2) an initial services plan completed according to section 245G.04;

144.17 (3) a comprehensive assessment completed according to section 245G.05;

144.18 ~~(4) an assessment summary completed according to section 245G.05, subdivision 2;~~

144.19 ~~(5) an individual abuse prevention plan according to sections 245A.65, subdivision 2,~~
 144.20 ~~and 626.557, subdivision 14, when applicable;~~

144.21 ~~(6) (5) an individual treatment plan according to section 245G.06, subdivisions 1 and 2;~~
 144.22 1a;

144.23 ~~(7) (6) documentation of treatment services, significant events, appointments, concerns,~~
 144.24 ~~and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, and 3, and~~
 144.25 3a; and

95.26 (1) the client's issues, strengths, and needs while participating in treatment, including
 95.27 services provided;

95.28 (2) the client's progress toward achieving each goal identified in the individual treatment
 95.29 plan;

95.30 (3) a risk description according to section ~~245G.05~~ 254B.04, subdivision 4;

95.31 (4) the reasons for and circumstances of service termination. If a program discharges a
 95.32 client at staff request, the reason for discharge and the procedure followed for the decision
 96.1 to discharge must be documented and comply with the requirements in section 245G.14,
 96.2 subdivision 3, clause (3);

96.3 (5) the client's living arrangements at service termination;

96.4 (6) continuing care recommendations, including transitions between more or less intense
 96.5 services, or more frequent to less frequent services, and referrals made with specific attention
 96.6 to continuity of care for mental health, as needed; and

96.7 (7) service termination diagnosis.

96.8 **EFFECTIVE DATE.** This section is effective January 1, 2024.

96.9 Sec. 14. Minnesota Statutes 2022, section 245G.09, subdivision 3, is amended to read:

96.10 Subd. 3. **Contents.** Client records must contain the following:

96.11 (1) documentation that the client was given information on client rights and
 96.12 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided
 96.13 an orientation to the program abuse prevention plan required under section 245A.65,
 96.14 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record
 96.15 must contain documentation that the client was provided educational information according
 96.16 to section 245G.05, subdivision ~~4~~ 3, paragraph (b);

96.17 (2) an initial services plan completed according to section 245G.04;

96.18 (3) a comprehensive assessment completed according to section 245G.05;

96.19 ~~(4) an assessment summary completed according to section 245G.05, subdivision 2;~~

96.20 ~~(5) (4) an individual abuse prevention plan according to sections 245A.65, subdivision~~
 96.21 ~~2, and 626.557, subdivision 14, when applicable;~~

96.22 ~~(6) (5) an individual treatment plan according to section 245G.06, subdivisions 1 and~~
 96.23 2;

96.24 ~~(7) (6) documentation of treatment services, significant events, appointments, concerns,~~
 96.25 ~~and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, and 3, and~~
 96.26 3a; and

144.26 ~~(8) (7)~~ a summary at the time of service termination according to section 245G.06,
144.27 subdivision 4.

144.28 Sec. 15. Minnesota Statutes 2022, section 245G.22, subdivision 15, is amended to read:

144.29 Subd. 15. **Nonmedication treatment services; documentation.** (a) The program must
144.30 ~~offer at least 50 consecutive minutes of individual or group therapy treatment services as~~
145.1 ~~defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first~~
145.2 ~~ten weeks following the day of service initiation, and at least 50 consecutive minutes per~~
145.3 ~~month thereafter. As clinically appropriate, the program may offer these services cumulatively~~
145.4 ~~and not consecutively in increments of no less than 15 minutes over the required time period,~~
145.5 ~~and for a total of 60 minutes of treatment services over the time period, and must document~~
145.6 ~~the reason for providing services cumulatively in the client's record. The program may offer~~
145.7 ~~additional levels of service when deemed clinically necessary meet the requirements in~~
145.8 ~~section 245G.07, subdivision 1, paragraph (a), and must document each time the client was~~
145.9 ~~offered an individual or group counseling service. If the individual or group counseling~~
145.10 ~~service was offered but not provided to the client, the license holder must document the~~
145.11 ~~reason the service was not provided. If the service was provided, the license holder must~~
145.12 ~~ensure the service is documented according to the requirements in section 245G.06,~~
145.13 ~~subdivision 2a.~~

145.14 (b) Notwithstanding the requirements of comprehensive assessments in section 245G.05,
145.15 the assessment must be completed within 21 days from the day of service initiation.

145.16 ~~(c) Notwithstanding the requirements of individual treatment plans set forth in section~~
145.17 ~~245G.06:~~

145.18 ~~(1) treatment plan contents for a maintenance client are not required to include goals~~
145.19 ~~the client must reach to complete treatment and have services terminated;~~

145.20 ~~(2) treatment plans for a client in a taper or detox status must include goals the client~~
145.21 ~~must reach to complete treatment and have services terminated; and~~

145.22 ~~(3) for the ten weeks following the day of service initiation for all new admissions,~~
145.23 ~~readmissions, and transfers, a weekly treatment plan review must be documented once the~~
145.24 ~~treatment plan is completed. Subsequently, the counselor must document treatment plan~~
145.25 ~~reviews in the six dimensions at least once monthly or, when clinical need warrants, more~~
145.26 ~~frequently.~~

145.27 **EFFECTIVE DATE.** This section is effective January 1, 2024.

145.28 Sec. 16. Minnesota Statutes 2022, section 245I.10, subdivision 6, is amended to read:

145.29 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health
145.30 professional or a clinical trainee may complete a standard diagnostic assessment of a client.
145.31 A standard diagnostic assessment of a client must include a face-to-face interview with a

96.27 ~~(8) (7)~~ a summary at the time of service termination according to section 245G.06,
96.28 subdivision 4.

96.29 **EFFECTIVE DATE.** This section is effective January 1, 2024.

97.1 Sec. 15. Minnesota Statutes 2022, section 245G.22, subdivision 15, is amended to read:

97.2 Subd. 15. **Nonmedication treatment services; documentation.** (a) The program must
97.3 ~~offer at least 50 consecutive minutes of individual or group therapy treatment services as~~
97.4 ~~defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first~~
97.5 ~~ten weeks following the day of service initiation, and at least 50 consecutive minutes per~~
97.6 ~~month thereafter. As clinically appropriate, the program may offer these services cumulatively~~
97.7 ~~and not consecutively in increments of no less than 15 minutes over the required time period,~~
97.8 ~~and for a total of 60 minutes of treatment services over the time period, and must document~~
97.9 ~~the reason for providing services cumulatively in the client's record. The program may offer~~
97.10 ~~additional levels of service when deemed clinically necessary meet the requirements in~~
97.11 ~~section 245G.07, subdivision 1, paragraph (a), and must document each time the client was~~
97.12 ~~offered an individual or group counseling service. If the individual or group counseling~~
97.13 ~~service was offered but not provided to the client, the license holder must document the~~
97.14 ~~reason the service was not provided. If the service was provided, the license holder must~~
97.15 ~~ensure that the service is documented according to the requirements in section 245G.06,~~
97.16 ~~subdivision 2a.~~

97.17 (b) Notwithstanding the requirements of comprehensive assessments in section 245G.05,
97.18 the assessment must be completed within 21 days from the day of service initiation.

97.19 ~~(c) Notwithstanding the requirements of individual treatment plans set forth in section~~
97.20 ~~245G.06:~~

97.21 ~~(1) treatment plan contents for a maintenance client are not required to include goals~~
97.22 ~~the client must reach to complete treatment and have services terminated;~~

97.23 ~~(2) treatment plans for a client in a taper or detox status must include goals the client~~
97.24 ~~must reach to complete treatment and have services terminated; and~~

97.25 ~~(3) for the ten weeks following the day of service initiation for all new admissions,~~
97.26 ~~readmissions, and transfers, a weekly treatment plan review must be documented once the~~
97.27 ~~treatment plan is completed. Subsequently, the counselor must document treatment plan~~
97.28 ~~reviews in the six dimensions at least once monthly or, when clinical need warrants, more~~
97.29 ~~frequently.~~

97.30 **EFFECTIVE DATE.** This section is effective January 1, 2024.

97.31 Sec. 16. Minnesota Statutes 2022, section 245I.10, subdivision 6, is amended to read:

97.32 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health
97.33 professional or a clinical trainee may complete a standard diagnostic assessment of a client.
98.1 A standard diagnostic assessment of a client must include a face-to-face interview with a

145.32 client and a written evaluation of the client. The assessor must complete a client's standard
 145.33 diagnostic assessment within the client's cultural context. An alcohol and drug counselor
 146.1 may gather and document the information in paragraphs (b) and (c) when completing a
 146.2 comprehensive assessment according to section 245G.05.

146.3 (b) When completing a standard diagnostic assessment of a client, the assessor must
 146.4 gather and document information about the client's current life situation, including the
 146.5 following information:

146.6 (1) the client's age;

146.7 (2) the client's current living situation, including the client's housing status and household
 146.8 members;

146.9 (3) the status of the client's basic needs;

146.10 (4) the client's education level and employment status;

146.11 (5) the client's current medications;

146.12 (6) any immediate risks to the client's health and safety, specifically withdrawal, medical
 146.13 conditions, and behavioral and emotional symptoms;

146.14 (7) the client's perceptions of the client's condition;

146.15 (8) the client's description of the client's symptoms, including the reason for the client's
 146.16 referral;

146.17 (9) the client's history of mental health and substance use disorder treatment; ~~and~~

146.18 (10) cultural influences on the client; and

146.19 (11) substance use history, if applicable, including:

146.20 (i) amounts and types of substances, frequency and duration, route of administration,
 146.21 periods of abstinence, and circumstances of relapse; and

146.22 (ii) the impact to functioning when under the influence of substances, including legal
 146.23 interventions.

146.24 (c) If the assessor cannot obtain the information that this paragraph requires without
 146.25 retraumatizing the client or harming the client's willingness to engage in treatment, the
 146.26 assessor must identify which topics will require further assessment during the course of the
 146.27 client's treatment. The assessor must gather and document information related to the following
 146.28 topics:

146.29 (1) the client's relationship with the client's family and other significant personal
 146.30 relationships, including the client's evaluation of the quality of each relationship;

147.1 (2) the client's strengths and resources, including the extent and quality of the client's
 147.2 social networks;

98.2 client and a written evaluation of the client. The assessor must complete a client's standard
 98.3 diagnostic assessment within the client's cultural context. An alcohol and drug counselor
 98.4 may gather and document the information in paragraphs (b) and (c) when completing a
 98.5 comprehensive assessment according to section 245G.05.

98.6 (b) When completing a standard diagnostic assessment of a client, the assessor must
 98.7 gather and document information about the client's current life situation, including the
 98.8 following information:

98.9 (1) the client's age;

98.10 (2) the client's current living situation, including the client's housing status and household
 98.11 members;

98.12 (3) the status of the client's basic needs;

98.13 (4) the client's education level and employment status;

98.14 (5) the client's current medications;

98.15 (6) any immediate risks to the client's health and safety, including withdrawal symptoms,
 98.16 medical conditions, and behavioral and emotional symptoms;

98.17 (7) the client's perceptions of the client's condition;

98.18 (8) the client's description of the client's symptoms, including the reason for the client's
 98.19 referral;

98.20 (9) the client's history of mental health and substance use disorder treatment; ~~and~~

98.21 (10) cultural influences on the client; and

98.22 (11) substance use history, if applicable, including:

98.23 (i) amounts and types of substances, frequency and duration, route of administration,
 98.24 periods of abstinence, and circumstances of relapse; and

98.25 (ii) the impact to functioning when under the influence of substances, including legal
 98.26 interventions.

98.27 (c) If the assessor cannot obtain the information that this paragraph requires without
 98.28 retraumatizing the client or harming the client's willingness to engage in treatment, the
 98.29 assessor must identify which topics will require further assessment during the course of the
 98.30 client's treatment. The assessor must gather and document information related to the following
 98.31 topics:

99.1 (1) the client's relationship with the client's family and other significant personal
 99.2 relationships, including the client's evaluation of the quality of each relationship;

99.3 (2) the client's strengths and resources, including the extent and quality of the client's
 99.4 social networks;

147.3 (3) important developmental incidents in the client's life;

147.4 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

147.5 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

147.6 (6) the client's health history and the client's family health history, including the client's

147.7 physical, chemical, and mental health history.

147.8 (d) When completing a standard diagnostic assessment of a client, an assessor must use

147.9 a recognized diagnostic framework.

147.10 (1) When completing a standard diagnostic assessment of a client who is five years of

147.11 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic

147.12 Classification of Mental Health and Development Disorders of Infancy and Early Childhood

147.13 published by Zero to Three.

147.14 (2) When completing a standard diagnostic assessment of a client who is six years of

147.15 age or older, the assessor must use the current edition of the Diagnostic and Statistical

147.16 Manual of Mental Disorders published by the American Psychiatric Association.

147.17 (3) When completing a standard diagnostic assessment of a client who is five years of

147.18 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument

147.19 (ECSII) to the client and include the results in the client's assessment.

147.20 (4) When completing a standard diagnostic assessment of a client who is six to 17 years

147.21 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument

147.22 (CASII) to the client and include the results in the client's assessment.

147.23 (5) When completing a standard diagnostic assessment of a client who is 18 years of

147.24 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria

147.25 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders

147.26 published by the American Psychiatric Association to screen and assess the client for a

147.27 substance use disorder.

147.28 (e) When completing a standard diagnostic assessment of a client, the assessor must

147.29 include and document the following components of the assessment:

147.30 (1) the client's mental status examination;

147.31 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;

147.32 vulnerabilities; safety needs, including client information that supports the assessor's findings

148.1 after applying a recognized diagnostic framework from paragraph (d); and any differential

148.2 diagnosis of the client; and

148.3 (3) an explanation of: (i) how the assessor diagnosed the client using the information

148.4 from the client's interview, assessment, psychological testing, and collateral information

148.5 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;

148.6 and (v) the client's responsivity factors.

99.5 (3) important developmental incidents in the client's life;

99.6 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

99.7 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

99.8 (6) the client's health history and the client's family health history, including the client's

99.9 physical, chemical, and mental health history.

99.10 (d) When completing a standard diagnostic assessment of a client, an assessor must use

99.11 a recognized diagnostic framework.

99.12 (1) When completing a standard diagnostic assessment of a client who is five years of

99.13 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic

99.14 Classification of Mental Health and Development Disorders of Infancy and Early Childhood

99.15 published by Zero to Three.

99.16 (2) When completing a standard diagnostic assessment of a client who is six years of

99.17 age or older, the assessor must use the current edition of the Diagnostic and Statistical

99.18 Manual of Mental Disorders published by the American Psychiatric Association.

99.19 (3) When completing a standard diagnostic assessment of a client who is five years of

99.20 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument

99.21 (ECSII) to the client and include the results in the client's assessment.

99.22 (4) When completing a standard diagnostic assessment of a client who is six to 17 years

99.23 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument

99.24 (CASII) to the client and include the results in the client's assessment.

99.25 (5) When completing a standard diagnostic assessment of a client who is 18 years of

99.26 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria

99.27 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders

99.28 published by the American Psychiatric Association to screen and assess the client for a

99.29 substance use disorder.

99.30 (e) When completing a standard diagnostic assessment of a client, the assessor must

99.31 include and document the following components of the assessment:

99.32 (1) the client's mental status examination;

100.1 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;

100.2 vulnerabilities; safety needs, including client information that supports the assessor's findings

100.3 after applying a recognized diagnostic framework from paragraph (d); and any differential

100.4 diagnosis of the client; and

100.5 (3) an explanation of: (i) how the assessor diagnosed the client using the information

100.6 from the client's interview, assessment, psychological testing, and collateral information

100.7 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;

100.8 and (v) the client's responsivity factors.

148.7 (f) When completing a standard diagnostic assessment of a client, the assessor must
 148.8 consult the client and the client's family about which services that the client and the family
 148.9 prefer to treat the client. The assessor must make referrals for the client as to services required
 148.10 by law.

100.9 (f) When completing a standard diagnostic assessment of a client, the assessor must
 100.10 consult the client and the client's family about which services that the client and the family
 100.11 prefer to treat the client. The assessor must make referrals for the client as to services required
 100.12 by law.

100.13 Sec. 17. Minnesota Statutes 2022, section 253B.10, subdivision 1, is amended to read:

100.14 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
 100.15 court shall issue a warrant or an order committing the patient to the custody of the head of
 100.16 the treatment facility, state-operated treatment program, or community-based treatment
 100.17 program. The warrant or order shall state that the patient meets the statutory criteria for
 100.18 civil commitment.

100.19 (b) The commissioner shall prioritize civilly committed patients who are determined by
 100.20 the Office of Medical Director or a designee to require emergency admission to a
 100.21 state-operated treatment program, as well as patients being admitted from jail or a correctional
 100.22 institution who are:

100.23 (1) ordered confined in a state-operated treatment program for an examination under
 100.24 Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and
 100.25 20.02, subdivision 2;

100.26 (2) under civil commitment for competency treatment and continuing supervision under
 100.27 Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7;

100.28 (3) found not guilty by reason of mental illness under Minnesota Rules of Criminal
 100.29 Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be
 100.30 detained in a state-operated treatment program pending completion of the civil commitment
 100.31 proceedings; or

100.32 (4) committed under this chapter to the commissioner after dismissal of the patient's
 100.33 criminal charges.

101.1 Patients described in this paragraph must be admitted to a state-operated treatment program
 101.2 within 48 hours of the Office of Medical Director or a designee determining that a medically
 101.3 appropriate bed is available. The commitment must be ordered by the court as provided in
 101.4 section 253B.09, subdivision 1, paragraph (d).

101.5 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
 101.6 treatment program, or community-based treatment program, the head of the facility or
 101.7 program shall retain the duplicate of the warrant and endorse receipt upon the original
 101.8 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
 101.9 be filed in the court of commitment. After arrival, the patient shall be under the control and
 101.10 custody of the head of the facility or program.

101.11 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
 101.12 of law, the court order committing the patient, the report of the court examiners, and the
 101.13 prepetition report, and any medical and behavioral information available shall be provided

148.11 Sec. 17. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
148.12 to read:

148.13 Subd. 2a. **American Society of Addiction Medicine criteria or ASAM**
148.14 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM" means the clinical
148.15 guidelines for purposes of the assessment, treatment, placement, and transfer or discharge
148.16 of individuals with substance use disorders. The ASAM criteria are contained in the current
148.17 edition of the *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and*
148.18 *Co-Occurring Conditions.*

148.19 Sec. 18. Minnesota Statutes 2022, section 254B.01, subdivision 8, is amended to read:

148.20 Subd. 8. **Recovery community organization.** "Recovery community organization"
148.21 means an independent organization led and governed by representatives of local communities
148.22 of recovery. A recovery community organization mobilizes resources within and outside
148.23 of the recovery community to increase the prevalence and quality of long-term recovery
148.24 from ~~alcohol and other drug addiction~~ substance use disorder. Recovery community
148.25 organizations provide peer-based recovery support activities such as training of recovery
148.26 peers. Recovery community organizations provide mentorship and ongoing support to
148.27 individuals dealing with a substance use disorder and connect them with the resources that
148.28 can support each person's recovery. A recovery community organization also promotes a
148.29 recovery-focused orientation in community education and outreach programming, and
148.30 organize recovery-focused policy advocacy activities to foster healthy communities and
148.31 reduce the stigma of substance use disorder.

149.1 Sec. 19. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
149.2 to read:

149.3 Subd. 9. **Skilled treatment services.** "Skilled treatment services" has the meaning given
149.4 for the "treatment services" described in section 245G.07, subdivisions 1, paragraph (a),
149.5 clauses (1) to (4), and 2, clauses (1) to (6). Skilled treatment services must be provided by
149.6 qualified professionals as identified in section 245G.07, subdivision 3.

101.14 at the time of admission of a patient to the designated treatment facility or program to which
101.15 the patient is committed. Upon a patient's referral to the commissioner of human services
101.16 for admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment
101.17 facility, jail, or correctional facility that has provided care or supervision to the patient in
101.18 the previous two years shall, when requested by the treatment facility or commissioner,
101.19 provide copies of the patient's medical and behavioral records to the Department of Human
101.20 Services for purposes of preadmission planning. This information shall be provided by the
101.21 head of the treatment facility to treatment facility staff in a consistent and timely manner
101.22 and pursuant to all applicable laws.

101.23 Sec. 18. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
101.24 to read:

101.25 Subd. 2a. **American Society of Addiction Medicine criteria or ASAM**
101.26 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM" means the clinical
101.27 guidelines for purposes of assessment, treatment, placement, and transfer or discharge of
101.28 individuals with substance use disorders. The ASAM criteria are contained in the current
101.29 edition of the *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and*
101.30 *Co-Occurring Conditions.*

102.1 Sec. 19. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
102.2 to read:

102.3 Subd. 9. **Skilled treatment services.** "Skilled treatment services" has the meaning given
102.4 for the "treatment services" described in section 245G.07, subdivisions 1, paragraph (a),
102.5 clauses (1) to (4), and 2, clauses (1) to (6). Skilled treatment services must be provided by
102.6 qualified professionals as identified in section 245G.07, subdivision 3.

149.7 Sec. 20. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
 149.8 to read:

149.9 Subd. 10. **Comprehensive assessment.** "Comprehensive assessment" means a
 149.10 person-centered, trauma-informed assessment that:

149.11 (1) is completed for a substance use disorder diagnosis, treatment planning, and
 149.12 determination of client eligibility for substance use disorder treatment services;

149.13 (2) meets the requirements in section 245G.05; and

149.14 (3) is completed by an alcohol and drug counselor qualified according to section 245G.11,
 149.15 subdivision 5.

149.16 Sec. 21. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
 149.17 to read:

149.18 Subd. 4. **Assessment criteria and risk descriptions.** (a) A level of care determination
 149.19 must use the following criteria to assess risk:

149.20 (b) Dimension 1: Acute intoxication and withdrawal potential. A vendor must use the
 149.21 following scoring and criteria in Dimension 1 to determine a client's acute intoxication and
 149.22 withdrawal potential, the client's ability to cope with withdrawal symptoms, and the client's
 149.23 current state of intoxication.

149.24 "0" The client displays full functioning with good ability to tolerate and cope with
 149.25 withdrawal discomfort, and the client shows no signs or symptoms of intoxication or
 149.26 withdrawal or diminishing signs or symptoms.

149.27 "1" The client can tolerate and cope with withdrawal discomfort. The client displays
 149.28 mild-to-moderate intoxication or signs and symptoms interfering with daily functioning but

102.7 Sec. 20. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
 102.8 to read:

102.9 Subd. 10. **Sober home.** A sober home is a cooperative living residence, a room and
 102.10 board residence, an apartment, or any other living accommodation that:

102.11 (1) provides temporary housing to persons with substance use disorders;

102.12 (2) stipulates that residents must abstain from using alcohol or other illicit drugs or
 102.13 substances not prescribed by a physician and meet other requirements as a condition of
 102.14 living in the home;

102.15 (3) charges a fee for living there;

102.16 (4) does not provide counseling or treatment services to residents; and

102.17 (5) promotes sustained recovery from substance use disorders.

102.18 Sec. 21. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision
 102.19 to read:

102.20 Subd. 11. **Comprehensive assessment.** "Comprehensive assessment" means a
 102.21 person-centered, trauma-informed assessment that:

102.22 (1) is completed for a substance use disorder diagnosis, treatment planning, and
 102.23 determination of client eligibility for substance use disorder treatment services;

102.24 (2) meets the requirements in section 245G.05; and

102.25 (3) is completed by an alcohol and drug counselor qualified according to section 245G.11,
 102.26 subdivision 5.

102.27 Sec. 22. Minnesota Statutes 2022, section 254B.04, is amended by adding a subdivision
 102.28 to read:

102.29 Subd. 4. **Assessment criteria and risk descriptions.** (a) The level of care determination
 102.30 must follow criteria approved by the commissioner.

103.1 (b) Dimension 1: Acute intoxication and withdrawal potential. A vendor must use the
 103.2 following criteria in Dimension 1 to determine a client's acute intoxication and withdrawal
 103.3 potential, the client's ability to cope with withdrawal symptoms, and the client's current
 103.4 state of intoxication.

103.5 "0" The client displays full functioning with good ability to tolerate and cope with
 103.6 withdrawal discomfort, and the client shows no signs or symptoms of intoxication or
 103.7 withdrawal or diminishing signs or symptoms.

103.8 "1" The client can tolerate and cope with withdrawal discomfort. The client displays
 103.9 mild-to-moderate intoxication or signs and symptoms interfering with daily functioning but

149.29 does not immediately endanger self or others. The client poses a minimal risk of severe
 149.30 withdrawal.

150.1 "2" The client has some difficulty tolerating and coping with withdrawal discomfort.
 150.2 The client's intoxication may be severe, but the client responds to support and treatment
 150.3 such that the client does not immediately endanger self or others. The client displays moderate
 150.4 signs and symptoms of withdrawal with moderate risk of severe withdrawal.

150.5 "3" The client tolerates and copes with withdrawal discomfort poorly. The client has
 150.6 severe intoxication, such that the client endangers self or others, or intoxication has not
 150.7 abated with less intensive services. The client displays severe signs and symptoms of
 150.8 withdrawal, has a risk of severe-but-manageable withdrawal, or has worsening withdrawal
 150.9 despite detoxification at less intensive level.

150.10 "4" The client is incapacitated with severe signs and symptoms. The client displays
 150.11 severe withdrawal and is a danger to self or others.

150.12 (c) Dimension 2: biomedical conditions and complications. The vendor must use the
 150.13 following scoring and criteria in Dimension 2 to determine a client's biomedical conditions
 150.14 and complications, the degree to which any physical disorder of the client would interfere
 150.15 with treatment for substance use, and the client's ability to tolerate any related discomfort.
 150.16 If the client is pregnant, the provider must determine the impact of continued substance use
 150.17 on the unborn child.

150.18 "0" The client displays full functioning with good ability to cope with physical discomfort.

150.19 "1" The client tolerates and copes with physical discomfort and is able to get the services
 150.20 that the client needs.

150.21 "2" The client has difficulty tolerating and coping with physical problems or has other
 150.22 biomedical problems that interfere with recovery and treatment. The client neglects or does
 150.23 not seek care for serious biomedical problems.

150.24 "3" The client tolerates and copes poorly with physical problems or has poor general
 150.25 health. The client neglects the client's medical problems without active assistance.

150.26 "4" The client is unable to participate in substance use disorder treatment and has severe
 150.27 medical problems, has a condition that requires immediate intervention, or is incapacitated.

150.28 (d) Dimension 3: Emotional, behavioral, and cognitive conditions and complications.
 150.29 The vendor must use the following scoring and criteria in Dimension 3 to determine a client's
 150.30 emotional, behavioral, and cognitive conditions and complications; the degree to which any
 150.31 condition or complication is likely to interfere with treatment for substance use or with
 150.32 functioning in significant life areas; and the likelihood of harm to self or others.

103.10 does not immediately endanger self or others. The client poses a minimal risk of severe
 103.11 withdrawal.

103.12 "2" The client has some difficulty tolerating and coping with withdrawal discomfort.
 103.13 The client's intoxication may be severe, but the client responds to support and treatment
 103.14 such that the client does not immediately endanger self or others. The client displays moderate
 103.15 signs and symptoms of withdrawal with moderate risk of severe withdrawal.

103.16 "3" The client tolerates and copes with withdrawal discomfort poorly. The client has
 103.17 severe intoxication, such that the client endangers self or others, or intoxication has not
 103.18 abated with less intensive services. The client displays severe signs and symptoms of
 103.19 withdrawal, has a risk of severe-but-manageable withdrawal, or has worsening withdrawal
 103.20 despite detoxification at a less intensive level.

103.21 "4" The client is incapacitated with severe signs and symptoms. The client displays
 103.22 severe withdrawal and is a danger to self or others.

103.23 (c) Dimension 2: biomedical conditions and complications. The vendor must use the
 103.24 following criteria in Dimension 2 to determine a client's biomedical conditions and
 103.25 complications, the degree to which any physical disorder of the client would interfere with
 103.26 treatment for substance use, and the client's ability to tolerate any related discomfort. If the
 103.27 client is pregnant, the provider must determine the impact of continued substance use on
 103.28 the unborn child.

103.29 "0" The client displays full functioning with good ability to cope with physical discomfort.

103.30 "1" The client tolerates and copes with physical discomfort and is able to get the services
 103.31 that the client needs.

104.1 "2" The client has difficulty tolerating and coping with physical problems or has other
 104.2 biomedical problems that interfere with recovery and treatment. The client neglects or does
 104.3 not seek care for serious biomedical problems.

104.4 "3" The client tolerates and copes poorly with physical problems or has poor general
 104.5 health. The client neglects the client's medical problems without active assistance.

104.6 "4" The client is unable to participate in substance use disorder treatment and has severe
 104.7 medical problems, has a condition that requires immediate intervention, or is incapacitated.

104.8 (d) Dimension 3: Emotional, behavioral, and cognitive conditions and complications.
 104.9 The vendor must use the following criteria in Dimension 3 to determine a client's emotional,
 104.10 behavioral, and cognitive conditions and complications; the degree to which any condition
 104.11 or complication is likely to interfere with treatment for substance use or with functioning
 104.12 in significant life areas; and the likelihood of harm to self or others.

- 151.1 "0" The client has good impulse control and coping skills and presents no risk of harm
 151.2 to self or others. The client functions in all life areas and displays no emotional, behavioral,
 151.3 or cognitive problems or the problems are stable.
- 151.4 "1" The client has impulse control and coping skills. The client presents a
 151.5 mild-to-moderate risk of harm to self or others or displays symptoms of emotional,
 151.6 behavioral, or cognitive problems. The client has a mental health diagnosis and is stable.
 151.7 The client functions adequately in significant life areas.
- 151.8 "2" The client has difficulty with impulse control and lacks coping skills. The client has
 151.9 thoughts of suicide or harm to others without means, however the thoughts may interfere
 151.10 with participation in some activities. The client has difficulty functioning in significant life
 151.11 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.
 151.12 The client is able to participate in most treatment activities.
- 151.13 "3" The client has a severe lack of impulse control and coping skills. The client also has
 151.14 frequent thoughts of suicide or harm to others including a plan and the means to carry out
 151.15 the plan. In addition, the client is severely impaired in significant life areas and has severe
 151.16 symptoms of emotional, behavioral, or cognitive problems that interfere with the client's
 151.17 participation in treatment activities.
- 151.18 "4" The client has severe emotional or behavioral symptoms that place the client or
 151.19 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.
 151.20 The client is unable to participate in treatment activities.
- 151.21 (e) Dimension 4: Readiness for change. The vendor must use the following scoring and
 151.22 criteria in Dimension 4 to determine a client's readiness for change and the support necessary
 151.23 to keep the client involved in treatment services.
- 151.24 "0" The client is cooperative, motivated, ready to change, admits problems, committed
 151.25 to change, and engaged in treatment as a responsible participant.
- 151.26 "1" The client is motivated with active reinforcement to explore treatment and strategies
 151.27 for change but ambivalent about illness or need for change.
- 151.28 "2" The client displays verbal compliance, but lacks consistent behaviors, has low
 151.29 motivation for change, and is passively involved in treatment.
- 151.30 "3" The client displays inconsistent compliance, displays minimal awareness of either
 151.31 the client's addiction or mental disorder, and is minimally cooperative.
- 151.32 "4" The client is:
- 152.1 (i) noncompliant with treatment and has no awareness of addiction or mental disorder
 152.2 and does not want or is unwilling to explore change or is in total denial of the client's illness
 152.3 and its implications; or

- 104.13 "0" The client has good impulse control and coping skills and presents no risk of harm
 104.14 to self or others. The client functions in all life areas and displays no emotional, behavioral,
 104.15 or cognitive problems or the problems are stable.
- 104.16 "1" The client has impulse control and coping skills. The client presents a mild to
 104.17 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or
 104.18 cognitive problems. The client has a mental health diagnosis and is stable. The client
 104.19 functions adequately in significant life areas.
- 104.20 "2" The client has difficulty with impulse control and lacks coping skills. The client has
 104.21 thoughts of suicide or harm to others without means, however, the thoughts may interfere
 104.22 with participation in some activities. The client has difficulty functioning in significant life
 104.23 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.
 104.24 The client is able to participate in most treatment activities.
- 104.25 "3" The client has a severe lack of impulse control and coping skills. The client also has
 104.26 frequent thoughts of suicide or harm to others including a plan and the means to carry out
 104.27 the plan. In addition, the client is severely impaired in significant life areas and has severe
 104.28 symptoms of emotional, behavioral, or cognitive problems that interfere with the client's
 104.29 participation in treatment activities.
- 104.30 "4" The client has severe emotional or behavioral symptoms that place the client or
 104.31 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.
 104.32 The client is unable to participate in treatment activities.
- 105.1 (e) Dimension 4: Readiness for change. The vendor must use the following criteria in
 105.2 Dimension 4 to determine a client's readiness for change and the support necessary to keep
 105.3 the client involved in treatment services.
- 105.4 "0" The client admits problems and is cooperative, motivated, ready to change, committed
 105.5 to change, and engaged in treatment as a responsible participant.
- 105.6 "1" The client is motivated with active reinforcement to explore treatment and strategies
 105.7 for change but ambivalent about illness or need for change.
- 105.8 "2" The client displays verbal compliance but lacks consistent behaviors, has low
 105.9 motivation for change, and is passively involved in treatment.
- 105.10 "3" The client displays inconsistent compliance, displays minimal awareness of either
 105.11 the client's addiction or mental disorder, and is minimally cooperative.
- 105.12 "4" The client is:
- 105.13 (i) noncompliant with treatment and has no awareness of addiction or mental disorder
 105.14 and does not want or is unwilling to explore change or is in total denial of the client's illness
 105.15 and its implications; or

152.4 (ii) dangerously oppositional to the extent that the client is a threat of imminent harm
 152.5 to self and others.

152.6 (f) Dimension 5: Relapse, continued use, and continued problem potential. The vendor
 152.7 must use the following scoring and criteria in Dimension 5 to determine a client's relapse,
 152.8 continued use, and continued problem potential and the degree to which the client recognizes
 152.9 relapse issues and has the skills to prevent relapse of either substance use or mental health
 152.10 problems.

152.11 "0" The client recognizes risk well and is able to manage potential problems.

152.12 "1" The client recognizes relapse issues and prevention strategies but displays some
 152.13 vulnerability for further substance use or mental health problems.

152.14 "2" The client has:

152.15 (i) minimal recognition and understanding of relapse and recidivism issues and displays
 152.16 moderate vulnerability for further substance use or mental health problems; or

152.17 (ii) some coping skills inconsistently applied.

152.18 "3" The client has poor recognition and understanding of relapse and recidivism issues
 152.19 and displays moderately high vulnerability for further substance use or mental health
 152.20 problems. The client has few coping skills and rarely applies coping skills.

152.21 "4" The client has no coping skills to arrest mental health or addiction illnesses or prevent
 152.22 relapse. The client has no recognition or understanding of relapse and recidivism issues and
 152.23 displays high vulnerability for further substance use disorder or mental health problems.

152.24 (g) Dimension 6: Recovery environment. The vendor must use the following scoring
 152.25 and criteria in Dimension 6 to determine a client's recovery environment, whether the areas
 152.26 of the client's life are supportive of or antagonistic to treatment participation and recovery.

152.27 "0" The client is engaged in structured meaningful activity and has a supportive significant
 152.28 other, family, and living environment.

152.29 "1" The client has passive social network support, or family and significant other are
 152.30 not interested in the client's recovery. The client is engaged in structured meaningful activity.

152.31 "2" The client is engaged in structured, meaningful activity, but peers, family, significant
 152.32 other, and living environment are unsupportive, or there is criminal justice system
 153.1 involvement by the client or among the client's peers, by a significant other, or in the client's
 153.2 living environment.

153.3 "3" The client is not engaged in structured meaningful activity, and the client's peers,
 153.4 family, significant other, and living environment are unsupportive, or there is significant
 153.5 criminal justice system involvement.

105.16 (ii) the client is dangerously oppositional to the extent that the client is a threat of
 105.17 imminent harm to self and others.

105.18 (f) Dimension 5: Relapse, continued use, and continued problem potential. The vendor
 105.19 must use the following criteria in Dimension 5 to determine a client's relapse, continued
 105.20 use, and continued problem potential and the degree to which the client recognizes relapse
 105.21 issues and has the skills to prevent relapse of either substance use or mental health problems.

105.22 "0" The client recognizes risk well and is able to manage potential problems.

105.23 "1" The client recognizes relapse issues and prevention strategies but displays some
 105.24 vulnerability for further substance use or mental health problems.

105.25 "2" The client has:

105.26 (i) minimal recognition and understanding of relapse and recidivism issues and displays
 105.27 moderate vulnerability for further substance use or mental health problems; or

105.28 (ii) some coping skills inconsistently applied.

105.29 "3" The client has poor recognition and understanding of relapse and recidivism issues
 105.30 and displays moderately high vulnerability for further substance use or mental health
 105.31 problems. The client has few coping skills and rarely applies coping skills.

106.1 "4" The client has no coping skills to arrest mental health or addiction illnesses or prevent
 106.2 relapse. The client has no recognition or understanding of relapse and recidivism issues and
 106.3 displays high vulnerability for further substance use disorder or mental health problems.

106.4 (g) Dimension 6: Recovery environment. The vendor must use the following criteria in
 106.5 Dimension 6 to determine a client's recovery environment, whether the areas of the client's
 106.6 life are supportive of or antagonistic to treatment participation and recovery.

106.7 "0" The client is engaged in structured meaningful activity and has a supportive significant
 106.8 other, family, and living environment.

106.9 "1" The client has passive social network support, or family and significant other are
 106.10 not interested in the client's recovery. The client is engaged in structured meaningful activity.

106.11 "2" The client is engaged in structured, meaningful activity, but peers, family, significant
 106.12 other, and living environment are unsupportive, or there is criminal justice involvement by
 106.13 the client or among the client's peers, by a significant other, or in the client's living
 106.14 environment.

106.15 "3" The client is not engaged in structured meaningful activity, and the client's peers,
 106.16 family, significant other, and living environment are unsupportive, or there is significant
 106.17 criminal justice system involvement.

153.6 "4" The client has:

153.7 (i) a chronically antagonistic significant other, living environment, family, or peer group

153.8 or a long-term criminal justice system involvement that is harmful to recovery or treatment

153.9 progress; or

153.10 (ii) an actively antagonistic significant other, family, work, or living environment that

153.11 poses an immediate threat to the client's safety and well-being.

153.12 Sec. 22. Minnesota Statutes 2022, section 254B.05, subdivision 1, is amended to read:

153.13 Subdivision 1. ~~Licensure required~~ Eligible vendors. (a) Programs licensed by the

153.14 commissioner are eligible vendors. Hospitals may apply for and receive licenses to be

153.15 eligible vendors, notwithstanding the provisions of section 245A.03. American Indian

153.16 programs that provide substance use disorder treatment, extended care, transitional residence,

153.17 or outpatient treatment services, and are licensed by tribal government are eligible vendors.

153.18 (b) A licensed professional in private practice as defined in section 245G.01, subdivision

153.19 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible

153.20 vendor of a comprehensive assessment and assessment summary provided according to

153.21 section 245G.05, and treatment services provided according to sections 245G.06 and

153.22 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses

153.23 (1) to (6).

153.24 (c) A county is an eligible vendor for a comprehensive assessment and assessment

153.25 summary when provided by an individual who meets the staffing credentials of section

153.26 245G.11, subdivisions 1 and 5, and completed according to the requirements of section

153.27 245G.05. A county is an eligible vendor of care coordination services when provided by an

153.28 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and

153.29 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),

153.30 clause (5). A county is an eligible vendor of peer recovery services when the services are

153.31 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

154.1 (d) A recovery community organization ~~that meets certification requirements identified~~

154.2 ~~by the commissioner~~ certified by the Board of Recovery Services under sections 254B.20

154.3 to 254B.24 is an eligible vendor of peer support services.

154.4 (e) Recovery community organizations directly approved by the commissioner of human

154.5 services before June 30, 2023, will retain their designation as a recovery community

154.6 organization.

154.7 ~~(f)~~ (f) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to

154.8 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or

154.9 nonresidential substance use disorder treatment or withdrawal management program by the

154.10 commissioner or by tribal government or do not meet the requirements of subdivisions 1a

154.11 and 1b are not eligible vendors.

106.18 "4" The client has:

106.19 (i) a chronically antagonistic significant other, living environment, family, or peer group

106.20 or a long-term criminal justice involvement that is harmful to recovery or treatment progress;

106.21 or

106.22 (ii) an actively antagonistic significant other, family, work, or living environment that

106.23 poses an immediate threat to the client's safety and well-being.

154.12 Sec. 23. Minnesota Statutes 2022, section 254B.05, subdivision 5, is amended to read:

154.13 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance

154.14 use disorder services and service enhancements funded under this chapter.

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

154.16 (1) ~~outpatient treatment services that are licensed according to sections 245G.01 to~~

154.17 ~~245G.17, or applicable tribal license; those licensed, as applicable, according to chapter~~

154.18 ~~245G or applicable Tribal license and provided by the following ASAM levels of care:~~

154.19 (i) ASAM level 0.5 early intervention services provided according to section 254B.19,

154.20 subdivision 1, clause (1);

154.21 (ii) ASAM level 1.0 outpatient services provided according to section 254B.19,

154.22 subdivision 1, clause (2);

154.23 (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,

154.24 subdivision 1, clause (3);

154.25 (iv) ASAM level 2.5 partial hospitalization services provided according to section

154.26 254B.19, subdivision 1, clause (4);

154.27 (v) ASAM level 3.1 clinically managed low-intensity residential services provided

154.28 according to section 254B.19, subdivision 1, clause (5);

154.29 (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential

154.30 services provided according to section 254B.19, subdivision 1, clause (6); and

155.1 (vii) ASAM level 3.5 clinically managed high-intensity residential services provided

155.2 according to section 254B.19, subdivision 1, clause (7);

155.3 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),

155.4 and 245G.05;

155.5 (3) ~~care~~ treatment coordination services provided according to section 245G.07,

155.6 subdivision 1, paragraph (a), clause (5);

155.7 (4) peer recovery support services provided according to section 245G.07, subdivision

155.8 2, clause (8);

155.9 (5) ~~on July 1, 2019, or upon federal approval, whichever is later,~~ withdrawal management

155.10 services provided according to chapter 245F;

155.11 (6) substance use disorder treatment services with medications for opioid use disorder

155.12 ~~that are provided in an opioid treatment program~~ licensed according to sections 245G.01

155.13 to 245G.17 and 245G.22, or applicable tribal license;

106.24 Sec. 23. Minnesota Statutes 2022, section 254B.05, subdivision 5, is amended to read:

106.25 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance

106.26 use disorder services and service enhancements funded under this chapter.

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

106.28 (1) ~~outpatient treatment services that are licensed according to sections 245G.01 to~~

106.29 ~~245G.17, or applicable tribal license; those licensed, as applicable, according to chapter~~

106.30 ~~245G or applicable Tribal license and provided~~ according to the following ASAM levels

106.31 of care:

107.1 (i) ASAM level 0.5 early intervention services provided according to section 254B.19,

107.2 subdivision 1, clause (1);

107.3 (ii) ASAM level 1.0 outpatient services provided according to section 254B.19,

107.4 subdivision 1, clause (2);

107.5 (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,

107.6 subdivision 1, clause (3);

107.7 (iv) ASAM level 2.5 partial hospitalization services provided according to section

107.8 254B.19, subdivision 1, clause (4);

107.9 (v) ASAM level 3.1 clinically managed low-intensity residential services provided

107.10 according to section 254B.19, subdivision 1, clause (5);

107.11 (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential

107.12 services provided according to section 254B.19, subdivision 1, clause (6); and

107.13 (vii) ASAM level 3.5 clinically managed high-intensity residential services provided

107.14 according to section 254B.19, subdivision 1, clause (7);

107.15 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),

107.16 and 245G.05;

107.17 (3) ~~care~~ treatment coordination services provided according to section 245G.07,

107.18 subdivision 1, paragraph (a), clause (5);

107.19 (4) peer recovery support services provided according to section 245G.07, subdivision

107.20 2, clause (8);

107.21 (5) ~~on July 1, 2019, or upon federal approval, whichever is later,~~ withdrawal management

107.22 services provided according to chapter 245F;

107.23 (6) substance use disorder treatment services with medications for opioid use disorder

107.24 ~~that are provided in an opioid treatment program~~ licensed according to sections 245G.01

107.25 to 245G.17 and 245G.22, or applicable tribal license;

155.14 ~~(7) substance use disorder treatment with medications for opioid use disorder plus~~
 155.15 ~~enhanced treatment services that meet the requirements of clause (6) and provide nine hours~~
 155.16 ~~of clinical services each week;~~

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

155.20 ~~(9) (7) hospital-based treatment services that are licensed according to sections 245G.01~~
 155.21 ~~to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to~~
 155.22 ~~144.56;~~

155.23 ~~(10) (8) adolescent treatment programs that are licensed as outpatient treatment programs~~
 155.24 ~~according to sections 245G.01 to 245G.18 or as residential treatment programs according~~
 155.25 ~~to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or~~
 155.26 ~~applicable tribal license;~~

155.27 ~~(11) high intensity residential treatment (9) ASAM 3.5 clinically managed high-intensity~~
 155.28 ~~residential services that are licensed according to sections 245G.01 to 245G.17 and 245G.21~~
 155.29 ~~or applicable tribal license, which provide 30 hours of clinical services each week ASAM~~
 155.30 ~~level of care 3.5 according to section 254B.19, subdivision 1, clause (7), and is provided~~
 155.31 ~~by a state-operated vendor or to clients who have been civilly committed to the commissioner,~~
 155.32 ~~present the most complex and difficult care needs, and are a potential threat to the community;~~
 155.33 ~~and~~

156.1 ~~(12) (10) room and board facilities that meet the requirements of subdivision 1a.~~

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

156.4 (1) programs that serve parents with their children if the program:
 156.5 (i) provides on-site child care during the hours of treatment activity that:
 156.6 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
 156.7 9503; or
 156.8 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
 156.9 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or
 156.10 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
 156.11 licensed under chapter 245A as:
 156.12 (A) a child care center under Minnesota Rules, chapter 9503; or
 156.13 (B) a family child care home under Minnesota Rules, chapter 9502;

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

107.26 ~~(7) substance use disorder treatment with medications for opioid use disorder plus~~
 107.27 ~~enhanced treatment services that meet the requirements of clause (6) and provide nine hours~~
 107.28 ~~of clinical services each week;~~

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

108.1 ~~(9) (7) hospital-based treatment services that are licensed according to sections 245G.01~~
 108.2 ~~to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to~~
 108.3 ~~144.56;~~

108.4 ~~(10) (8) adolescent treatment programs that are licensed as outpatient treatment programs~~
 108.5 ~~according to sections 245G.01 to 245G.18 or as residential treatment programs according~~
 108.6 ~~to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or~~
 108.7 ~~applicable tribal license;~~

108.8 ~~(11) high intensity residential treatment (9) ASAM 3.5 clinically managed high-intensity~~
 108.9 ~~residential services that are licensed according to sections 245G.01 to 245G.17 and 245G.21~~
 108.10 ~~or applicable tribal license, which provide 30 hours of clinical services each week ASAM~~
 108.11 ~~level of care 3.5 according to section 254B.19, subdivision 1, clause (7), and is provided~~
 108.12 ~~by a state-operated vendor or to clients who have been civilly committed to the commissioner,~~
 108.13 ~~present the most complex and difficult care needs, and are a potential threat to the community;~~
 108.14 ~~and~~

108.15 ~~(12) (10) room and board facilities that meet the requirements of subdivision 1a.~~

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

108.18 (1) programs that serve parents with their children if the program:
 108.19 (i) provides on-site child care during the hours of treatment activity that:
 108.20 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
 108.21 9503; or
 108.22 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
 108.23 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or
 108.24 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
 108.25 licensed under chapter 245A as:
 108.26 (A) a child care center under Minnesota Rules, chapter 9503; or
 108.27 (B) a family child care home under Minnesota Rules, chapter 9502;

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

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

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

156.21 (5) programs that offer services to individuals with co-occurring mental health and
 156.22 substance use disorder problems if:

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

156.24 (ii) 25 percent of the counseling staff are licensed mental health professionals under
 156.25 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision
 156.26 of a licensed alcohol and drug counselor supervisor and mental health professional under
 156.27 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health
 156.28 staff may be students or licensing candidates with time documented to be directly related
 156.29 to provisions of co-occurring services;

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

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

157.4 (v) family education is offered that addresses mental health and substance use disorder
 157.5 and the interaction between the two; and

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

157.8 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
 157.9 that provides arrangements for off-site child care must maintain current documentation at
 157.10 the substance use disorder facility of the child care provider's current licensure to provide
 157.11 child care services. Programs that provide child care according to paragraph (c), clause (1),
 157.12 must be deemed in compliance with the licensing requirements in section 245G.19.

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

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

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

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

109.5 (5) programs that offer services to individuals with co-occurring mental health and
 109.6 substance use disorder problems if:

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

109.8 (ii) 25 percent of the counseling staff are licensed mental health professionals under
 109.9 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision
 109.10 of a licensed alcohol and drug counselor supervisor and mental health professional under
 109.11 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health
 109.12 staff may be students or licensing candidates with time documented to be directly related
 109.13 to provisions of co-occurring services;

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

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

109.19 (v) family education is offered that addresses mental health and substance use disorder
 109.20 and the interaction between the two; and

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

109.23 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
 109.24 that provides arrangements for off-site child care must maintain current documentation at
 109.25 the substance use disorder facility of the child care provider's current licensure to provide
 109.26 child care services. Programs that provide child care according to paragraph (c), clause (1),
 109.27 must be deemed in compliance with the licensing requirements in section 245G.19.

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

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

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

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

157.30 **EFFECTIVE DATE.** The amendments to paragraph (b), clause (1), items (i) to (iv),
 157.31 are effective January 1, 2025, or upon federal approval, whichever is later. The amendments
 157.32 to paragraph (b), clause (1), items (v) to (vii), are effective January 1, 2024, or upon federal
 158.1 approval, whichever is later. The amendments to paragraph (b), clauses (2) to (10), are
 158.2 effective January 1, 2024.

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

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

110.12 (i) Payment for substance use disorder services under this section must start from the
 110.13 day of service initiation, when the comprehensive assessment is completed within the
 110.14 required timelines.

110.15 **EFFECTIVE DATE.** Paragraph (b), clause (1), items (i) to (iv), are effective January
 110.16 1, 2025, or upon federal approval, whichever is later. Paragraph (b), clause (1), items (v)
 110.17 to (vii), are effective January 1, 2024, or upon federal approval, whichever is later. Paragraph
 110.18 (b), clauses (2) to (10), are effective January 1, 2024.

111.5 Sec. 25. **[254B.18] SOBER HOMES.**

111.6 Subdivision 1. Requirements. All sober homes must comply with applicable state laws
 111.7 and regulations and local ordinances related to maximum occupancy, fire safety, and
 111.8 sanitation. All sober homes must register with the Department of Human Services. In
 111.9 addition, all sober homes must:

111.10 (1) maintain a supply of an opiate antagonist in the home;

111.11 (2) have trained staff that can administer an opiate antagonist;

111.12 (3) have written policies regarding access to all prescribed medications;

111.13 (4) have written policies regarding evictions;

111.14 (5) have staff training and policies regarding co-occurring mental illnesses;

111.15 (6) not prohibit prescribed medications taken as directed by a licensed prescriber, such
 111.16 as pharmacotherapies specifically approved by the Food and Drug Administration (FDA)
 111.17 for treatment of opioid use disorder and other medications with FDA-approved indications
 111.18 for the treatment of co-occurring disorders; and

111.19 (7) return all property and medications to a person discharged from the home and retain
 111.20 the items for a minimum of 60 days if the person did not collect them upon discharge. The
 111.21 owner must make every effort to contact persons listed as emergency contacts for the
 111.22 discharged person so that the items are returned.

- 111.23 Subd. 2. **Certification.** (a) The commissioner shall establish a certification program for
111.24 sober homes. Certification is mandatory for sober homes receiving any federal, state, or
111.25 local funding. The certification requirements must include:
- 111.26 (1) health and safety standards, including separate sleeping and bathroom facilities for
111.27 people who identify as men and people who identify as women, written policies on how to
111.28 accommodate residents who do not identify as a man or woman, and verification that the
111.29 home meets fire and sanitation ordinances;
- 111.30 (2) intake admission procedures, including documentation of names and contact
111.31 information for persons to contact in case of an emergency or upon discharge and notification
112.1 of a family member, or other emergency contact designated by the resident under certain
112.2 circumstances, including but not limited to death due to an overdose;
- 112.3 (3) an assessment of potential resident needs and appropriateness of the residence to
112.4 meet these needs;
- 112.5 (4) a resident bill of rights, including a right to a refund if discharged;
- 112.6 (5) policies to address mental health and health emergencies, to prevent a person from
112.7 hurting themselves or others, including contact information for emergency resources in the
112.8 community;
- 112.9 (6) policies on staff qualifications and prohibition against fraternization;
- 112.10 (7) drug-testing procedures and requirements;
- 112.11 (8) policies to mitigate medication misuse, including policies for:
- 112.12 (i) securing medication;
- 112.13 (ii) house staff providing medication at specified times to residents;
- 112.14 (iii) medication counts with staff and residents;
- 112.15 (iv) storing and providing prescribed medications and documenting when a person
112.16 accesses their prescribed medications; and
- 112.17 (v) ensuring that medications cannot be accessed by other residents;
- 112.18 (9) a policy on medications for opioid use disorder;
- 112.19 (10) having an opiate antagonist on site and in a conspicuous location;
- 112.20 (11) prohibiting charging exorbitant fees above standard costs for lab tests;
- 112.21 (12) discharge procedures, including involuntary discharge procedures that ensure at
112.22 least a 24-hours notice prior to filing an eviction action. The notice must include the reasons
112.23 for the involuntary discharge and a warning that an eviction action may become public as
112.24 soon as it is filed, making finding future housing more difficult;

- 112.25 (13) a policy on referrals to substance use disorder treatment services, mental health
112.26 services, peer support services, and support groups;
- 112.27 (14) training for staff on opiate antagonists, mental health crises, de-escalation,
112.28 person-centered planning, creating a crisis plan, and becoming a culturally informed and
112.29 responsive sober home;
- 112.30 (15) a fee schedule and refund policy;
- 113.1 (16) copies of all forms provided to residents;
- 113.2 (17) rules for residents;
- 113.3 (18) background checks of staff and administrators;
- 113.4 (19) policies that promote recovery by requiring resident participation in treatment,
113.5 self-help groups or other recovery supports; and
- 113.6 (20) policies requiring abstinence from alcohol and illicit drugs.
- 113.7 (b) Certifications must be renewed every three years.
- 113.8 Subd. 3. **Registry.** The commissioner shall create a registry containing a listing of sober
113.9 homes that have met the certification requirements. The registry must include each sober
113.10 home city and zip code, maximum resident capacity, and whether the setting serves a specific
113.11 population based on race, ethnicity, national origin, sexual orientation, gender identity, or
113.12 physical ability.
- 113.13 Subd. 4. **Bill of rights.** An individual living in a sober home has the right to:
- 113.14 (1) access to an environment that supports recovery;
- 113.15 (2) access to an environment that is safe and free from alcohol and other illicit drugs or
113.16 substances;
- 113.17 (3) be free from physical and verbal abuse, neglect, financial exploitation, and all forms
113.18 of maltreatment covered under the Vulnerable Adults Act, sections 626.557 to 626.5572;
- 113.19 (4) be treated with dignity and respect and to have personal property treated with respect;
- 113.20 (5) have personal, financial, and medical information kept private and to be advised of
113.21 the sober home's policies and procedures regarding disclosure of such information;
- 113.22 (6) access, while living in the residence, to other community-based support services as
113.23 needed;
- 113.24 (7) be referred to appropriate services upon leaving the residence, if necessary;
- 113.25 (8) retain personal property that does not jeopardize safety or health;

158.3 Sec. 24. [254B.19] AMERICAN SOCIETY OF ADDICTION MEDICINE
 158.4 STANDARDS OF CARE.

158.5 Subdivision 1. **Level of care requirements.** For each client assigned an ASAM level
 158.6 of care, eligible vendors must implement the standards set by the ASAM for the respective
 158.7 level of care. Additionally, vendors must meet the following requirements.

158.8 (1) For ASAM level 0.5 early intervention targeting individuals who are at risk of
 158.9 developing a substance-related problem but may not have a diagnosed substance use disorder,
 158.10 early intervention services may include individual or group counseling, treatment
 158.11 coordination, peer recovery support, screening brief intervention, and referral to treatment
 158.12 provided according to section 254A.03, subdivision 3, paragraph (c).

158.13 (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per
 158.14 week of skilled treatment services and adolescents must receive up to five hours per week.
 158.15 Services must be licensed according to section 245G.20 and meet requirements under section
 158.16 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly
 158.17 skilled treatment service hours allowable per week.

158.18 (3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours
 158.19 per week of skilled treatment services and adolescents must receive six or more hours per
 158.20 week. Vendors must be licensed according to section 245G.20 and must meet requirements
 158.21 under section 256B.0759. Peer recovery and treatment coordination may be provided beyond
 158.22 the hourly skilled treatment service hours allowable per week. If clinically indicated on the

113.26 (9) assert these rights personally or have them asserted by the individual's representative
 113.27 or by anyone on behalf of the individual without retaliation;

113.28 (10) be provided with the name, address, and telephone number of the ombudsman for
 113.29 mental health, substance use disorder, and developmental disabilities and information about
 113.30 the right to file a complaint;

114.1 (11) be fully informed of these rights and responsibilities, as well as program policies
 114.2 and procedures; and

114.3 (12) not be required to perform services for the residence that are not included in the
 114.4 usual expectations for all residents.

114.5 Subd. 5. **Private right of action.** In addition to pursuing other remedies, an individual
 114.6 may bring an action to recover damages caused by a violation of this section. The court
 114.7 shall award a resident who prevails in an action under this section double damages, costs,
 114.8 disbursements, reasonable attorney fees, and any equitable relief the court deems appropriate.

114.9 Subd. 6. **Complaints; ombudsman for mental health and developmental**
 114.10 **disabilities.** Any complaints about a sober home may be made to and reviewed or
 114.11 investigated by the ombudsman for mental health and developmental disabilities, pursuant
 114.12 to sections 245.91 and 245.94.

114.13 Sec. 26. [254B.19] AMERICAN SOCIETY OF ADDICTION MEDICINE
 114.14 STANDARDS OF CARE.

114.15 Subdivision 1. **Level of care requirements.** For each client assigned an ASAM level
 114.16 of care, eligible vendors must implement the standards set by the ASAM for the respective
 114.17 level of care. Additionally, vendors must meet the following requirements:

114.18 (1) for ASAM level 0.5 early intervention targeting individuals who are at risk of
 114.19 developing a substance-related problem but may not have a diagnosed substance use disorder,
 114.20 early intervention services may include individual or group counseling, treatment
 114.21 coordination, peer recovery support, screening brief intervention, and referral to treatment
 114.22 provided according to section 254A.03, subdivision 3, paragraph (c).

114.23 (2) for ASAM level 1.0 outpatient clients, adults must receive up to eight hours per week
 114.24 of skilled treatment services and adolescents must receive up to five hours per week. Services
 114.25 must be licensed according to section 245G.20 and meet requirements under section
 114.26 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly
 114.27 skilled treatment service hours allowable per week.

114.28 (3) for ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours
 114.29 per week of skilled treatment services and adolescents must receive six or more hours per
 114.30 week. Vendors must be licensed according to section 245G.20 and must meet requirements
 114.31 under section 256B.0759. Peer recovery services and treatment coordination may be provided
 114.32 beyond the hourly skilled treatment service hours allowable per week. If clinically indicated

158.23 client's treatment plan, this service may be provided in conjunction with room and board
 158.24 according to section 254B.05, subdivision 1a.

158.25 (4) For ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or
 158.26 more of skilled treatment services. Services must be licensed according to section 245G.20
 158.27 and must meet requirements under section 256B.0759. Level 2.5 is for clients who need
 158.28 daily monitoring in a structured setting as directed by the individual treatment plan and in
 158.29 accordance with the limitations in section 254B.05, subdivision 5, paragraph (h). If clinically
 158.30 indicated on the client's treatment plan, this service may be provided in conjunction with
 158.31 room and board according to section 254B.05, subdivision 1a.

158.32 (5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs
 158.33 must provide at least 5 hours of skilled treatment services per week according to each client's
 159.1 specific treatment schedule as directed by the individual treatment plan. Programs must be
 159.2 licensed according to section 245G.20 and must meet requirements under section 256B.0759.

159.3 (6) For ASAM level 3.3 clinically managed population-specific high-intensity residential
 159.4 clients, programs must be licensed according to section 245G.20 and must meet requirements
 159.5 under section 256B.0759. Programs must have 24-hour-a-day staffing coverage. Programs
 159.6 must be enrolled as a disability responsive program as described in section 254B.01,
 159.7 subdivision 4b, and must specialize in serving persons with a traumatic brain injury or a
 159.8 cognitive impairment so significant, and the resulting level of impairment so great, that
 159.9 outpatient or other levels of residential care would not be feasible or effective. Programs
 159.10 must provide, at minimum, daily skilled treatment services seven days a week according to
 159.11 each client's specific treatment schedule as directed by the individual treatment plan.

159.12 (7) For ASAM level 3.5 clinically managed high-intensity residential clients, services
 159.13 must be licensed according to section 245G.20 and must meet requirements under section
 159.14 256B.0759. Programs must have 24-hour-a-day staffing coverage and provide, at minimum,
 159.15 daily skilled treatment services seven days a week according to each client's specific treatment
 159.16 schedule as directed by the individual treatment plan.

159.17 (8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal
 159.18 management must be provided according to chapter 245F.

159.19 (9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal
 159.20 management must be provided according to chapter 245F.

159.21 Subd. 2. **Patient referral arrangement agreement.** The license holder must maintain
 159.22 documentation of a formal patient referral arrangement agreement for each of the following
 159.23 levels of care not provided by the license holder:

159.24 (1) level 1.0 outpatient;

159.25 (2) level 2.1 intensive outpatient;

159.26 (3) level 2.5 partial hospitalization;

115.1 on the client's treatment plan, this service may be provided in conjunction with room and
 115.2 board according to section 254B.05, subdivision 1a.

115.3 (4) for ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or
 115.4 more of skilled treatment services. Services must be licensed according to section 245G.20
 115.5 and must meet requirements under section 256B.0759. Level 2.5 is for clients who need
 115.6 daily monitoring in a structured setting, as directed by the individual treatment plan and in
 115.7 accordance with the limitations in section 254B.05, subdivision 5, paragraph (h). If clinically
 115.8 indicated on the client's treatment plan, this service may be provided in conjunction with
 115.9 room and board according to section 254B.05, subdivision 1a.

115.10 (5) for ASAM level 3.1 clinically managed low-intensity residential clients, programs
 115.11 must provide at least 5 hours of skilled treatment services per week according to each client's
 115.12 specific treatment schedule, as directed by the individual treatment plan. Programs must be
 115.13 licensed according to section 245G.20 and must meet requirements under section 256B.0759.

115.14 (6) for ASAM level 3.3 clinically managed population-specific high-intensity residential
 115.15 clients, programs must be licensed according to section 245G.20 and must meet requirements
 115.16 under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must
 115.17 be enrolled as a disability responsive program as described in section 254B.01, subdivision
 115.18 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive
 115.19 impairment so significant, and the resulting level of impairment so great, that outpatient or
 115.20 other levels of residential care would not be feasible or effective. Programs must provide,
 115.21 at minimum, daily skilled treatment services seven days a week according to each client's
 115.22 specific treatment schedule, as directed by the individual treatment plan.

115.23 (7) for ASAM level 3.5 clinically managed high-intensity residential clients, services
 115.24 must be licensed according to section 245G.20 and must meet requirements under section
 115.25 256B.0759. Programs must have 24-hour staffing coverage and provide, at minimum, daily
 115.26 skilled treatment services seven days a week according to each client's specific treatment
 115.27 schedule, as directed by the individual treatment plan.

115.28 (8) for ASAM level withdrawal management 3.2 clinically managed clients, withdrawal
 115.29 management must be provided according to chapter 245F.

115.30 (9) for ASAM level withdrawal management 3.7 medically monitored clients, withdrawal
 115.31 management must be provided according to chapter 245F.

115.32 Subd. 2. **Patient referral arrangement agreement.** The license holder must maintain
 115.33 documentation of a formal patient referral arrangement agreement for each of the following
 115.34 ASAM levels of care not provided by the license holder:

116.1 (1) level 1.0 outpatient;

116.2 (2) level 2.1 intensive outpatient;

116.3 (3) level 2.5 partial hospitalization;

- 159.27 (4) level 3.1 clinically managed low-intensity residential;
 159.28 (5) level 3.3 clinically managed population-specific high-intensity residential;
 159.29 (6) level 3.5 clinically managed high-intensity residential;
 159.30 (7) level withdrawal management 3.2 clinically managed residential withdrawal
 159.31 management; and
 160.1 (8) level withdrawal management 3.7 medically monitored inpatient withdrawal
 160.2 management.
 160.3 Subd. 3. **Evidence-based practices.** All services delivered within the ASAM levels of
 160.4 care referenced in subdivision 1, clauses (1) to (7), must have documentation of the
 160.5 evidence-based practices being utilized as referenced in the most current edition of the
 160.6 ASAM criteria.
 160.7 Subd. 4. **Program outreach plan.** Eligible vendors providing services under ASAM
 160.8 levels of care referenced in subdivision 1, clauses (2) to (7), must have a program outreach
 160.9 plan. The treatment director must document a review and update the plan annually. The
 160.10 program outreach plan must include treatment coordination strategies and processes to
 160.11 ensure seamless transitions across the continuum of care. The plan must include how the
 160.12 provider will:
 160.13 (1) increase the awareness of early intervention treatment services, including but not
 160.14 limited to the services defined in section 254A.03, subdivision 3, paragraph (c);
 160.15 (2) coordinate, as necessary, with certified community behavioral health clinics when
 160.16 a license holder is located in a geographic region served by a certified community behavioral
 160.17 health clinic;
 160.18 (3) establish a referral arrangement agreement with a withdrawal management program
 160.19 licensed under chapter 245F when a license holder is located in a geographic region in which
 160.20 a withdrawal management program is licensed under chapter 245F. If a withdrawal
 160.21 management program licensed under chapter 245F is not geographically accessible, the
 160.22 plan must include how the provider will address the client's need for this level of care;
 160.23 (4) coordinate with inpatient acute-care hospitals, including emergency departments,
 160.24 hospital outpatient clinics, urgent care centers, residential crisis settings, medical
 160.25 detoxification inpatient facilities and ambulatory detoxification providers in the area served
 160.26 by the provider to help transition individuals from emergency department or hospital settings
 160.27 and minimize the time between assessment and treatment;
 160.28 (5) develop and maintain collaboration with local county and Tribal human services
 160.29 agencies; and
 160.30 (6) collaborate with primary care and mental health settings.

- 116.4 (4) level 3.1 clinically managed low-intensity residential;
 116.5 (5) level 3.3 clinically managed population-specific high-intensity residential;
 116.6 (6) level 3.5 clinically managed high-intensity residential;
 116.7 (7) level withdrawal management 3.2 clinically managed residential withdrawal
 116.8 management; and
 116.9 (8) level withdrawal management 3.7 medically monitored inpatient withdrawal
 116.10 management.
 116.11 Subd. 3. **Evidence-based practices.** All services delivered within the ASAM levels of
 116.12 care referenced in subdivision 1, clauses (1) to (7), must have documentation of the
 116.13 evidence-based practices being utilized as referenced in the most current edition of the
 116.14 ASAM criteria.
 116.15 Subd. 4. **Program outreach plan.** Eligible vendors providing services under ASAM
 116.16 levels of care referenced in subdivision 1, clauses (2) to (7), must have a program outreach
 116.17 plan. The treatment director must document a review and update the plan annually. The
 116.18 program outreach plan must include treatment coordination strategies and processes to
 116.19 ensure seamless transitions across the continuum of care. The plan must include how the
 116.20 provider will:
 116.21 (1) increase the awareness of early intervention treatment services, including but not
 116.22 limited to the services defined in section 254A.03, subdivision 3, paragraph (c);
 116.23 (2) coordinate, as necessary, with certified community behavioral health clinics when
 116.24 a license holder is located in a geographic region served by a certified community behavioral
 116.25 health clinic;
 116.26 (3) establish a referral arrangement agreement with a withdrawal management program
 116.27 licensed under chapter 245F when a license holder is located in a geographic region in which
 116.28 a withdrawal management program is licensed under chapter 245F. If a withdrawal
 116.29 management program licensed under chapter 245F is not geographically accessible, the
 116.30 plan must include how the provider will address the client's need for this level of care;
 116.31 (4) coordinate with inpatient acute-care hospitals, including emergency departments,
 116.32 hospital outpatient clinics, urgent care centers, residential crisis settings, medical
 117.1 detoxification inpatient facilities and ambulatory detoxification providers in the area served
 117.2 by the provider to help transition individuals from emergency department or hospital settings
 117.3 and minimize the time between assessment and treatment;
 117.4 (5) develop and maintain collaboration with local county and Tribal human services
 117.5 agencies; and
 117.6 (6) collaborate with primary care and mental health settings.

161.1 Sec. 25. **[254B.191] EVIDENCE-BASED TRAINING.**

161.2 The commissioner must establish ongoing training opportunities for substance use
 161.3 disorder treatment providers under chapter 245F to increase knowledge and develop skills
 161.4 to adopt evidence-based and promising practices in substance use disorder treatment
 161.5 programs. Training opportunities must support the transition to ASAM standards. Training
 161.6 formats may include self or organizational assessments, virtual modules, one-to-one coaching,
 161.7 self-paced courses, interactive hybrid courses, and in-person courses. Foundational and
 161.8 skill-building training topics may include:

- 161.9 (1) ASAM criteria;
- 161.10 (2) person-centered and culturally responsive services;
- 161.11 (3) medical and clinical decision making;
- 161.12 (4) conducting assessments and appropriate level of care;
- 161.13 (5) treatment and service planning;
- 161.14 (6) identifying and overcoming systems challenges;
- 161.15 (7) conducting clinical case reviews; and
- 161.16 (8) appropriate and effective transfer and discharge.

161.17 Sec. 26. **[254B.20] DEFINITIONS.**

161.18 Subdivision 1. **Applicability.** For the purposes of sections 254B.20 to 254B.24, the
 161.19 following terms have the meanings given.

161.20 Subd. 2. **Board.** "Board" means the Board of Recovery Services established by section
 161.21 254B.21.

161.22 Subd. 3. **Credential or credentialing.** "Credential" or "credentialing" means the
 161.23 standardized process of formally reviewing and designating a recovery organization as
 161.24 qualified to employ peer recovery specialists based on criteria established by the board.

161.25 Subd. 4. **Minnesota Certification Board.** "Minnesota Certification Board" means the
 161.26 nonprofit agency member board of the International Certification and Reciprocity Consortium
 161.27 that sets the policies and procedures for alcohol and other drug professional certifications
 161.28 in Minnesota, including peer recovery specialists.

161.29 Subd. 5. **Peer recovery specialist.** "Peer recovery specialist" has the meaning given to
 161.30 "recovery peer" in section 245F.02, subdivision 21. A peer recovery specialist must meet
 161.31 the qualifications of a recovery peer in section 245G.11, subdivision 8.

117.7 **EFFECTIVE DATE.** This section is effective January 1, 2024.

118.22 Sec. 28. **EVIDENCE-BASED TRAINING.**

118.23 The commissioner of human services must establish training opportunities for substance
 118.24 use disorder treatment providers under Minnesota Statutes, chapters 245F and 245G, and
 118.25 applicable Tribal licenses, to increase knowledge and develop skills to adopt evidence-based
 118.26 and promising practices in substance use disorder treatment programs. Training opportunities
 118.27 must support the transition to American Society of Addiction Medicine (ASAM) standards.
 118.28 Training formats may include self or organizational assessments, virtual modules, one-to-one
 118.29 coaching, self-paced courses, interactive hybrid courses, and in-person courses. Foundational
 118.30 and skill-building training topics may include:

- 118.31 (1) ASAM criteria;
- 118.32 (2) person-centered and culturally responsive services;
- 119.1 (3) medical and clinical decision making;
- 119.2 (4) conducting assessments and appropriate level of care;
- 119.3 (5) treatment and service planning;
- 119.4 (6) identifying and overcoming systems challenges;
- 119.5 (7) conducting clinical case reviews; and
- 119.6 (8) appropriate and effective transfer and discharge.

- 162.1 Subd. 6. **Peer recovery services.** "Peer recovery services" has the meaning given to
162.2 "peer recovery support services" in section 245F.02, subdivision 17.
- 162.3 Sec. 27. **[254B.21] MINNESOTA BOARD OF RECOVERY SERVICES.**
- 162.4 Subdivision 1. **Creation.** (a) The Minnesota Board of Recovery Services is established
162.5 and consists of 13 members appointed by the governor as follows:
- 162.6 (1) five of the members must be certified peer recovery specialists certified under the
162.7 Minnesota Certification Board with an active credential;
- 162.8 (2) two of the members must be certified peer recovery specialist supervisors certified
162.9 under the Minnesota Certification Board with an active credential;
- 162.10 (3) four of the members must be currently employed by a Minnesota-based recovery
162.11 community organization recognized by the commissioner of human services; and
- 162.12 (4) two of the members must be public members as defined in section 214.02, and be
162.13 either a family member of a person currently using substances or a person in recovery from
162.14 a substance use disorder.
- 162.15 (b) At the time of their appointments, at least three members must reside outside of the
162.16 seven-county metropolitan area.
- 162.17 (c) At the time of their appointments, at least three members must be members of:
- 162.18 (1) a community of color; or
- 162.19 (2) an underrepresented community, defined as a group that is not represented in the
162.20 majority with respect to race, ethnicity, national origin, sexual orientation, gender identity,
162.21 or physical ability.
- 162.22 Subd. 2. **Officers.** The board must annually elect a chair and vice-chair from among its
162.23 members and may elect other officers as necessary. The board must meet at least twice a
162.24 year but may meet more frequently at the call of the chair.
- 162.25 Subd. 3. **Membership terms; compensation.** Membership terms, compensation of
162.26 members, removal of members, the filling of membership vacancies, and fiscal year and
162.27 reporting requirements are as provided in section 15.058.
- 162.28 Subd. 4. **Expiration.** The board does not expire.
- 162.29 Sec. 28. **[254B.22] DUTIES OF THE BOARD.**
- 162.30 The Minnesota Board of Recovery Services shall:
- 163.1 (1) develop and define by rule criteria for credentialing recovery organizations using
163.2 nationally recognized best practices and standards;

- 163.3 (2) determine the renewal cycle and renewal period for eligible vendors of peer recovery
 163.4 services;
- 163.5 (3) receive, review, approve, or disapprove initial applications, renewals, and
 163.6 reinstatement requests for credentialing from recovery organizations;
- 163.7 (4) establish administrative procedures for processing applications submitted under
 163.8 clause (3) and hire or appoint such agents as are appropriate for processing applications;
- 163.9 (5) retain records of board actions and proceedings in accordance with public records
 163.10 laws; and
- 163.11 (6) establish, maintain, and publish annually a register of current credentialed recovery
 163.12 organizations.
- 163.13 **Sec. 29. [254B.23] REQUIREMENTS FOR CREDENTIALING.**
- 163.14 Subdivision 1. **Application requirements.** An application submitted to the board for
 163.15 credentialing must include:
- 163.16 (1) evidence that the applicant is a nonprofit organization based in Minnesota or meets
 163.17 the eligibility criteria defined by the board;
- 163.18 (2) a description of the applicant's activities and services that support recovery from
 163.19 substance use disorder; and
- 163.20 (3) any other requirements as specified by the board.
- 163.21 Subd. 2. **Fee.** Each applicant must pay a nonrefundable application fee as established
 163.22 by the board. The revenue from the fee must be deposited in the state government special
 163.23 revenue fund.
- 163.24 **Sec. 30. [254B.24] APPEAL AND HEARING.**
- 163.25 A recovery organization aggrieved by the board's failure to issue, renew, or reinstate
 163.26 credentialing under sections 254B.20 to 254B.24 may appeal by requesting a hearing under
 163.27 the procedures of chapter 14.
- 163.28 **Sec. 31. [254B.30] PROJECT ECHO GRANTS.**
- 163.29 Subdivision 1. **Establishment.** The commissioner must establish a grant program to
 163.30 support new or existing Project ECHO programs in the state.
- 164.1 Subd. 2. **Project ECHO at Hennepin Healthcare.** The commissioner must use
 164.2 appropriations under this subdivision to award grants to Hennepin Healthcare to establish

THE FOLLOWING PARAGRAPH WAS COPIED FROM HOUSE ARTICLE 8,
SECTION 2, SUBDIVISION 17.

- 172.6 (k) **Project ECHO.** \$1,500,000 in fiscal year
 172.7 2024 and \$1,500,000 in fiscal year 2025 are
 172.8 from the general fund for a grant to Hennepin
 172.9 Healthcare to expand the Project ECHO
 172.10 program. The grant must be used to establish
 172.11 at least four substance use disorder-focused
 172.12 Project ECHO programs at Hennepin

164.3 at least four substance use disorder-focused Project ECHO programs, expanding the grantee's
 164.4 capacity to improve health and substance use disorder outcomes for diverse populations of
 164.5 individuals enrolled in medical assistance, including but not limited to immigrants,
 164.6 individuals who are homeless, individuals seeking maternal and perinatal care, and other
 164.7 underserved populations. The Project ECHO programs funded under this subdivision must
 164.8 be culturally responsive, and the grantee must contract with culturally and linguistically
 164.9 appropriate substance use disorder service providers who have expertise in focus areas,
 164.10 based on the populations served. Grant funds may be used for program administration,
 164.11 equipment, provider reimbursement, and staffing hours.

164.12 Sec. 32. Minnesota Statutes 2022, section 256B.0759, subdivision 2, is amended to read:

164.13 Subd. 2. **Provider participation.** (a) ~~Outpatient~~ Programs licensed by the Department
 164.14 of Human Services as nonresidential substance use disorder treatment providers may elect
 164.15 to participate in the demonstration project and meet the requirements of subdivision 3. To
 164.16 participate, a provider must notify the commissioner of the provider's intent to participate
 164.17 in a format required by the commissioner and enroll as a demonstration project provider
 164.18 programs that receive payment under this chapter must enroll as demonstration project
 164.19 providers and meet the requirements of subdivision 3 by January 1, 2025. Programs that do
 164.20 not meet the requirements of this paragraph are ineligible for payment for services provided
 164.21 under section 256B.0625.

164.22 (b) Programs licensed by the Department of Human Services as residential treatment
 164.23 programs according to section 245G.21 that receive payment under this chapter must enroll
 164.24 as demonstration project providers and meet the requirements of subdivision 3 by January
 164.25 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for
 164.26 payment for services provided under section 256B.0625.

164.27 (c) Programs licensed by the Department of Human Services as residential treatment
 164.28 programs according to section 245G.21 that receive payment under this chapter and are
 164.29 licensed as a hospital under sections 144.50 to 144.581 must enroll as demonstration project
 164.30 providers and meet the requirements of subdivision 3 by January 1, 2025.

164.31 ~~(d)~~ (d) Programs licensed by the Department of Human Services as withdrawal
 164.32 management programs according to chapter 245F that receive payment under this chapter
 164.33 must enroll as demonstration project providers and meet the requirements of subdivision 3
 165.1 by January 1, 2024. Programs that do not meet the requirements of this paragraph are
 165.2 ineligible for payment for services provided under section 256B.0625.

172.13 Healthcare, expanding the grantee's capacity
 172.14 to improve health and substance use disorder
 172.15 outcomes for diverse populations of
 172.16 individuals enrolled in medical assistance,
 172.17 including but not limited to immigrants,
 172.18 individuals who are homeless, individuals
 172.19 seeking maternal and perinatal care, and other
 172.20 underserved populations. The Project ECHO
 172.21 programs funded under this section must be
 172.22 culturally responsive, and the grantee must
 172.23 contract with culturally and linguistically
 172.24 appropriate substance use disorder service
 172.25 providers who have expertise in focus areas,
 172.26 based on the populations served. Grant funds
 172.27 may be used for program administration,
 172.28 equipment, provider reimbursement, and
 172.29 staffing hours. This is a onetime appropriation.

117.8 Sec. 27. Minnesota Statutes 2022, section 256B.0759, subdivision 2, is amended to read:

117.9 Subd. 2. **Provider participation.** (a) ~~Outpatient~~ Programs licensed by the Department
 117.10 of Human Services as nonresidential substance use disorder treatment providers may elect
 117.11 to participate in the demonstration project and meet the requirements of subdivision 3. To
 117.12 participate, a provider must notify the commissioner of the provider's intent to participate
 117.13 in a format required by the commissioner and enroll as a demonstration project provider
 117.14 programs that receive payment under this chapter must enroll as demonstration project
 117.15 providers and meet the requirements of subdivision 3 by January 1, 2025. Programs that do
 117.16 not meet the requirements of this paragraph are ineligible for payment for services provided
 117.17 under section 256B.0625.

117.18 (b) Programs licensed by the Department of Human Services as residential treatment
 117.19 programs according to section 245G.21 that receive payment under this chapter must enroll
 117.20 as demonstration project providers and meet the requirements of subdivision 3 by January
 117.21 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for
 117.22 payment for services provided under section 256B.0625.

117.23 (c) Programs licensed by the Department of Human Services as residential treatment
 117.24 programs according to section 245G.21 that receive payment under this chapter and are
 117.25 licensed as a hospital under sections 144.50 to 144.581 must enroll as demonstration project
 117.26 providers and meet the requirements of subdivision 3 by January 1, 2025.

117.27 ~~(d)~~ (d) Programs licensed by the Department of Human Services as withdrawal
 117.28 management programs according to chapter 245F that receive payment under this chapter
 117.29 must enroll as demonstration project providers and meet the requirements of subdivision 3
 117.30 by January 1, 2024. Programs that do not meet the requirements of this paragraph are
 117.31 ineligible for payment for services provided under section 256B.0625.

165.3 ~~(e)~~ (e) Out-of-state residential substance use disorder treatment programs that receive
 165.4 payment under this chapter must enroll as demonstration project providers and meet the
 165.5 requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements
 165.6 of this paragraph are ineligible for payment for services provided under section 256B.0625.

165.7 ~~(f)~~ (f) Tribally licensed programs may elect to participate in the demonstration project
 165.8 and meet the requirements of subdivision 3. The Department of Human Services must
 165.9 consult with Tribal nations to discuss participation in the substance use disorder
 165.10 demonstration project.

165.11 ~~(g)~~ (g) The commissioner shall allow providers enrolled in the demonstration project
 165.12 before July 1, 2021, to receive applicable rate enhancements authorized under subdivision
 165.13 4 for all services provided on or after the date of enrollment, except that the commissioner
 165.14 shall allow a provider to receive applicable rate enhancements authorized under subdivision
 165.15 4 for services provided on or after July 22, 2020, to fee-for-service enrollees, and on or after
 165.16 January 1, 2021, to managed care enrollees, if the provider meets all of the following
 165.17 requirements:

165.18 (1) the provider attests that during the time period for which the provider is seeking the
 165.19 rate enhancement, the provider took meaningful steps in their plan approved by the
 165.20 commissioner to meet the demonstration project requirements in subdivision 3; and

165.21 (2) the provider submits attestation and evidence, including all information requested
 165.22 by the commissioner, of meeting the requirements of subdivision 3 to the commissioner in
 165.23 a format required by the commissioner.

165.24 ~~(h)~~ (h) The commissioner may recoup any rate enhancements paid under paragraph ~~(f)~~
 165.25 ~~(g)~~ to a provider that does not meet the requirements of subdivision 3 by July 1, 2021.

165.26 Sec. 33. Minnesota Statutes 2022, section 256I.05, is amended by adding a subdivision
 165.27 to read:

165.28 Subd. 1s. Supplemental rate; Douglas County. Notwithstanding the provisions of
 165.29 subdivisions 1a and 1c, beginning July 1, 2023, a county agency shall negotiate a
 165.30 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$750 per
 165.31 month, including any legislatively authorized inflationary adjustments, for a housing support
 165.32 provider located in Douglas County that operates a long-term residential facility with a total
 166.1 of 74 beds that serve chemically dependent men and provide 24-hour-a-day supervision
 166.2 and other support services.

166.3 Sec. 34. Minnesota Statutes 2022, section 256I.05, is amended by adding a subdivision
 166.4 to read:

166.5 Subd. 1t. Supplemental rate; Crow Wing County. Notwithstanding the provisions of
 166.6 subdivisions 1a and 1c, beginning July 1, 2023, a county agency shall negotiate a
 166.7 supplementary rate in addition to the rate specified in subdivision 1, not to exceed \$750 per
 166.8 month, including any legislatively authorized inflationary adjustments, for a housing support

117.32 ~~(e)~~ (e) Out-of-state residential substance use disorder treatment programs that receive
 117.33 payment under this chapter must enroll as demonstration project providers and meet the
 118.1 requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements
 118.2 of this paragraph are ineligible for payment for services provided under section 256B.0625.

118.3 ~~(f)~~ (f) Tribally licensed programs may elect to participate in the demonstration project
 118.4 and meet the requirements of subdivision 3. The Department of Human Services must
 118.5 consult with Tribal nations to discuss participation in the substance use disorder
 118.6 demonstration project.

118.7 ~~(g)~~ (g) The commissioner shall allow providers enrolled in the demonstration project
 118.8 before July 1, 2021, to receive applicable rate enhancements authorized under subdivision
 118.9 4 for all services provided on or after the date of enrollment, except that the commissioner
 118.10 shall allow a provider to receive applicable rate enhancements authorized under subdivision
 118.11 4 for services provided on or after July 22, 2020, to fee-for-service enrollees, and on or after
 118.12 January 1, 2021, to managed care enrollees, if the provider meets all of the following
 118.13 requirements:

118.14 (1) the provider attests that during the time period for which the provider is seeking the
 118.15 rate enhancement, the provider took meaningful steps in their plan approved by the
 118.16 commissioner to meet the demonstration project requirements in subdivision 3; and

118.17 (2) the provider submits attestation and evidence, including all information requested
 118.18 by the commissioner, of meeting the requirements of subdivision 3 to the commissioner in
 118.19 a format required by the commissioner.

118.20 ~~(h)~~ (h) The commissioner may recoup any rate enhancements paid under paragraph ~~(f)~~
 118.21 ~~(g)~~ to a provider that does not meet the requirements of subdivision 3 by July 1, 2021.

- 166.9 provider located in Crow Wing County that operates a long-term residential facility with a
166.10 total of 90 beds that serves chemically dependent men and women and provides
166.11 24-hour-a-day supervision and other support services.
- 166.12 Sec. 35. Minnesota Statutes 2022, section 256I.05, is amended by adding a subdivision
166.13 to read:
- 166.14 Subd. 1u. **Supplemental rate; Douglas County.** Notwithstanding the provisions in this
166.15 section, beginning July 1, 2023, a county agency shall negotiate a supplemental rate for up
166.16 to 20 beds in addition to the rate specified in subdivision 1, not to exceed the maximum rate
166.17 allowed under subdivision 1a, including any legislatively authorized inflationary adjustments,
166.18 for a housing support provider located in Douglas County that operates two facilities and
166.19 provides room and board and supplementary services to adult males recovering from
166.20 substance use disorder, mental illness, or housing instability.
- 166.21 **EFFECTIVE DATE.** This section is effective July 1, 2023.
- 166.22 Sec. 36. **[325F.725] SOBER HOME TITLE PROTECTION.**
- 166.23 No person or entity may use the phrase "sober home," whether alone or in combination
166.24 with other words and whether orally or in writing, to advertise, market, or otherwise describe,
166.25 offer, or promote itself, or any housing, service, service package, or program that it provides
166.26 within this state, unless the person or entity is a cooperative living residence, a room and
166.27 board residence, an apartment, or any other living accommodation that provides temporary
166.28 housing to persons with a substance use disorder, does not provide counseling or treatment
166.29 services to residents, promotes sustained recovery from substance use disorders, and follows
166.30 the sober living guidelines published by the federal Substance Abuse and Mental Health
166.31 Services Administration.
- 167.1 Sec. 37. **CULTURALLY RESPONSIVE RECOVERY COMMUNITY GRANTS.**
- 167.2 The commissioner must establish start-up and capacity-building grants for prospective
167.3 or new recovery community organizations serving or intending to serve culturally specific
167.4 or population-specific recovery communities. Grants may be used for expenses that are not
167.5 reimbursable under Minnesota health care programs, including but not limited to:
- 167.6 (1) costs associated with hiring and retaining staff;
167.7 (2) staff training, purchasing office equipment and supplies;
167.8 (3) purchasing software and website services;
167.9 (4) costs associated with establishing nonprofit status;
167.10 (5) rental and lease costs and community outreach; and
167.11 (6) education and recovery events.

167.12 **EFFECTIVE DATE.** This section is effective July 1, 2023.

167.13 Sec. 38. **WITHDRAWAL MANAGEMENT START-UP AND**
167.14 **CAPACITY-BUILDING GRANTS.**

167.15 The commissioner must establish start-up and capacity-building grants for prospective
167.16 or new withdrawal management programs that will meet medically monitored or clinically
167.17 monitored levels of care. Grants may be used for expenses that are not reimbursable under
167.18 Minnesota health care programs, including but not limited to:

167.19 (1) costs associated with hiring staff;

167.20 (2) costs associated with staff retention;

167.21 (3) the purchase of office equipment and supplies;

167.22 (4) the purchase of software;

167.23 (5) costs associated with obtaining applicable and required licenses;

167.24 (6) business formation costs;

167.25 (7) costs associated with staff training; and

167.26 (8) the purchase of medical equipment and supplies necessary to meet health and safety
167.27 requirements.

167.28 **EFFECTIVE DATE.** This section is effective July 1, 2023.

168.1 Sec. 39. **FAMILY TREATMENT START-UP AND CAPACITY-BUILDING**
168.2 **GRANTS.**

168.3 The commissioner must establish start-up and capacity-building grants for prospective
168.4 or new substance use disorder treatment programs that serve parents with their children.
168.5 Grants must be used for expenses that are not reimbursable under Minnesota health care
168.6 programs, including but not limited to:

168.7 (1) physical plant upgrades to support larger family units;

168.8 (2) supporting the expansion or development of programs that provide holistic services,
168.9 including trauma supports, conflict resolution, and parenting skills;

168.10 (3) increasing awareness, education, and outreach utilizing culturally responsive
168.11 approaches to develop relationships between culturally specific communities and clinical
168.12 treatment provider programs; and

168.13 (4) expanding culturally specific family programs and accommodating diverse family
168.14 units.

110.19 Sec. 24. **[254B.17] WITHDRAWAL MANAGEMENT START-UP AND**
110.20 **CAPACITY-BUILDING GRANTS.**

110.21 The commissioner must establish start-up and capacity-building grants for prospective
110.22 or new withdrawal management programs licensed under chapter 245F that will meet
110.23 medically monitored or clinically monitored levels of care. Grants may be used for expenses
110.24 that are not reimbursable under Minnesota health care programs, including but not limited
110.25 to:

110.26 (1) costs associated with hiring staff;

110.27 (2) costs associated with staff retention;

110.28 (3) the purchase of office equipment and supplies;

110.29 (4) the purchase of software;

110.30 (5) costs associated with obtaining applicable and required licenses;

110.31 (6) business formation costs;

111.1 (7) costs associated with staff training; and

111.2 (8) the purchase of medical equipment and supplies necessary to meet health and safety
111.3 requirements.

111.4 **EFFECTIVE DATE.** This section is effective July 1, 2023.

119.7 Sec. 29. **FAMILY TREATMENT START-UP AND CAPACITY-BUILDING**
119.8 **GRANTS.**

119.9 The commissioner of human services must establish start-up and capacity-building grants
119.10 for prospective or new substance use disorder treatment programs that serve parents with
119.11 their children. Grants must be used for expenses that are not reimbursable under Minnesota
119.12 health care programs, including but not limited to:

119.13 (1) physical plant upgrades to support larger family units;

119.14 (2) supporting the expansion or development of programs that provide holistic services,
119.15 including trauma supports, conflict resolution, and parenting skills;

119.16 (3) increasing awareness, education, and outreach utilizing culturally responsive
119.17 approaches to develop relationships between culturally specific communities and clinical
119.18 treatment provider programs; and

119.19 (4) expanding culturally specific family programs and accommodating diverse family
119.20 units.

168.15 **EFFECTIVE DATE.** This section is effective July 1, 2023.

119.21 Sec. 30. **SAFE RECOVERY SITES START-UP AND CAPACITY-BUILDING**
119.22 **GRANTS.**

119.23 (a) The commissioner of human services must establish start-up and capacity-building
119.24 grants for current or prospective harm reduction organizations to promote health, wellness,
119.25 safety, and recovery to people who are in active stages of substance use disorder. Grants
119.26 must be used to establish safe recovery sites that offer harm reduction services and supplies,
119.27 including but not limited to:

119.28 (1) safe injection spaces;

119.29 (2) sterile needle exchange;

119.30 (3) opiate antagonist rescue kits;

120.1 (4) fentanyl and other drug testing;

120.2 (5) street outreach;

120.3 (6) educational and referral services;

120.4 (7) health, safety, and wellness services; and

120.5 (8) access to hygiene and sanitation.

120.6 (b) The commissioner must conduct local community outreach and engagement in
120.7 collaboration with newly established safe recovery sites. The commissioner must evaluate
120.8 the efficacy of safe recovery sites and collect data to measure health-related and public
120.9 safety outcomes.

120.10 (c) The commissioner must prioritize grant applications for organizations that are
120.11 culturally specific or culturally responsive and that commit to serving individuals from
120.12 communities that are disproportionately impacted by the opioid epidemic, including:

120.13 (1) Native American, American Indian, and Indigenous communities; and

120.14 (2) Black, African American, and African-born communities.

120.15 (d) For purposes of this section, a "culturally specific" or "culturally responsive"
120.16 organization is an organization that is designed to address the unique needs of individuals
120.17 who share a common language, racial, ethnic, or social background, and is governed with
120.18 significant input from individuals of that specific background.

HOUSE ARTICLE 3, SECTION 31 WAS REMOVED TO MATCH WITH
SENATE ARTICLE 5, SECTION 5.

168.16 Sec. 40. **MEDICAL ASSISTANCE BEHAVIORAL HEALTH SYSTEM**
 168.17 **TRANSFORMATION STUDY.**

168.18 The commissioner, in consultation with stakeholders, must evaluate the feasibility,
 168.19 potential design, and federal authorities needed to cover traditional healing, behavioral
 168.20 health services in correctional facilities, and contingency management under the medical
 168.21 assistance program.

168.22 Sec. 41. **REVISOR INSTRUCTION.**

168.23 The revisor of statutes shall renumber Minnesota Statutes, section 245G.01, subdivision
 168.24 20b, as Minnesota Statutes, section 245G.01, subdivision 20d, and make any necessary
 168.25 changes to cross-references.

121.3 Sec. 32. **REVISED PAYMENT METHODOLOGY FOR OPIOID TREATMENT**
 121.4 **PROGRAMS.**

121.5 The commissioner of human services must revise the payment methodology for substance
 121.6 use services with medications for opioid use disorder under Minnesota Statutes, section
 121.7 254B.05, subdivision 5, paragraph (b), clause (6). Payment must occur only if the provider
 121.8 renders the service or services billed on that date of service or, in the case of drugs and
 121.9 drug-related services, within a week as defined by the commissioner. The revised payment
 121.10 methodology must include a weekly bundled rate that includes the costs of drugs, drug
 121.11 administration and observation, drug packaging and preparation, and nursing time. The
 121.12 bundled weekly rate must be based on the Medicare rate. The commissioner must seek all
 121.13 necessary waivers, state plan amendments, and federal authorities required to implement
 121.14 the revised payment methodology.

121.15 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
 121.16 whichever is later. The commissioner of human services shall notify the revisor of statutes
 121.17 when federal approval is obtained.

121.18 Sec. 33. **MEDICAL ASSISTANCE BEHAVIORAL HEALTH SYSTEM**
 121.19 **TRANSFORMATION STUDY.**

121.20 The commissioner of human services, in consultation with stakeholders, must evaluate
 121.21 the feasibility, potential design, and federal authorities needed to cover traditional healing,
 121.22 behavioral health services in correctional facilities, and contingency management under the
 121.23 medical assistance program.

121.24 Sec. 34. **OPIOID TREATMENT PROGRAM WORK GROUP.**

121.25 The commissioner of human services must convene a work group of community partners
 121.26 to evaluate the opioid treatment program model under Minnesota Statutes, section 245G.22,
 121.27 and to make recommendations on overall service design; simplification or improvement of
 121.28 regulatory oversight; increasing access to opioid treatment programs and improving the
 121.29 quality of care; addressing geographic, racial, and justice-related disparities for individuals
 121.30 who utilize or may benefit from medications for opioid use disorder; and other related topics,
 121.31 as determined by the work group. The commissioner must report the work group's
 122.1 recommendations to the chairs and ranking minority members of the legislative committees
 122.2 with jurisdiction over health and human services by January 15, 2024.

122.3 Sec. 35. **REVISOR INSTRUCTION.**

122.4 The revisor of statutes shall renumber Minnesota Statutes, section 245G.01, subdivision
 122.5 20b, as Minnesota Statutes, section 245G.01, subdivision 20d, and make any other necessary
 122.6 changes to subdivision numbers or cross-references.

168.26 Sec. 42. **REPEALER.**

168.27 (a) Minnesota Statutes 2022, sections 245G.05, subdivision 2; and 256B.0759, subdivision
168.28 6, are repealed.

168.29 (b) Minnesota Statutes 2022, section 246.18, subdivisions 2 and 2a, are repealed.

169.1 **EFFECTIVE DATE.** Paragraph (a) is effective January 1, 2024. Paragraph (b) is
169.2 effective July 1, 2023.

122.7 Sec. 36. **REPEALER.**

122.8 (a) Minnesota Statutes 2022, sections 245G.06, subdivision 2; and 256B.0759, subdivision
122.9 6, are repealed.

122.10 (b) Minnesota Statutes 2022, section 246.18, subdivisions 2 and 2a, are repealed.

122.11 **EFFECTIVE DATE.** Paragraph (a) is effective January 1, 2024. Paragraph (b) is
122.12 effective July 1, 2023.